

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 03/08/2007

Department of Commerce
National Oceanic and Atmospheric Administration
FOR CERTIFYING OFFICIAL: Barry West
FOR CLEARANCE OFFICER: Diana Hynek

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 12/08/2006

ACTION REQUESTED: New collection (Request for a new OMB Control Number)
TYPE OF REVIEW REQUESTED: Regular
ICR REFERENCE NUMBER: 200611-0648-001
TITLE: Evaluation of the NOAA Coastal Management Fellowship Program
LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change
OMB CONTROL NUMBER: 0648-0553

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 05/31/2008

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	0	0	0
New	127	74	0
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	127	74	0
Change due to Agency Adjustment	0	0	0
Change Due to Potential Violation of the PRA	0	0	0

TERMS OF CLEARANCE:

OMB Authorizing Official: John F. Morrall III
Acting Deputy Administrator,
Office Of Information And Regulatory Affairs

List of ICs

IC Title	Form No.	Form Name	CFR Citation
Evaluations by current and past fellows	NA, NA	Survey of current fellows, Survey of past fellows	
Evaluations by current and past mentors	NA, NA	Survey of current mentors, Survey of past mentors	
Evaluations by Center Partners and Sea Grant Directors	NA, NA	Survey of Sea Grant Directors, Survey of Center Partners	

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the supporting statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

1. Agency/Subagency originating request	2. OMB control number b. <input type="checkbox"/> None a. _____ - _____
3. Type of information collection (<i>check one</i>) a. <input type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number For b-f, note Item A2 of Supporting Statement instructions	4. Type of review requested (<i>check one</i>) a. <input type="checkbox"/> Regular submission b. <input type="checkbox"/> Emergency - Approval requested by _____ / _____ / _____ c. <input type="checkbox"/> Delegated
7. Title	5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Agency form number(s) (<i>if applicable</i>)	6. Requested expiration date a. <input type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: _____ / _____
9. Keywords	
10. Abstract	
11. Affected public (<i>Mark primary with "P" and all others that apply with "x"</i>) a. ___ Individuals or households d. ___ Farms b. ___ Business or other for-profit e. ___ Federal Government c. ___ Not-for-profit institutions f. ___ State, Local or Tribal Government	12. Obligation to respond (<i>check one</i>) a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory
13. Annual recordkeeping and reporting burden a. Number of respondents _____ b. Total annual responses _____ 1. Percentage of these responses collected electronically _____ % c. Total annual hours requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____	14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>) a. Total annualized capital/startup costs _____ b. Total annual costs (O&M) _____ c. Total annualized cost requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____
15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>) a. ___ Application for benefits e. ___ Program planning or management b. ___ Program evaluation f. ___ Research c. ___ General purpose statistics g. ___ Regulatory or compliance d. ___ Audit	16. Frequency of recordkeeping or reporting (<i>check all that apply</i>) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____
17. Statistical methods Does this information collection employ statistical methods <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Agency Contact (person who can best answer questions regarding the content of this submission) Name: _____ Phone: _____

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It used plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of the provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee

Date

Agency Certification (signature of Assistant Administrator, Deputy Assistant Administrator, Line Office Chief Information Officer, head of MB staff for L.O.s, or of the Director of a Program or StaffOffice)

Signature

Date

Signature of NOAA Clearance Officer

Signature

Date

SUPPORTING STATEMENT

Programmatic Assessment of the NOAA Coastal Management Fellowship Program

**Coastal Services Center
National Oceanic & Atmospheric Administration
Department of Commerce**

OMB CONTROL NO. 0648-xxxx

A. JUSTIFICATION

1. Explain the circumstances that make the collection of information necessary.

Explain the circumstances that make the collection of information necessary

As one of five NOAA Line Offices, NOAA's National Ocean Service (NOS) works to observe, understand, and manage our nation's coastal and marine resources. NOS measures and predicts coastal and ocean phenomena, protects large areas of the oceans, works to ensure safe navigation, and provides tools and information to protect and restore coastal and marine resources and supports states in protecting resources and guiding economic development in coastal areas. NOS also supports training for state coastal managers.

The NOAA Coastal Services Center (Center) is one of eight program offices within NOS. One of the hallmarks of the CSC is the support provided to coastal managers and natural resource agencies to enhance awareness, understanding, and employment of the latest technology, information, and management strategies available in the field of coastal resource management. As one component of its efforts to build capacity within the coastal management community, the Center established the NOAA Coastal Management Fellowship Program in 1996. The program provides professional on-the-job education and training opportunities for post-graduate students in coastal resource management and policy. In addition, state coastal zone management programs receive technical assistance specific to their needs. NOAA Coastal Management Fellows provide states with assistance on projects that address pressing needs within the state, therefore enhancing NOAA's ability to continue to serve as the nation's premiere resource for coastal zone management issues. Through the fellowship program, NOAA is able to provide assistance to states in critical areas of need and also train future professionals who are qualified to work at the state and federal level.

Several features of the fellowship program make it attractive to both potential fellows and states. Fellows, who have recently earned masters or doctoral degrees, are matched with a federally approved state coastal zone management program and spend two years working onsite with state program staff. State coastal zone management programs, selected as fellowship hosts, receive a fellow to assist them in responding to coastal management issues that otherwise might go unaddressed. Fellows are afforded the opportunity to gain experience addressing state level

coastal resource management issues and dealing with federal management policies and regulations. Since its inception in 1996, the NOAA Coastal Management Fellowship Program has provided training to 52 fellows and assisted 19 state coastal zone management programs in addressing high priority state coastal zone issues.

Without input from fellowship stakeholders (current and past fellows and mentors, and Center partners), the Center would not be able to identify aspects of the program that enhance state coastal zone management programs nor determine how the fellowship impacts a fellow's choice to work in the coastal resource management and policy field at the state or federal level. Conducting this assessment will provide the Center with consistent information from stakeholders and enable Center staff to efficiently pursue their objectives, described above. The Center will be better positioned to develop fellowship requirements that meet the needs and requirements of stakeholders.

About the Proposed Data Collection

The Center requests a new, one-year clearance to conduct an assessment of the NOAA Coastal Management Fellowship Program. The proposed assessment will involve the following respondents: current and past fellows, current and past state coastal zone management program mentors, and Center partners affiliated with the program. The objectives of the assessment are to: (1) assess the Coastal Management Fellowship Program's process and structures and (2) determine if the program is successful in meeting its goals and objectives. The results of the assessment will be used by the Center to increase the number and quality of coastal resource management and policy professionals and better meet the high priority coastal zone management needs of states.

This assessment represents the first comprehensive assessment of the NOAA Coastal Management Fellowship Program. This is a new data collection. No other offices within NOAA and the National Ocean Service (NOS) have collected information from the universe of respondents this assessment will include. This assessment will provide the Center with an objective assessment of the implementation and outcomes of the fellowship program, the results of which will identify strengths and weaknesses of the program and recommendations for program enhancement.

This data collection supports the requirements of the Coastal Zone Management Act (CZMA) of 1972. The Office of Ocean and Coastal Resource Management (OCRM), National Ocean Service, is responsible for implementing the CZMA, which Congress passed to address the growing concerns about the health of the nation's coastal resources. OCRM works to advance national coastal management initiatives, and to maintain and strengthen state coastal management through financial, policy and technical assistance. Additionally, the office works with state and territorial governments to implement their coastal management programs and find local solutions to problems that occur throughout the entire nation. Thirty-four states and territories have active coastal management programs.

As a project within the organizational structure of NOS, the projects assigned to CSC fellows supports the CZMA by enhancing the understanding of critical technical and/or policy-related

coastal management issues within their assigned states. While not legislatively mandated, this data collection supports enacted legislation. The results of this data collection will strengthen the fellowship program, which in turn supports requirements of the CZMA.

2. Explain how, by whom, how frequently, and for what purpose the information will be used. If the information collected will be disseminated to the public or used to support information that will be disseminated to the public, then explain how the collection complies with all applicable Information Quality Guidelines.

Through working with state coastal zone management programs and other partners, the Center remains abreast of coastal management issues, compiles and disseminates data, and provides partners with current, relevant information pertinent to the management of coastal resources. The purpose of this information collection is to identify strengths and weaknesses of the current fellowship program, including planning and implementation processes, to permit CSC to make program improvements and enhancements. The results of this information collection will permit the Center to help improve the nation's coastal zone management programs by building capacity among future coastal resource management and policy professionals and adding to the body of knowledge concerning coastal zone management. This effort will also provide the Coastal Services Center with valuable baseline data regarding fellowship program for use in future evaluations.

For example, this assessment will help CSC answer the following questions:

1. How effective was the Coastal Management Program in providing training to postgraduate students in coastal resource management and policy?
2. How effective was the assistance to the state coastal programs in improving, enhancing or augmenting coastal resource management and policy for the state?
3. What are the long-term benefits of the fellowship program? For example, did fellows tend to work for state or federal agencies after their fellowship?
4. Did projects performed in one state generalize to other states?

The proposed assessment is a new, one-time only data collection that will be completed within one year. Respondents will be asked to provide information only once. The assessment will begin as soon as OMB clearance is received. The majority of respondents are limited to individuals involved in the implementation of the fellowship program, including current and past fellows, current and past state coastal zone management program mentors, and Center partners—including: NOAA's Office of Ocean and Coastal Resource Management, the Coastal States Organization, NOAA National Sea Grant, State Sea Grant College Programs, and the Environmental Careers Organization. A separate survey has been developed for each group of respondents: fellows, state coastal zone management program mentors, Center partners affiliated with the fellowship program, and Sea Grant College Program directors. Sea Grant directors serve a unique role by receiving, filtering, and endorsing fellow applications during the application and review process. Respondents will be encouraged to complete surveys electronically, however surveys will be sent via conventional postal mail to respondents who do not have email. The questions asked of respondents in the instruments pertain specifically to the objectives of the assessment. As mentioned above, the assessment objectives are as follows: (1)

assess the Coastal Management Fellowship Program's process and structures and (2) determine if the program is successful in meeting its objectives and outcomes.

The results of this assessment will have practical utility to the Center in several ways. First, the results will allow the Center to understand how program implementation has affected the outcomes of the fellowship program. This will allow the Center to make specific and necessary changes to the fellowship program to address the needs of fellows, state coastal zone management programs, and Center partners. Areas in need of improvement highlighted by the assessment will not only allow for better preparation of future coastal resource management and policy professionals, but will also prepare the Center in its responsibility as the nation's premiere organization in coastal management issues. Finally, these results will enhance the Center's ability to provide assistance to states in meeting their unique high-priority coastal zone needs.

As explained in the preceding paragraphs, the information gathered has utility. The Center will retain control over the information and safeguard it from improper access, modification, and destruction, consistent with NOAA standards for confidentiality, privacy, and electronic information. See response #10 of this Supporting Statement for more information on confidentiality and privacy. The information collection is designed to yield data that meet all applicable information quality guidelines. Although the information collected is not expected to be disseminated directly to the public, results may be used in scientific, management, technical or general informational publications. Should the Center decide to disseminate the information, it will be subject to the quality control measures and pre-dissemination review pursuant to Section 515 of Public Law 106-554.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological techniques or other forms of information technology.

The assessment of the NOAA Coastal Management Fellowship Program will utilize information technology as its primary method of communicating with respondents. The Center chose this strategy to enable respondents to quickly and easily access and complete data collection instruments. This strategy also reduces the costs associated with data collection.

Surveys will be delivered through electronic mail to fellows, state coastal zone management program mentors, and Center partners. These respondents will have the choice of responding via email, fax, or mailing completed surveys to the contractor, Global Evaluation & Applied Research Solutions (GEARS) Inc. However, any respondents for which the Center does not have an email address will be sent surveys via postal mail and will have the option of returning the completed surveys to the contractor via fax or in a self addressed stamped envelope (SASE) included with the survey.

4. Describe efforts to identify duplication.

The respondents are participants in an existing Center program and the data are specific to the assessment of this program. The Center has not previously conducted a comprehensive assessment of the NOAA Coastal Management Fellowship Program. Therefore, no effort to

collect similar data is being conducted within the agency. Additionally, no data collection efforts outside the agency have been made to collect this data.

5. If the collection of information involves small businesses or other small entities, describe the methods used to minimize burden.

Respondents are neither small businesses nor small entities.

6. Describe the consequences to the Federal program or policy activities if the collection is not conducted or is conducted less frequently.

This is a one-time data collection. The NOAA Coastal Management Fellowship Program has been in effect for ten years and this project is the first assessment of the fellowship program. Without input from fellowship stakeholders (current and past fellows and mentors, and Center partners), the Center would neither be able to identify aspects of the program that enhance state coastal zone management programs nor determine how the fellowship impacts a fellow's decision to work in the coastal resource management and policy field at the state or federal level. Conducting this assessment will provide the Center with consistent information from stakeholders and enable Center staff to efficiently pursue their objectives, described above. The Center will be better positioned to develop fellowship requirements that meet the needs and requirements of stakeholders.

Also, during the period that clearance is requested, data collection will only occur once for each respondent. This is the least frequent data collection option. This one-time data collection will allow respondents to provide valuable information that will be used to evaluate and improve the fellowship program.

7. Explain any special circumstances that require the collection to be conducted in a manner inconsistent with OMB guidelines.

The collection will be conducted in a manner consistent with OMB guidelines.

8. Provide a copy of the PRA Federal Register notice that solicited public comments on the information collection prior to this submission. Summarize the public comments received in response to that notice and describe the actions taken by the agency in response to those comments. Describe the efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.

The data collection notice for the Programmatic Assessment of the Coastal Fellowship Program was published in the *Federal Register*, volume 71, number 94, page 28307, on May 16, 2006. A copy of the Federal Register notice is included as Appendix A. There were no comments received from the public regarding this data collection.

Additionally, the Center engaged GEARS, an evaluation consulting firm, to assist in the development of survey instruments and methodology for this assessment. GEARS is experienced in managing and conducting assessments and provided expertise on issues including the availability of data, frequency of collection, clarity of instructions, recordkeeping, confidentiality, disclosure of data, reporting format, and necessary data elements.

Surveys to be used in this assessment were developed collaboratively by GEARS and the Center. Both GEARS staff and Center staff reviewed surveys to assess the clarity of instructions, the adequacy of questions, the format of survey questions, and the length of the surveys.

9. Explain any decisions to provide payments or gifts to respondents, other than remuneration of contractors or grantees.

This information collection effort will not make any payments, gifts, or reimbursements to survey respondents.

10. Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation, or agency policy.

The proposed assessment does not collect personal data of a sensitive nature and therefore no assurance of confidentiality is required. Surveys do not ask respondents for nor contain any personal information. Any personal identifiers mistakenly placed on surveys by respondents will be deleted immediately upon receipt of the survey.

A statement is included on the first page of surveys that informs participants that their survey responses will be combined with other surveys and only aggregate information will be reported in findings. In addition, respondents will be informed that all survey data will be secured in a locked file cabinet at GEARS and protected to the extent allowed by the law. This statement will also assure participants that their participation in the assessment is voluntary and they may withdraw participation at any time without negative consequences. The assessment team will maintain data in the strictest confidence.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

The questionnaire contains no questions of a sensitive nature.

12. Provide an estimate in hours of the burden of the collection of information.

This assessment is a one-time effort conducted for one year with an estimated 75 annual burden hours. The assessment will be targeted to approximately 161 respondents: current fellows, past fellows, current state coastal zone management program mentors, past coastal zone management program mentors, Center partners, and Sea Grant directors. Exhibit A.1 presents the hourly burden breakdown which was used to derive the total burden time.

The burden to respondents who participate in the assessment will be in terms of their time only. The annualized burden for this project is 74 hours.

Exhibit A-1 Estimated Hourly Burden

Respondent Type	Activity	Number of respondents to receive surveys	Response rate expected	Number expected to respond	Responses per respondent	Time per response	Total Burden
Current fellows	Opinion Survey	10	100%	10	1	35 min	6
Past fellows	Opinion Survey	52	75%	39	1	35 min	23
Current State Coastal Zone Management Program mentors	Opinion Survey	10	100%	10	1	40 min	7
Past State Coastal Zone Management Program mentors	Opinion Survey	52	75%	39	1	40 min	26
Center partners	Opinion Survey	4	100%	4	1	25 min	2
Sea Grant Directors	Opinion Survey	33	75%	25	1	25 min	10
Total		161		127			74

There is no annualized annual cost to respondents. There are no additional costs to fellows for participation in this assessment other than the time taken to participate. Given that the subject of the interview is directly related to the job description of stakeholders there are no additional expenses related to this survey other than the time to participate in the survey.

13. Provide an estimate of the total annual cost burden to the respondents or record-keepers resulting from the collection (excluding the value of the burden hours in #12 above).

Responding to the questionnaire requires no recordkeeping. Return postage will be pre-paid by the Center. There are no additional respondent costs associated with start-up or capital investments. Additionally, there are no operational, maintenance or equipment respondent costs associated with continued participation in the assessment.

14. Provide estimates of annualized cost to the Federal government.

The Center engaged GEARS to design, implement and report results for this assessment for \$73,351.72. This information collection effort is supported through external contract services for data collection and analysis and in-house staff time. The estimated total cost for this information collection is \$73,568. (i.e., contract services @\$73,351.72; 8 hours in-house staff time @\$216.00).

15. Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB 83-I.

This is a new program.

16. For collections whose results will be published, outline the plans for tabulation and publication.

There are no plans to publish the results of this information collection.

Publication

Assessment findings will be summarized in a comprehensive Assessment Report and Executive Summary developed by GEARS for the Center. However, this assessment will not be published.

Analysis Plan

Data analysis will be supervised by Dr. Deborah Brome, Lead Project Evaluator, in consultation with Dr. Marie Mesidor, Evaluator. Data entry, file organization and data access and management will be supervised by Dr. Deborah Brome.

The assessment instruments will consist of both qualitative and quantitative data. An assessment coding manual will be developed by a two person team who will create and validate the coding system for the qualitative data. Qualitative data will be coded according to themes and reported using descriptive statistics and narratives. All data (qualitative coding and quantitative) entered into the database will be checked for its accuracy. This database will be used to both organize the data and provide statistical analyses (e.g., means, standard deviations, frequencies, etc.) where appropriate. The analytical software that will most likely be used is SPSS. For all quantitative data, means, standard deviations and frequencies will be computed. In addition, for those quantitative items measuring similar constructs, correlation matrices will be computed in the event that subscales are developed. Reliability coefficients will be computed for all subscales developed. For categorical or nonparametric variables, chi-square analyses will be conducted in comparing information obtained between groups. With appropriate sample sizes ($n \geq 10$), a comparison of mean scores will be conducted across respondent categories using analysis of variance or t-tests. GEARS final analysis will be reviewed by a senior statistician for statistical rigor and appropriateness.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons why display would be inappropriate.

The expiration date and OMB Control Number will be displayed on surveys.

18. Explain each exception to the certification statement identified in Item 19 of the OMB 83-I.

There are no exceptions to the certification statement identified in Item 19.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

1. Describe (including a numerical estimate) the potential respondent universe and any sampling or other respondent selection method to be used. Data on the number of entities (e.g. establishments, State and local governmental units, households, or persons) in the universe and the corresponding sample are to be provided in tabular form. The tabulation must also include expected response rates for the collection as a whole. If the collection has been conducted before, provide the actual response rate achieved.

There are six respondent types participating in this assessment. They include: (1) current fellows, (2) past fellows, (3) current coastal zone management program mentors, (4) past coastal zone management program mentors, (5) Center partners affiliated with the program, and (6) Sea Grant directors (recommenders of fellow candidates). This data collection represents a census of current and past participants in the fellowship program since the program's initiation in 1996.

For current fellows and current mentors a response rate of 100% is expected. For past fellows, past mentors, and Sea Grant directors the expected response rate is 75%. This rate is based on the past performance of these three groups and their response rates to previous information collections. Table 1 below indicates the number of entities and expected response rate for each respondent type.

Table 1: Number of Entities and Expected Response Rate per Respondent Type

Respondent Type	Number of entities in universe	Expected response rate
Current Fellows	10	100
Past Fellows	52	75
Current State Coastal Zone Program Mentors	10	100
Past State Coastal Zone Program Mentors	52	75
Center Partners	4	100
Sea Grant Directors	33	75

2. Describe the procedures for the collection, including: the statistical methodology for stratification and sample selection; the estimation procedure; the degree of accuracy needed for the purpose described in the justification; any unusual problems requiring specialized sampling procedures; and any use of periodic (less frequent than annual) data collection cycles to reduce burden.

No sampling will be used; this information collection will comprise a complete census of all current and past fellowship program participants. For the six respondent types, data collection procedures are the same. These respondent types include current and past fellows, current and past mentors, Sea Grant directors and Center partners. The following presents the data collection procedures for these respondent types:

- a. Obtain OMB clearance
- b. Finalize the formatting of all data collection instruments based on OMB comments.

- c. Ten days following notification of OMB clearance approval, GEARS will conduct a conference call with the fellowship Project Manager to review the data collection instruction, methodology and other communications initiating from GEARS and the Center. Plans will also be finalized to obtain contact information for respondents, (email and mailing addresses).
- d. Two weeks following notification of OMB clearance, GEARS will receive email and mailing address information from the Center for respondent types.
- e. Three weeks following notification of OMB clearance NOAA will send an introductory email to survey respondents introducing the assessment. Three days after NOAA's introductory email, GEARS will send an email message to respondents that includes the appropriate survey instrument as an attachment.
- f. The data collection period will begin three weeks following notification of OMB clearance and will end approximately 100 days later. During the data collection period, GEARS will maintain a confidential log of the surveys' received from respondents, noting the respondent's name and the date his/her survey was submitted. Each respondent will receive an email (or if they used mail, a letter) thanking them for their participation and confirming the receipt of his/her survey. In addition, two weeks after data collection begins, an email (or letter) will be sent to all respondents reminding them to complete the survey if they want to participate in the assessment and thanking them if they have already completed the survey. Two weeks following this communication, a letter will be sent, via postal mail, to all email non-responders, that includes a paper version of the appropriate survey. This letter will remind potential participants of the goals of the survey and will ask them to complete the survey and return it in the enclosed self addressed stamped envelope (SASE), if they have not already done so. A third reminder notice will be sent, via email and postal mail, four weeks after data collection begins. A fourth and final reminder notice will be sent eight weeks after data collection begins.
- g. Surveys received via email will be downloaded to a GEARS password protected work space on a GEARS protected server that will be accessible only by GEARS staff particular to this project. A hard copy of the survey will also be made and kept in a locked cabinet at GEARS' Boston area office. Only GEARS staff particular to this project will have access to the data in this cabinet. Surveys received via postal mail and fax will also be kept in this locked cabinet. Although respondents will be instructed not to provide identifying information on the survey (names, social security numbers, dates of birth, etc.), any identifying information placed on surveys will be removed. This includes identifying information hand written on surveys, and those automatically printed by fax machines or email systems, such as headers or footers with an individual's name or phone number.

3. Describe the methods used to maximize response rates and to deal with nonresponse. The accuracy and reliability of the information collected must be shown to be adequate for the intended uses. For collections based on sampling, a special justification must be provided if they will not yield "reliable" data that can be generalized to the universe studied.

The following procedures and methods will be used to increase the response rate. These procedures provide the respondent with information about the data collection through publications, website, emails and postal mail. They also include a number of reminders for those respondents who may have forgotten to respond. The procedure to maximize response is as follows:

1. Two weeks after receiving OMB approval, the Center will announce the programmatic assessment in its publication, *Fellow News* and on its website.
2. Three weeks following notification of approval from OMB, an introductory email requesting respondents' participation in the survey will come from a NOAA staff member who is known to the respondent. The purpose of this email is to inform the respondent about the data collection and enlist respondent support for this activity.
3. Three days after the introductory email from a NOAA staff member, respondents will receive an introductory email from GEARS and an electronic version of the survey. This notice is sent within a short period of the introductory email in order to build upon the respondents' awareness and importance of the data collection.
4. Two weeks after the survey has been distributed, respondents will be sent an email to remind them about the survey and the importance of their response.
5. Four weeks after the survey is distributed a paper version of the survey and reminder letter will be sent, via postal mail, as a reminder to all individuals not responding to initial email communications. In addition a stamped envelope addressed to GEARS will be enclosed with the paper survey. These steps are being taken to ensure that all respondents have indeed been notified about the survey.
6. Six weeks after the data collection begins a third reminder will be sent to all non-responders via email and postal mail. Also, to the extent possible a search will be conducted to correct any email or postal mail addresses that are returned to GEARS.
7. A fourth and final email and postal mail (a post card) will be sent eight weeks after data collection begins. This reminder will briefly repeat the importance of the data collection and indicate the date by which all surveys need to be returned in order to be included in the data collection.

4. Describe any tests of procedures or methods to be undertaken. Tests are encouraged as effective means to refine collections, but if ten or more test respondents are involved OMB must give prior approval.

The instruments for this assessment were developed by the contractor responsible for data collection and data analysis. Following their development, these instruments underwent three revisions based on the feedback of the following Center staff members: the current Director of the fellowship, the past Director of the fellowship, and two individuals from the Center who were very familiar with the fellowship program and whose expertise were in survey development. Additionally, the instruments were administered to contractor staff to determine

length of time, identify redundancy, and ensure question relevance and necessity. The revisions of the instruments focused on question format, rating scales, and question content.

5. Provide the name and telephone number of individuals consulted on the statistical aspects of the design, and the name of the agency unit, contractor(s), grantee(s), or other person(s) who will actually collect and/or analyze the information for the agency.

Program Contact

Thomas E. Fish, Ph.D.
Human Dimensions Specialist
U.S. Department of Commerce
NOAA Coastal Services Center
2234 South Hobson Avenue
Charleston, SC 29405
Tel: 843.740.1271
Tom.Fish@noaa.gov

Data Collection/Analysis and Statistical Contact

Deborah Brome, Ph.D.
Vice President and Director, Division of Evaluation & Applied Research
Global Evaluation & Applied Research Solutions (GEARS) Inc.
617-328-5140
dbrome@getingears.com

Michael Milburn, Ph.D.
Professor, University of Massachusetts, Boston
617-287-6386
Michael.Milburn@umb.edu

Appendix

Cover Emails to all Respondent Groups

Email to Current Fellows from NOAA

Dear Coastal Management Fellowship Program Current Fellows,

The NOAA Coastal Services Center (Center) is currently in the process of evaluating the Coastal Management Fellowship Program. We would like to assess the success of the fellowship program in meeting its goals and objectives. This evaluation involves the participation of current and past fellows, current and past state coastal zone management program mentors, Center partners, and a comparison group of alumni from graduate programs that fellows have attended.

I am writing to ask you to participate in a 35 minute survey of current fellows, as it will help us to improve the fellowship program and better serve the needs of individuals interested in pursuing careers in coastal resource management and policy. GEARS, Inc has been hired to conduct this evaluation. A member of the GEARS evaluation team will contact you via email in a couple days to ask you to participate in and to send you the survey. The completed survey will need to be returned to GEARS within two months of your receipt of the survey.

Your participation is completely voluntary and you may withdraw from the survey or refuse to answer any question at any time. There are no negative consequences should you decide not to participate in the survey. If you have any questions about the evaluation study, you may contact the GEARS lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261.

The results of this evaluation will provide us with valuable information to enhance the quality of the fellowship program and I would like to encourage you to consider participating in this survey. Please feel free to contact me with questions (843-740-1279). Thank you for your time.

Best regards,

Jan Kucklick
[enter title]

Email to Past Fellows from NOAA

Dear Coastal Management Fellowship Program Past Fellows,

The NOAA Coastal Services Center (Center) is currently in the process of evaluating the Coastal Management Fellowship Program. We would like to assess the success of the fellowship program in meeting its objectives and outcomes. This evaluation involves the participation of current and past fellows, current and past state coastal zone management program mentors, Center partners, and a comparison group of alumni from graduate programs that fellows have attended.

I am writing to ask you to participate in a 35 minute survey of past fellows, as it will help us to improve the fellowship program and better serve the needs of individuals interested in pursuing careers in coastal resource management and policy. GEARS, Inc has been hired to conduct this evaluation. A member of the GEARS evaluation team will contact you via email in a couple days to ask you to participate in and to send you the survey. The completed survey will need to be returned to GEARS within two months of your receipt of the survey.

The results of this evaluation will provide us with valuable information to enhance the quality of the fellowship program and I would like to encourage you to consider participating in this survey. Please feel free to contact me with questions (843-740-1279). If you have any questions about the evaluation study, you may also contact the GEARS lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261. Thank you for your time.

Best regards,

Jan Kucklick
[enter title]

Email to Current Mentors from NOAA

Dear Current State Coastal Zone Management Program Mentors,

The NOAA Coastal Services Center (Center) is currently in the process of evaluating the Coastal Management Fellowship Program. We would like to assess the success of the fellowship program in meeting its goals and objectives. This evaluation involves the participation of current and past fellows, current and past state coastal zone management program mentors, Center partners, and a comparison group of alumni from graduate programs that fellows have attended.

I am writing to ask you to participate in a 40 minute survey of current state coastal zone management program mentors, as it will help us to improve the fellowship program and better serve the needs of individuals interested in pursuing careers in coastal resource management and policy and state coastal zone programs. GEARS, Inc has been hired to conduct this evaluation. A member of the GEARS evaluation team will contact you via email in a couple days to ask you to participate in and to send you the survey. The completed survey will need to be returned to GEARS within two months of your receipt of the survey.

Your participation is completely voluntary and you may withdraw from the survey or refuse to answer any question at any time. There are no negative consequences should you decide not to participate in the survey. If you have any questions about the evaluation study, you may contact the GEARS lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261.

The results of this evaluation will provide us with valuable information to enhance the quality of the fellowship program and I would like to encourage you to consider participating in this survey. Please feel free to contact me with questions (843-740-1279). Thank you for your time.

Best regards,

Jan Kucklick
[enter title]

Email to Past Mentors from NOAA

Dear Past State Coastal Zone Management Program Mentors,

The NOAA Coastal Services Center (Center) is currently in the process of evaluating the Coastal Management Fellowship Program. We would like to assess the success of the fellowship program in meeting its goals and objectives. This evaluation involves the participation of current and past fellows, current and past state coastal zone management program mentors, Center partners, and a comparison group of alumni from graduate programs that fellows have attended.

I am writing to ask you to participate in a 40 minute survey of past state coastal zone management program mentors, as it will help us to improve the fellowship program and better serve the needs of individuals interested in pursuing careers in coastal resource management and policy and state coastal zone programs. GEARS, Inc has been hired to conduct this evaluation. A member of the GEARS evaluation team will contact you via email in a couple days to ask you to participate in and to send you the survey. The completed survey will need to be returned to GEARS within two months of your receipt of the survey.

The results of this evaluation will provide us with valuable information to enhance the quality of the fellowship program and I would like to encourage you to consider participating in this survey. Please feel free to contact me with questions (843-740-1279). If you have any questions about the evaluation study, you may also contact the GEARS lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261. Thank you for your time.

Best regards,

Jan Kucklick
[enter title]

Email to Center Partners from NOAA

Dear Center Partners,

The NOAA Coastal Services Center (Center) is currently in the process of evaluating the Coastal Management Fellowship Program. We would like to assess the success of the fellowship program in meeting its goals and objectives. This evaluation involves the participation of current and past fellows, current and past state coastal zone management program mentors, Center partners, and a comparison group of alumni from graduate programs that fellows have attended.

I am writing to ask you to participate in a 25 minute survey of Center partners, as it will help us to improve the fellowship program and better serve the needs of individuals interested in pursuing careers in coastal resource management and policy, state coastal zone programs, and Center partners. GEARS, Inc has been hired to conduct this evaluation. A member of the GEARS evaluation team will contact you via email in a couple days to ask you to participate in and to send you the survey. The completed survey will need to be returned to GEARS within two months of your receipt of the survey.

The results of this evaluation will provide us with valuable information to enhance the quality of the fellowship program and I would like to encourage you to consider participating in this survey. Please feel free to contact me with questions (843-740-1279). If you have any questions about the evaluation study, you may also contact the GEARS lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261. Thank you for your time.

Best regards,

Jan Kucklick
[enter title]

Email to Sea Grant Directors from NOAA

Dear Sea Grant Directors,

The NOAA Coastal Services Center (Center) is currently in the process of evaluating the Coastal Management Fellowship Program. We would like to assess the success of the fellowship program in meeting its goals and objectives. This evaluation involves the participation of current and past fellows, current and past state coastal zone management program mentors, Center partners, and a comparison group of alumni from graduate programs that fellows have attended.

I am writing to ask you to participate in a 25 minute survey of Sea Grant Directors, as it will help us to improve the fellowship program and better serve the needs of individuals interested in pursuing careers in coastal resource management and policy, state coastal zone programs, and Center partners. GEARS, Inc has been hired to conduct this evaluation. A member of the GEARS evaluation team will contact you via email in a couple days to ask you to participate in and to send you the survey. The completed survey will need to be returned to GEARS within two months of your receipt of the survey.

The results of this evaluation will provide us with valuable information to enhance the quality of the fellowship program and I would like to encourage you to consider participating in this survey. Please feel free to contact me with questions (843-740-1279). If you have any questions about the evaluation study, you may also contact the GEARS lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261. Thank you for your time.

Best regards,

Jan Kucklick
[enter title]

GEARS Introductory Email (Current Fellows)

Dear Current Coastal Management Fellowship Program Fellows,

Recently, Jan Kucklick of NOAA's Coastal Services Center (Center) informed you of the evaluation of the Coastal Management Fellowship Program and that I would be contacting you. This evaluation will provide information about the fellowship program's success in meeting its goals and objectives. My company, GEARS, Inc, has been hired to conduct this evaluation on behalf of the Center.

I am writing to ask you to participate in a 35 minute survey of current fellows. The survey is attached and can be returned via email as an attachment. You may also fax the survey to 617-328-5144. Please return the survey to GEARS, Inc by [insert date that corresponds with 2 month time frame].

If you have any questions about the evaluation, you may contact the lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261. Thank you so much for your time and we appreciate your help with the evaluation of the NOAA Coastal Management Fellowship Program.

Best regards,

Marie Mesidor, Ph.D.
Senior Research Associate
GEARS, Inc

GEARS Introductory Email (Past Fellows)

Dear Past Coastal Management Fellowship Program Fellows,

Recently, Jan Kucklick of NOAA's Coastal Services Center (Center) informed you of the evaluation of the Coastal Management Fellowship Program and that I would be contacting you. This evaluation will provide information about the fellowship program's success in meeting its goals and objectives. My company, GEARS, Inc, has been hired to conduct this evaluation on behalf of the Center.

I am writing to ask you to participate in a 35 minute survey of past fellows. The survey is attached and can be returned via email as an attachment. You may also fax the survey to 617-328-5144. Please return the survey to GEARS, Inc by [insert date that corresponds with 2 month time frame].

If you have any questions about the evaluation, you may contact the lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261. Thank you so much for your time and we appreciate your help with the evaluation of the NOAA Coastal Management Fellowship Program.

Best regards,

Marie Mesidor, Ph.D.
Senior Research Associate
GEARS, Inc

GEARS Introductory Letter (for Current Fellows without email access)

Dear Current Coastal Management Fellowship Program Fellows,

Recently, Jan Kucklick of NOAA's Coastal Services Center (Center) informed you of the evaluation of the Coastal Management Fellowship Program and that I would be contacting you. This evaluation will provide information about the fellowship program's success in meeting its goals and objectives. My company, GEARS, Inc, has been hired to conduct this evaluation on behalf of the Center.

I am writing to ask you to participate in a 35 minute survey of current fellows. The survey is enclosed and can be returned anonymously in the enclosed stamped envelope. You may also fax the survey to 617-328-5144. Please return the survey to GEARS, Inc by [insert date that corresponds with 2 month time frame].

If you have any questions about the evaluation, you may contact the lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261. Thank you so much for your time and we appreciate your help with the evaluation of the NOAA Coastal Management Fellowship Program.

Best regards,

Marie Mesidor, Ph.D.
Senior Research Associate
GEARS, Inc

GEARS Introductory Letter (for past fellows without email access)

Dear Past Coastal Management Fellowship Program Fellows,

Recently, Jan Kucklick of NOAA's Coastal Services Center (Center) informed you of the evaluation of the Coastal Management Fellowship Program and that I would be contacting you. This evaluation will provide information about the fellowship program's success in meeting its goals and objectives. My company, GEARS, Inc, has been hired to conduct this evaluation on behalf of the Center.

I am writing to ask you to participate in a 35 minute survey of past fellows. The survey is enclosed and can be returned anonymously in the enclosed stamped envelope. You may also fax the survey to 617-328-5144. Please return the survey to GEARS, Inc by [insert date that corresponds with 2 month time frame].

If you have any questions about the evaluation, you may contact the lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261. Thank you so much for your time and we appreciate your help with the evaluation of the NOAA Coastal Management Fellowship Program.

Best regards,

Marie Mesidor, Ph.D.
Senior Research Associate
GEARS, Inc

GEARS Introductory Email (Current Mentors)

Dear Current State Coastal Zone Management Program Mentors,

Recently, Jan Kucklick of NOAA's Coastal Services Center (Center) informed you of the evaluation of the Coastal Management Fellowship Program and that I would be contacting you. This evaluation will provide information about the fellowship program's success in meeting its goals and objectives. My company, GEARS, Inc, has been hired to conduct this evaluation on behalf of the Center.

I am writing to ask you to participate in a 40 minute survey of current state coastal zone management program mentors. The survey is attached and can be returned via email as an attachment. You may also fax the survey to 617-328-5144. Please return the survey to GEARS, Inc by [insert date that corresponds with 2 month time frame].

If you have any questions about the evaluation, you may contact the lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261. Thank you so much for your time and we appreciate your help with the evaluation of the NOAA Coastal Management Fellowship Program.

Best regards,

Marie Mesidor, Ph.D.
Senior Research Associate
GEARS, Inc

GEARS Introductory Email (Past Mentors)

Dear Past State Coastal Zone Management Program Mentors,

Recently, Jan Kucklick of NOAA's Coastal Services Center (Center) informed you of the evaluation of the Coastal Management Fellowship Program and that I would be contacting you. This evaluation will provide information about the fellowship program's success in meeting its goals and objectives. My company, GEARS, Inc, has been hired to conduct this evaluation on behalf of the Center.

I am writing to ask you to participate in a 40 minute survey of past state coastal zone management program mentors. The survey is attached and can be returned via email as an attachment. You may also fax the survey to 617-328-5144. Please return the survey to GEARS, Inc by [insert date that corresponds with 2 month time frame].

If you have any questions about the evaluation, you may contact the lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261. Thank you so much for your time and we appreciate your help with the evaluation of the NOAA Coastal Management Fellowship Program.

Best regards,

Marie Mesidor, Ph.D.
Senior Research Associate
GEARS, Inc

GEARS Introductory Email to CSC Partners

Dear Center Partners,

Recently, Jan Kucklick of NOAA's Coastal Services Center (Center) informed you of the evaluation of the Coastal Management Fellowship Program and that I would be contacting you. This evaluation will provide information about the fellowship program's success in meeting its goals and objectives. My company, GEARS, Inc, has been hired to conduct this evaluation on behalf of the Center.

I am writing to ask you to participate in a 25 minute survey of Center partners. The survey is attached and can be returned via email as an attachment. You may also fax the survey to 617-328-5144. Please return the survey to GEARS, Inc by [insert date that corresponds with 2 month time frame].

If you have any questions about the evaluation, you may contact the lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261. Thank you so much for your time and we appreciate your help with the evaluation of the NOAA Coastal Management Fellowship Program.

Best regards,

Marie Mesidor, Ph.D.
Senior Research Associate
GEARS, Inc

GEARS Introductory Email to Sea Grant Directors

Dear Sea Grant Directors,

Recently, Jan Kucklick of NOAA's Coastal Services Center (Center) informed you of the evaluation of the Coastal Management Fellowship Program and that I would be contacting you. This evaluation will provide information about the fellowship program's success in meeting its goals and objectives. My company, GEARS, Inc, has been hired to conduct this evaluation on behalf of the Center.

I am writing to ask you to participate in a 25 minute survey of Sea Grant directors. The survey is attached and can be returned via email as an attachment. You may also fax the survey to 617-328-5144. Please return the survey to GEARS, Inc by [insert date that corresponds with 2 month time frame].

If you have any questions about the evaluation, you may contact the lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261. Thank you so much for your time and we appreciate your help with the evaluation of the NOAA Coastal Management Fellowship Program.

Best regards,

Marie Mesidor, Ph.D.
Senior Research Associate
GEARS, Inc

First Reminder Email from GEARS

Dear [insert group],

This is just a quick note to remind you to submit completed surveys to GEARS, Inc for the evaluation of NOAA's Coastal Management Fellowship Program. You may do so by sending the survey as an attached email or by faxing the survey to 617-328-5144. The surveys are due [insert date] and your feedback is very important.

Please disregard this note if you have already returned your completed survey to GEARS, and thank you for your participation. If you have not yet returned your completed survey to GEARS, you still have 6 weeks to do so, and thank you in advance for contribution.

If you have not received the survey, please let me know and I will resend you the survey in the manner most convenient to you (email, postal mail, or fax). Also, please feel free to contact me with questions or concerns (617-328-5142 or mmesidor@getingears.com). Thank you again.

Best regards,

Marie Mesidor, Ph.D.
Senior Research Associate
GEARS, Inc

Second Reminder Email from GEARS

Dear [insert group],

This is just another note to remind you to submit completed surveys to GEARS, Inc for the evaluation of NOAA's Coastal Management Fellowship Program. You may do so by sending the survey as an attached email or by faxing the survey to 617-328-5144. The surveys are due [insert date] and your feedback is very important.

Please disregard this note if you have already returned your completed survey to GEARS, and thank you for your participation. If you have not yet returned your completed survey to GEARS, you still have 4 weeks to do so, and thank you in advance for contribution.

If you have not received the survey, please let me know and I will resend you the survey in the manner most convenient to you (email, postal mail, or fax). Also, please feel free to contact me with questions or concerns (617-328-5142 or mmesidor@getingears.com). Thank you again.

Best regards,

Marie Mesidor, Ph.D.
Senior Research Associate
GEARS, Inc

Survey of Current Fellows
Evaluation of the NOAA Coastal Management Fellowship Program
National Oceanic and Atmospheric Administration (NOAA),
Coastal Services Center (Center)
GEARS, Inc.

Thank you for agreeing to take part in this survey of current fellows as part of the evaluation of the NOAA Coastal Management Fellowship Program. Your answers to the following questions will help us improve our understanding of the effectiveness of the fellowship program and how it impacts state coastal zone management programs and the professional goals of fellows. We are interested in your honest opinions, both positive and negative.

This survey will take approximately 35 minutes to complete. Your participation is completely voluntary and you may withdraw from the survey or refuse to answer any question at any time. There are no negative consequences should you decide not to participate in the survey. Only GEARS evaluation staff associated with this evaluation will have access to identifying information. Your survey will be combined with other surveys and only aggregate information will be reported in findings. Your responses will be held in the strictest confidence. All survey data will be kept in a secure location at GEARS and will be protected by GEARS to the extent allowed by the law. If you have any questions about the evaluation study, you can contact the lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261.

Information about Your Fellowship

Please provide the following information about your fellowship.

1. Which state coastal zone management program are you currently working?

2. Please indicate what year of the fellowship you are in. (Indicate only one)

1. First year
2. Second year

3. Please indicate the topic of the primary project you are working on during the fellowship.

4. Please indicate the topics of additional (side) projects you are working on, if applicable.

5. To date, please indicate the total number of coastal related conferences, workshops, and trainings you have attended as a fellow. _____

Of that number, how many did you attend using your fellowship professional development funds? _____

6. Please list all the conferences where you:

a. Made an oral presentation: _____

b. Made a poster presentation: _____

7. To date, have trainings and meetings helped to improve your knowledge and skill level? Yes No

8. To date, have trainings and meetings allowed you to expand your professional network? Yes No

9. To date, have you received constructive feedback from your mentor? Yes No

10. If you have received constructive feedback from your mentor, was it helpful? Yes No

11. If you have not received constructive feedback from your mentor, would you like to? Yes No

12. To date, have you had an opportunity to provide feedback to your mentor? Yes No

a. If you have not, would you like such an opportunity? Yes No

13. Do you read *Fellow News*? Yes No



If you read *Fellows News*, what do you find most appealing?

14. Do you use the Coastal Management Fellowship Program's website?

Yes No

If yes, can you easily find the information you are looking for?

Yes No

What type of information do you seek most often?

What topics or items currently not included on the website would you find useful?



Skills

We would like to learn more about the **skills you have acquired during the fellowship program**. In the table below, please rate yourself on the skill areas provided, by placing an "x" in the appropriate box. First rate your skill level upon entering the program and then rate your skill, to date, as a consequence of being in the program

Skills	Ratings									
	Upon Entering					Since being in the Fellowship Program				
	Nonexistent	Poor	Fair	Good	Excellent	No Change	Slight Improvement	Moderate Improvement	High Improvement	
Technology (GIS, remote sensing)										
Software Applications (Excel, Access, Word, etc.)										
Research (research design, data gathering, etc.)										
Management (organizational skills, planning, time management)										
Communication (written and oral)										
Interpersonal (conflict resolution, working in groups, networking, working one on one)										
Science (biology, chemistry, physics, social science, oceanography)										
Coastal Resource Management										
Coastal and Ocean Policy										
Project Specific: _____										



7. How satisfied are you with the amount of communication with the Coastal Services Center?

1-----	2-----	3-----	4-----	5	0
Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied Nor Dissatisfied	Somewhat Satisfied	Very Satisfied	Don't Know

Please comment:

Fellowship Training

Please provide your ratings and thoughts about the training you have received in the fellowship. Where appropriate, circle the number that best reflects your answer.

1. How useful is the formal and on the job training you receive in the fellowship?

1-----	2-----	3-----	4-----	5	0
Not at all Useful				Extremely Useful	Don't Know

2. Overall, how would you rate the quality of the training and education you receive in the fellowship?

1-----	2-----	3-----	4-----	5	0
Poor				Excellent	Don't Know

3. How would you rate the quality of the mentorship you receive in the fellowship?

1-----	2-----	3-----	4-----	5	0
Poor				Excellent	Don't Know

4. To what extent is the fellowship program meeting your educational and professional needs?

1-----	2-----	3-----	4-----	5	0
Not at all				A lot	Don't Know



5. In what ways can the fellowship better meet your educational and professional needs?

6. Would you recommend this fellowship to other students? Yes No

Why or why not?

7. If you could do it all again, would you choose to participate in the Coastal Management Fellowship Program?

1-----2-----3-----4-----5
No, Uncertain/ Yes,
absolutely not Don't Know definitely

Your Opinions

Please provide your opinions, perspectives, and views for the following questions.

1. What can state coastal zone management programs and the Center do to ensure that there is a good fit between the fellow's interests and expertise and the state's needs?



2. What are the strengths of the Coastal Management Fellowship Program?

3. What are the weaknesses of the Coastal Management Fellowship Program?

4. What suggestions do you have for improving the Coastal Management Fellowship Program?

Employment

Please provide information about your future employment goals.

1. What are your future employment plans?



3. Are you planning to pursue further education? ___Yes ___No

4. If yes, please list the degree you will seek and the type of program you will enroll in. (e.g., Ph.D. in Marine Science)

Respondent Information

The following questions will be used to help describe survey participants and all information will be reported in aggregate form.

1. What is your age? _____
2. What is your gender?
 1. Male
 2. Female
3. Please indicate your race. (Mark one or more.)
 1. American Indian or Alaska Native
 2. Asian
 3. Black or African American
 4. Native Hawaiian or Other Pacific Islander
 5. White
4. Please indicate your ethnicity. (Mark one.)
 1. Hispanic or Latino
 2. Not Hispanic or Latino

Thank you very much for your cooperation!

Paperwork Reduction Act Statement

Public reporting burden for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this



burden estimate or any other suggestions for reducing this burden to Tom Fish, NOAA National Ocean Service, at 843-740-1271.

Respondents are not identified on their questionnaires, and any reports will present data in aggregate form only. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.



Survey of Past Fellows
Evaluation of the NOAA Coastal Management Fellowship Program
National Oceanic and Atmospheric Administration (NOAA),
Coastal Services Center (Center)
GEARS, Inc.

Thank you for agreeing to take part in this survey of past fellows as part of the evaluation of the NOAA Coastal Management Fellowship Program. Your answers to the following questions will help us improve our understanding of the effectiveness of the fellowship program and how it impacts state coastal zone management programs and the professional goals of fellows. We are interested in your honest opinions, both positive and negative.

This survey will take approximately 35 minutes to complete. Your participation is completely voluntary and you may withdraw from the survey or refuse to answer any question at any time. There are no negative consequences should you decide not to participate in the survey. Only GEARS evaluation staff associated with this evaluation will have access to identifying information. Your survey will be combined with other surveys and only aggregate information will be reported in findings. Your responses will be held in the strictest confidence. All survey data will be kept in a secure location at GEARS and will be protected by GEARS to the extent allowed by the law. If you have any questions about the evaluation study, you can contact the lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261.

Information about Your Fellowship

Please provide the following information about your fellowship.

1. Which state did you participate in the Coastal Management Fellowship?

2. Please indicate the two year period you participated in the Coastal Management Fellowship.

3. Of the 24-month fellowship period, how many months did you complete?

If less than 24 months, please explain why.

4. Please indicate the title/topic of the primary project you worked on during the fellowship.

5. Please indicate the topics of additional (side) projects you worked on, if applicable.

6. Was the project you worked on completed during the two year period of your fellowship?

___Yes ___No

7. What factors most contributed to the successful completion of your project?

8. Please indicate the total number of coastal related conferences, workshops, and trainings that you attended as a fellow. _____

Of that number, how many did you attend using your fellowship professional development funds? _____

9. Please list all the conferences where you:

a. Made an oral presentation: _____

b. Made a poster presentation: _____

10. Did the trainings and meetings you attended during the fellowship help increase your knowledge and skill level? ___Yes ___No



11. Did the trainings and meetings you attended during the fellowship allow you to expand your professional network? Yes No

12. During the fellowship, did you receive constructive feedback from your mentor? Yes No

13. If you did not receive constructive feedback, would you have liked to receive it? Yes No

14. Did you have an opportunity to provide feedback to your mentor? Yes No

15. Do you read *Fellow News*? Yes No

If you read *Fellows News*, what do you find is the most appealing aspect?

16. Do you use the Coastal Management Fellowship Program's website? Yes No

If yes, can you easily find the information you are looking for? Yes No

What type of information do you seek most often?

What topics or items currently not included on the website would you find useful to have?



Skills

We would like to learn more about the skills you acquired during the fellowship program. In the table below, please rate yourself on the skill areas provided, by placing an “x” in the appropriate box. First rate your skill level upon entering the program and then rate your skill upon completing (or leaving) the program.

Skills	Ratings								
	Upon Entering					Upon Program Completion			
	Nonexistent	Poor	Fair	Good	Excellent	No Change	Slight Improvement	Moderate Improvement	High Improvement
Technology (GIS, remote sensing)									
Software Applications (Excel, Access, Word, etc.)									
Research (research design, data gathering, etc.)									
Management (organizational skills, planning, time management)									
Communication (written and oral)									
Interpersonal (conflict resolution, working in groups, networking, working one on one)									
Science (biology, chemistry, physics, social science, oceanography)									
Coastal Resource Management									
Policy									
Project Specific: _____									



Fellowship Resources

Please provide your ratings and thoughts about fellowship resources by circling the number that best reflects your answer.

1. How satisfied were you with the resources (hardware, software, office space, etc.) that the state coastal zone management program provided you to work on your project?

1-----	2-----	3-----	4-----	5	0
Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied Nor Dissatisfied	Somewhat Satisfied	Very Satisfied	Don't Know

2. How satisfied were you with the salary and benefits you received for the fellowship?

1-----	2-----	3-----	4-----	5	0
Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied Nor Dissatisfied	Somewhat Satisfied	Very Satisfied	Don't Know

3. How satisfied were you with the networking opportunities available to you during the fellowship?

1-----	2-----	3-----	4-----	5	0
Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied Nor Dissatisfied	Somewhat Satisfied	Very Satisfied	Don't Know

4. How useful were the professional contacts you made/developed during the fellowship?

1-----	2-----	3-----	4-----	5	0
Not at all Useful				Extremely Useful	Don't Know

5. How helpful were the contacts you had with other fellows during the fellowship program?

1-----	2-----	3-----	4-----	5	0
Not at all Helpful				Extremely Helpful	Don't Know

6. Did contact with other fellows, during the fellowship program, allow you to learn about the projects of other state coastal zone management programs?

1-----	2-----	3-----	4-----	5
No, absolutely not		Uncertain/ Don't Know		Yes, definitely



7. How satisfied were you with the amount of communication with the Center?

1-----	2-----	3-----	4-----	5	0
Very	Somewhat	Neither Satisfied	Somewhat	Very	Don't
Dissatisfied	Dissatisfied	Nor Dissatisfied	Satisfied	Satisfied	Know

Please comment:

Fellowship Training

Please provide your ratings and thoughts about the training you received in the fellowship. Where appropriate, circle the number that best reflects your answer.

1. How useful was the formal and on the job training you received in the fellowship?

1-----	2-----	3-----	4-----	5	0
Not at all				Extremely	Don't
Useful				Useful	Know

2. Overall, how would you rate the quality of the training and education you received in the fellowship?

1-----	2-----	3-----	4-----	5	0
Poor				Excellent	Don't Know

3. How would you rate the quality of the mentorship you received in the fellowship?

1-----	2-----	3-----	4-----	5	0
Poor				Excellent	Don't Know

4. To what extent has the fellowship program met your educational and professional needs?

1-----	2-----	3-----	4-----	5	0
Not at all				A lot	Don't
					Know



5. In what ways could the fellowship have better met your educational and professional needs?

6. Do you recommend this fellowship to other students? ___ Yes ___ No

Why or why not?

7. If you had to do it all again, would you choose to participate in the Coastal Management Fellowship Program?

1-----	2-----	3-----	4-----	5
No, absolutely not		Uncertain/ Don't Know		Yes, definitely

Your Opinions

Please provide your opinions, perspectives, and views for the following questions.

1. What can state coastal zone management programs or the Center do to ensure that there is a good fit between the fellow's interests and expertise and the state's needs?



2. What are the strengths of the Coastal Management Fellowship Program?

3. What are the weaknesses of the Coastal Management Fellowship Program?

4. What suggestions do you have for improving the Coastal Management Fellowship Program?

Current Employment

Please provide information about your current employment.

1. Are you currently employed? Yes No

*(If **no**, please skip this section)*

2. Are you currently employed in coastal resource management and policy? Yes No

3. If no, in what field are you currently employed? _____



Education Information

Please provide the following information about your educational experiences.

1. What is the highest degree you have completed?
 1. Master's
 2. Ph.D.
 3. Other _____
2. What was your major in this degree program? _____
3. Are you planning to pursue further education? Yes No
4. If yes, please list the degree you will seek and the type of program you will enroll in. (e.g., Ph.D. in Marine Science)

5. What is the highest degree you completed prior to the fellowship?
 1. Master's
 2. Ph.D.
 3. Other _____

Respondent Information

The following questions will be used to help describe survey participants and all information will be reported in aggregate form.

1. What is your age? _____
2. What is your gender?
 1. Male
 2. Female
3. Please indicate your race. (Mark one or more.)
 1. American Indian or Alaska Native
 2. Asian
 3. Black or African American
 4. Native Hawaiian or Other Pacific Islander
 5. White



4. Please indicate your ethnicity. (Mark one.)

1. Hispanic or Latino
2. Not Hispanic or Latino

Thank you very much for your cooperation!

Paperwork Reduction Act Statement

Public reporting burden for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Tom Fish, NOAA National Ocean Service, at 843-740-1271.

Respondents are not identified on their questionnaires, and any reports will present data in aggregate form only. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.



Survey of Current State Coastal Zone Management Program Mentors
Evaluation of the NOAA Coastal Management Fellowship Program
National Oceanic and Atmospheric Administration (NOAA),
Coastal Services Center (Center)
GEARS, Inc.

Thank you for agreeing to take part in this survey of state coastal zone management program mentors as part of the evaluation of the NOAA Coastal Management Fellowship Program. Your answers to the following questions will help us improve our understanding of the effectiveness of the fellowship program and how it impacts state coastal zone management programs and the professional goals of fellows. We are interested in your honest opinions, both positive and negative.

This survey will take approximately 40 minutes to complete. Your participation is completely voluntary and you may withdraw from the survey or refuse to answer any question at any time. There are no negative consequences should you decide not to participate in the survey. Only GEARS evaluation staff associated with this evaluation will have access to identifying information. Your survey will be combined with other surveys and only aggregate information will be reported in findings. Your responses will be held in the strictest confidence. All survey data will be kept in a secure location at GEARS and will be protected by GEARS to the extent allowed by the law. If you have any questions about the evaluation study, you can contact the lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261.

Your Experiences

Please answer the following questions about your experiences with the fellowship program.

1. Which state coastal zone management program are you affiliated with? _____
2. How many fellows have you, personally, mentored? _____
3. In total, how many fellows has your state coastal zone management program had? _____
4. Do you read *Fellow News*? Yes No

If you read *Fellows News*, what do you find is the most appealing aspect?



5. Do you use the Coastal Management Fellowship Program's website? Yes No

If yes, can you easily find the information you are looking for? Yes No

What type of information do you seek most often?

What topics or items currently not included on the website would you find useful to have?

Your State Coastal Zone Management Program's Projects

Please answer questions about your fellow and his or her main project. If you have mentored more than one fellow, please provide that information under the section "Past Fellow and Project."

Current Fellow and Project

What year did your fellow arrive? (Check one) 2005 2006

1. What is your current fellow's project topic?

2. Would you have been able to undertake and/or complete this project without this fellow? Yes No

Please explain:



3. What is the contribution (e.g., \$\$\$, human resources, equipment, travel, training, etc.) from your state coastal zone management program toward this project?

4. What skills are needed for your fellow to successfully conduct this project?

5. Does your fellow have adequate skills to successfully conduct this project? Yes No

If no, what skills are underdeveloped or missing and how do you plan to rectify this situation?

6. Is it possible that this project could be used as a model by other states? Yes No Don't Know

Please explain:



7. Do you expect this project to be integrated into, or utilized by, your state's coastal zone management program? __Yes __No

Please explain why or why not, and if yes, how and when do you anticipate it being integrated or utilized (immediately after completion, 6 months later, one year later, etc.)?

8. To date, please indicate your overall satisfaction level associated with your fellow's performance. (Circle the number that best reflects your answer.)

1-----	2-----	3-----	4-----	5	0
Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied Nor Dissatisfied	Somewhat Satisfied	Very Satisfied	Don't Know

9. How satisfied are you with the mentorship you provide your fellow? (Circle the number that best reflects your answer.)

1-----	2-----	3-----	4-----	5	0
Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied Nor Dissatisfied	Somewhat Satisfied	Very Satisfied	Don't Know

10. What additional resources would be helpful to prepare for, maintain or improve the mentorship of your fellow (e.g., mentor training, support network, etc.)?



If you mentored a previous fellow, please complete the following, if not, please skip this section:

Past Fellow and Project

What year did your fellow arrive: _____

1. What was your past fellow's project topic?

2. Would you have been able to undertake and/or complete this project without this fellow? Yes No

Please explain:

3. What was the contribution (e.g., \$\$\$, human resources, equipment, travel, training, etc.) from your state coastal zone management program toward this project?

4. What skills were needed for your fellow to successfully conduct this project?



5. Did your fellow have adequate skills to successfully conduct this project? __Yes __No

If no, what skills were underdeveloped or missing?

6. Has your project become a model that has been used by other states? __Yes __No __Don't Know

Please explain including how, by whom, and when it's been used:

7. Was this project integrated into or utilized by your state coastal zone management program? __Yes __No

Please explain why or why not and if yes, how and when was this project integrated or utilized (immediately after completion, 6 months later, or one year later, etc.)?

8. Overall, how satisfied were you with your fellow's performance? (Circle the number that best reflects your answer.)

1-----	2-----	3-----	4-----	5	0
Very	Somewhat	Neither Satisfied	Somewhat	Very	Don't
Dissatisfied	Dissatisfied	Nor Dissatisfied	Satisfied	Satisfied	Know

9. How satisfied were you with the mentorship you provided your fellow? (Circle the number that best reflects your answer.)

1-----	2-----	3-----	4-----	5	0
Very	Somewhat	Neither Satisfied	Somewhat	Very	Don't
Dissatisfied	Dissatisfied	Nor Dissatisfied	Satisfied	Satisfied	Know



Please comment:

5. If only three states were selected each year to host a fellow, would your state still apply? __Yes __No

6. To what extent are you satisfied with your state's ability to address a high priority issue through the fellowship program? (Circle the number that best reflects your answer.)

1-----	2-----	3-----	4-----	5	0
Very	Somewhat	Neither Satisfied	Somewhat	Very	Don't
Dissatisfied	Dissatisfied	Nor Dissatisfied	Satisfied	Satisfied	Know

7. To what extent has the fellowship program met your state coastal zone management program's needs? (Circle the number that best reflects your answer.)

1-----	2-----	3-----	4-----	5	0
Not at all				A lot	Don't
					Know

Selection of Fellows and Operation of the Program

In answering the following questions, consider your current fellow and project.

1. Was the matching workshop an effective mechanism to select an individual with skills and experiences necessary to complete your state's project? Why or why not?



2. What can be done to ensure that there is a good fit between a fellow's interests/expertise and the state's needs?

3. In your opinion, is the amount and quality of communication between you and the Center adequate?
__Yes __No

If no, please describe how communication can and should be improved.

4. What factors are contributing most to the successful completion of your state coastal zone management program's fellowship project?

5. If you had to do it all again, would you choose to participate in the Coastal Management Fellowship Program? (Circle the number that best reflects your answer.)

1-----2-----3-----4-----5
No, Uncertain/ Yes,
absolutely not Don't Know definitely

6. Overall, how satisfied are you with the anticipated product or outcome of your fellow's project? (Circle the number that best reflects your answer.)

1-----2-----3-----4-----5 0
Very Somewhat Neither Satisfied Somewhat Very Don't
Dissatisfied Dissatisfied Nor Dissatisfied Satisfied Satisfied Know



Fellowship Program: General Comments

Please provide your opinions, perspectives, and views for the following questions.

- 1. What are the strengths of the Coastal Management Fellowship Program for the states? For the fellows?

- 2. What are the weaknesses of the Coastal Management Fellowship Program?

- 3. Overall, how do you rate the quality of the Coastal Management Fellowship Program? (Circle the number that best reflects your answer.)

1-----	2-----	3-----	4-----	5-----	0
Poor				Excellent	Don't Know

Thank you very much for your cooperation!

Paperwork Reduction Act Statement

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Survey of Past State Coastal Zone Management Program Mentors
Evaluation of the NOAA Coastal Management Fellowship Program
National Oceanic and Atmospheric Administration (NOAA),
Coastal Services Center (Center)
GEARS, Inc.

Thank you for agreeing to take part in this survey of state coastal zone management program mentors as part of the evaluation of the NOAA Coastal Management Fellowship Program. Your answers to the following questions will help us improve our understanding of the effectiveness of the fellowship program and how it impacts state coastal zone management programs and the professional goals of fellows. We are interested in your honest opinions, both positive and negative.

This survey will take approximately 40 minutes to complete. Your participation is completely voluntary and you may withdraw from the survey or refuse to answer any question at any time. There are no negative consequences to your decision not to participate in the survey. Only GEARS evaluation staff associated with this evaluation will have access to identifying information. Your survey will be combined with other surveys and only aggregate information will be reported in findings. Your responses will be held in the strictest confidence. All survey data will be kept in a secure location at GEARS and will be protected by GEARS to the extent allowed by the law. If you have any questions about the evaluation study, you can contact the lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261.

Your Experiences

Please answer the following questions about your experiences with the fellowship program at the time that you served as a mentor.

1. At the time that you served as a mentor, which state coastal zone management program were you a part of?

2. How many fellows have you personally mentored?

3. In total, how many fellows has your state had?

4. Do you read *Fellow News*?

___Yes ___No

If you read *Fellows News*, what do you find is the most appealing aspect?



5. Do you use the Coastal Management Fellowship Program's website? Yes No

If yes, can you easily find the information you are looking for? Yes No

What type of information do you seek most often?

What topics or items currently not included on the website would you find useful to have?

Your State Coastal Zone Management Program's Projects

Please answer questions about your fellow and his or her main project. If you have mentored more than one fellow, please provide that information under the section "Past Fellow #2 and Project."

Past Fellow #1 and Project

What year did your fellow arrive: _____

1. What was your past fellow's project topic?

2. Would you have been able to undertake and/or complete this project without this fellow? Yes No

Please explain:



3. What was the contribution (e.g., \$\$\$, human resources, equipment, travel, training, etc.) from your state coastal zone management program toward this project?

4. What skills were needed for your fellow to successfully conduct this project?

5. Did your fellow have adequate skills to successfully conduct this project? Yes No

If no, what skills were underdeveloped or missing?

6. Has your project become a model that has been used by other states? Yes No Don't Know

Please explain including how, by whom, and when it's been used:



7. Was this project integrated into or utilized by your state coastal zone management program?
___Yes ___No

Please explain and if yes, how and when was this project integrated or utilized (immediately after completion, 6 months later, or one year later, etc.)?

8. Overall, how satisfied were you with your fellow's performance? (Circle the number that best reflects your answer.)

1-----2-----3-----4-----5 0
Very Somewhat Neither Satisfied Somewhat Very Don't
Dissatisfied Dissatisfied Nor Dissatisfied Satisfied Satisfied Know

9. How satisfied were you with the mentorship you provided your fellow? (Circle the number that best reflects your answer.)

1-----2-----3-----4-----5 0
Not at all Somewhat Neither Satisfied Somewhat Extremely Don't
Dissatisfied Dissatisfied Nor Dissatisfied Satisfied Satisfied Know

If you mentored a second fellow, please complete the following, if not please skip this section:

Previous Fellow #2 and Project

What year did your fellow arrive: _____

1. What was your past fellow's project topic?

2. Would you have been able to undertake and/or complete this project without this fellow?
___Yes ___No



Please explain:

3. What was the contribution (e.g., \$\$\$, human resources, equipment, travel, training, etc.) from your state coastal zone management program toward this project?

4. What skills were needed for your fellow to successfully conduct this project?

5. Did your fellow have adequate skills to successfully conduct this project?

Yes No

If no, what skills were underdeveloped or missing?



6. Has your project become a model that has been used by other states?
 Yes No Don't Know

Please explain including how, by whom, and when it's been used:

7. Was this project integrated into or utilized by your state coastal zone management program?
 Yes No

Please explain why or why not and if yes, how and when was this project was integrated or utilized (immediately after completion, 6 months later, or one year later, etc.)?

8. Overall, how satisfied were you with your fellow's performance? (Circle the number that best reflects your answer.)

1-----	2-----	3-----	4-----	5	0
Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied Nor Dissatisfied	Somewhat Satisfied	Very Satisfied	Don't Know

9. How satisfied were you with the mentorship you provided your fellow? (Circle the number that best reflects your answer.)

1-----	2-----	3-----	4-----	5	0
Not at all Dissatisfied	Somewhat Dissatisfied	Neither Satisfied Nor Dissatisfied	Somewhat Satisfied	Extremely Satisfied	Don't Know



Fellowship Program Resources

In answering the following questions, consider all your former fellows and their projects collectively.

1. How satisfied were you with the resources (hardware, software, office space, etc.) that your state coastal zone management program was able to provide to your fellow(s)? (Circle the number that best reflects your answer.)

1-----2-----3-----4-----5 0
Very Somewhat Neither Satisfied Somewhat Very Don't
Dissatisfied Dissatisfied Nor Dissatisfied Satisfied Satisfied Know

2. What types of training or support for both you and your fellow(s) could have improved your state coastal zone management program's overall experience with the fellowship program?

3. How effective is the fellowship in improving, enhancing or augmenting coastal resource management and policy for the state? (Circle the number that best reflects your answer.)

1-----2-----3-----4-----5 0
Not at all Extremely Don't
Effective Effective Know

Please comment:

4. In the future, how likely is it that your state would be able to contribute additional matching funds towards fellows' salaries and benefits (up from the current \$7500 per year)? (Circle the number that best reflects your answer.)

1-----2-----3-----4-----5 0
Not at all Extremely Don't
Likely Likely Know



Please comment:

5. If only three states were selected each year to host a fellow, would your state still apply? ___Yes ___No
6. To what extent were you satisfied with your state's ability to address a high priority issue through the fellowship program? (Circle the number that best reflects your answer.)

1-----	2-----	3-----	4-----	5	0
Very	Somewhat	Neither Satisfied	Somewhat	Very	Don't
Dissatisfied	Dissatisfied	Nor Dissatisfied	Satisfied	Satisfied	Know

7. To what extent did the fellowship program meet your state coastal zone management program's needs? (Circle the number that best reflects your answer.)

1-----	2-----	3-----	4-----	5	0
Not at all				A lot	Don't know

Selection of Fellows and Operation of the Program

In answering the following questions, consider your current fellow and project.

1. Was the matching workshop an effective mechanism to select an individual with skills and experiences necessary to complete your state's project? Why or why not?



Fellows Training and Education

In answering the following questions, consider your current fellow and project.

1. How useful was the formal and on-the-job training provided to fellows during their fellowship period? (Circle the number that best reflects your answer.)

1-----	2-----	3-----	4-----	5	0
Not at all				Extremely	Don't
Useful				Useful	Know

2. How satisfied were you with the amount of contact you have had with your fellow during the fellowship program? (Circle the number that best reflects your answer.)

1-----	2-----	3-----	4-----	5	0
Very	Somewhat	Neither Satisfied	Somewhat	Very	Don't
Dissatisfied	Dissatisfied	Nor Dissatisfied	Satisfied	Satisfied	Know

3. How satisfied were you with the professional contacts your fellow made/developed during the fellowship? (Circle the number that best reflects your answer.)

1-----	2-----	3-----	4-----	5	0
Very	Somewhat	Neither Satisfied	Somewhat	Very	Don't
Dissatisfied	Dissatisfied	Nor Dissatisfied	Satisfied	Satisfied	Know

4. Has your state coastal zone management program been able to learn from other state coastal zone management programs through fellow contacts? ___Yes ___No

Please explain:

5. Overall, how effective was the Coastal Management Fellowship Program in providing training to post graduate students in coastal resource management and policy? (Circle the number that best reflects your answer.)

1-----	2-----	3-----	4-----	5	0
Not at all				Extremely	Don't
Effective				Effective	Know



Survey of Center Partners
Evaluation of the NOAA Coastal Management Fellowship Program
National Oceanic and Atmospheric Administration (NOAA),
Coastal Services Center (Center)
GEARS, Inc.

Thank you for agreeing to take part in this survey of Center partners as part of the evaluation of the NOAA Coastal Management Fellowship Program. Your answers to the following questions will help us improve our understanding of the effectiveness of the fellowship program and how it impacts state coastal zone management programs and the professional goals of fellows. We are interested in your honest opinions, both positive and negative.

This survey will take approximately 25 minutes to complete. Your participation is completely voluntary and you may withdraw from the survey or refuse to answer any question at any time. There are no negative consequences should you decide not to participate in the survey. Only GEARS evaluation staff associated with this evaluation will have access to identifying information. Your survey will be combined with other surveys and only aggregate information will be reported in findings. Your responses will be held in the strictest confidence. All survey data will be kept in a secure location at GEARS and will be protected by GEARS to the extent allowed by the law. If you have any questions about the evaluation study, you can contact the lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261.

Experience with the Coastal Management Fellowship Program

Please answer the following questions about your experiences with the fellowship program.

1. What is your office's involvement with the Coastal Management Fellowship Program?

2. Does your organization have direct contact (e.g., face to face interactions, email, and telephone conversations) with fellows once they are placed within state coastal zone management programs? Yes No

3. Does your organization have direct contact (e.g., face to face interactions, email, and telephone conversations) with state coastal zone management program fellowship mentors or programs?

___Yes ___No

4. Overall, are you satisfied with the state projects selected?

___Yes ___No

5. Overall, are you satisfied with the finalists selected?

___Yes ___No

6. Do you read *Fellow News*?

___Yes ___No

If you read *Fellows News*, what do you find is the most appealing aspect?

7. Do you use the Coastal Management Fellowship Program's web site?

___Yes ___No

If yes, can you easily find the information you are looking for?

___Yes ___No

What type of information do you seek most often?

What topics or items currently not included on the website would you find useful to have?



Ratings of Fellow and State Proposal Selection Process

Using the following rating scale, please indicate your level of satisfaction with the following aspects of the fellowship.

1= Very Dissatisfied
 2= Dissatisfied
 3= Neither Satisfied nor Dissatisfied
 4= Satisfied
 5= Very Satisfied
 0= Don't Know

Level of Satisfaction

Steps (i.e., process and timeline) for selecting state proposals	1	2	3	4	5	0
Criteria (i.e., rating categories and scoring system) used to evaluate state proposals	1	2	3	4	5	0
Steps (i.e., process and timeline) for selecting 12 finalists from applicant pool	1	2	3	4	5	0
Criteria (i.e., rating categories and scoring system) used to select the finalists	1	2	3	4	5	0
Matching workshop as way to select fellows from finalist pool	1	2	3	4	5	0
Amount of contact fellows have with partners	1	2	3	4	5	0



6. What suggestions do you have for improving the Coastal Management Fellowship Program?

7. Do you have any suggestions for improving the state selection process and selection criteria?

Yes No

Please describe.

8. Do you have any suggestions for improving the fellow selection process and finalist selection criteria?

Yes No

Please describe.

Thank you very much for your cooperation!

Paperwork Reduction Act Statement

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Survey of Sea Grant Directors
Evaluation of the NOAA Coastal Management Fellowship Program
National Oceanic and Atmospheric Administration (NOAA),
Coastal Services Center (Center)
GEARS, Inc.

Thank you for agreeing to take part in this survey of Sea Grant Directors as part of the evaluation of the NOAA Coastal Management Fellowship Program. Your answers to the following questions will help us improve our understanding of the effectiveness of the fellowship program and how it impacts state coastal zone management programs and the professional goals of fellows. We are interested in your honest opinions, both positive and negative.

This survey will take approximately 25 minutes to complete. Your participation is completely voluntary and you may withdraw from the survey or refuse to answer any question at any time. There are no negative consequences should you decide not to participate in the survey. Only GEARS evaluation staff associated with this evaluation will have access to identifying information. Your survey will be combined with other surveys and only aggregate information will be reported in findings. Your responses will be held in the strictest confidence. All survey data will be kept in a secure location at GEARS and will be protected by GEARS to the extent allowed by the law. If you have any questions about the evaluation study, you can contact the lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261.

Experience with the Coastal Management Fellowship Program

Please answer the following questions about your experiences with the fellowship program.

1. Does your office have direct contact (e.g., face to face interactions, email, and telephone conversations) with fellows once they are placed within state coastal zone management programs?
___Yes ___No

2. Does your office have direct contact (e.g., face to face interactions, email, and telephone conversations) with state coastal zone management program fellowship mentors or programs once a fellow is placed?
___Yes ___No

4. Do you read *Fellow News*?
___Yes ___No

If you read *Fellows News*, what do you find is the most appealing aspect?

5. Do you use the Coastal Management Fellowship Program's website?

Yes No

If yes, can you easily find the information you are looking for? Yes No

What type of information do you seek most often?

What topics or items currently not included on the website would you find useful to have?

Ratings of Fellowship Selection Process

Using the following rating scale, please indicate your level of satisfaction with the following aspects of the fellowship.

- 1= Very Dissatisfied
- 2= Dissatisfied
- 3= Neither Satisfied nor Dissatisfied
- 4= Satisfied
- 5= Very Satisfied
- 0= Don't Know

Level of Satisfaction

Communication with the Center prior to the Sea Grant office recommending an applicant	1	2	3	4	5	0
Knowledge about the fellowship among graduate programs within your university system	1	2	3	4	5	0
Steps (i.e., process and timeline) for selecting and recommending applicants	1	2	3	4	5	0
Criteria (i.e., rating categories and scoring system) used by the	1	2	3	4	5	0



4. What are the weaknesses of the Coastal Management Fellowship Program?

5. How does the Coastal Management Fellowship Program benefit you as a partner?

6. What suggestions do you have for improving the Coastal Management Fellowship Program?

Thank you very much for your cooperation!

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collected; and (d) ways to minimize the burden of the collection of information on respondents, *e.g.*, the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: May 11, 2006.

Gwellnar Banks,

Management Analyst, Office of the Chief Information Officer.

[FR Doc. E6-7427 Filed 5-15-06; 8:45 am]

BILLING CODE 3510-13-P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Proposed Information Collection; Comment Request; Evaluation of the Coastal Management Fellowship Program

AGENCY: National Oceanic and Atmospheric Administration (NOAA), DOC.

ACTION: Notice.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995.

DATES: Written comments must be submitted on or before July 17, 2006.

ADDRESSES: Direct all written comments to Diana Hynek, Departmental Paperwork Clearance Officer, Department of Commerce, Room 6625, 14th and Constitution Avenue, NW., Washington, DC 20230 (or via the Internet at dHynek@doc.gov).

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instruments and instructions should be directed to Thomas Fish, NOAA Coastal Services Center, Ph: (843) 740-1271, or tom.fish@noaa.gov.

SUPPLEMENTARY INFORMATION:

I. Abstract

The NOAA Coastal Services Center (CSC) conducts the Coastal Management Fellowship, which provides on-the-job education and training opportunities in coastal resource management and policy for postgraduate students as well as

project assistance to state coastal zone management programs. CSC is seeking a new clearance to conduct data collection activities associated with the evaluation of the fellowship program. The evaluation is designed to assess the effectiveness of the fellowship and its impact on state coastal zone programs to address high priority coastal issues. The results of the evaluation will provide information on the success of the Coastal Management Fellowship Program in meeting its goals to train young professionals entering the coastal management field and to help states address high priority coastal issues.

Four types of respondents are included in the evaluation: Fellows (past and current), finalists to the fellowship (past and current), state coastal zone program mentors, and partner organizations. Current and past fellows will complete an electronic survey that assesses both their fellowship experience and subsequent professional goals/experiences. Also, current and past finalists will complete a telephone interview that evaluates both their experiences applying to the fellowship program and subsequent professional goals/experiences. State coastal zone program mentors will complete an electronic survey that assesses their experiences with the fellowship program and the impact of the program on their state coastal zone program. In addition, partner organizations will complete an electronic survey that assesses their experiences with the fellowship and how the fellowship has impacted CSC.

II. Method of Collection

Electronic surveys and telephone interviews will be the modes of collection.

III. Data

OMB Number: None.

Form Number: None.

Type of Review: Regular submission.

Affected Public: Individuals or households; not for-profit institutions.

Estimated Number of Respondents: 68.

Estimated Time per Response:

Telephone interviews, 25 minutes; surveys, 1 hour and 15 minutes.

Estimated Total Annual Burden Hours: 41.

Estimated Total Annual Cost to Public: \$0.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have

practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: May 11, 2006.

Gwellnar Banks,

Management Analyst, Office of the Chief Information Officer.

[FR Doc. 06-4583 Filed 5-15-06; 8:45 am]

BILLING CODE 3510-08-P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 050906F]

North Pacific Fishery Management Council; Public Meeting

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Notice of a public committee meeting.

SUMMARY: The North Pacific Fishery Management Council's (Council) Steller Sea Lion Mitigation Committee (SSLMC) will meet in Seattle, WA.

DATES: The meeting will be held on June 27-29, 2006, from 8:30 a.m. to 5 p.m.

ADDRESSES: The meeting will be held at the Alaska Fisheries Science Center (AFSC), 7600 Sand Point Way NE, Building 4, Seattle, WA.

Council address: North Pacific Fishery Management Council, 605 W. 4th Ave., Suite 306, Anchorage, AK 99501-2252.

FOR FURTHER INFORMATION CONTACT: Bill Wilson, North Pacific Fishery Management Council; telephone: (907) 271-2809.

SUPPLEMENTARY INFORMATION: The committee's agenda includes the following issues: Introductions and opening remarks, Minutes of last meeting; Update on call for proposals; Hydroacoustic Surveys of Pollock, Aleutian Islands; Steller Sea Lion (SSL) Recovery Plan, Overview and