

National Marine Sanctuary Advisory Council Application Form

Before applying for sanctuary advisory council membership, please review:

- (1) the sanctuary advisory council charter provided in your application kit, and;
- (2) the Office of National Marine Sanctuaries (ONMS) *National Marine Sanctuary Advisory Council Implementation Handbook* available online at <https://sanctuaries.noaa.gov/management/ac/> (or you may obtain a copy from your local sanctuary—see contact information below).

The charter outlines the purposes and governs the operation of the sanctuary advisory council. The handbook provides broader operational requirements for sanctuary advisory councils. In applying for sanctuary advisory council membership, you are agreeing to abide by the terms of the charter and the handbook if you are selected as a council member or alternate.

As a part of the selection process, please note the Office of National Marine Sanctuaries will conduct a LEXIS/NEXIS check and a departmental bureau check for potential conflict of interest and other issues in your background.

Additionally, as per guidance from the White House Office of Management and Budget on May 7, 2009, the Office of National Marine Sanctuaries will conduct a database search (via the Senate's Lobbying Disclosure Act Database) to determine if you have been a federally registered lobbyist. Individuals who have been federally registered lobbyists in the two-year period before the proposed appointment date for the advertised council seat(s) may not be selected as an advisory council member or alternate if they would be serving in individual capacities.

Additional information and guidance regarding the use of the information you submit on this form and its availability under federal law can be found at the end of this form. Please review this information.

Sanctuary advisory council members and alternates must be 18 years of age or older, with the exception of individuals filling youth seats.

Please note that federal government employees are not allowed to sit on sanctuary advisory councils in a personal capacity. State employees and members of a state legislature are allowed to apply to sit on sanctuary advisory councils in a personal capacity. State employees must provide a letter of support on official agency letterhead from their state supervisor at the time they submit their applications. Members of state legislatures are not required to provide such letters of support.

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Please indicate which advertised seat(s) and position(s) (i.e., council member or alternate) you are applying for, provide your contact information, and respond to the questions below. The Office of National Marine Sanctuaries may consider applicants for seats and positions for which they have not applied if the Office of National Marine Sanctuaries believes they are qualified for that seat and are willing to serve in it.

The current application deadline is **July 31, 2020**. Please return all pages of your completed sanctuary advisory council application form, and any attached statements or documents by one of the following:

By e-mail to: claire.nasr@noaa.gov

By mail to:

Channel Islands National Marine Sanctuary (ATTN: Claire Nasr)
University of California, Santa Barbara
Ocean Science Education Building 514, MC 6155
Santa Barbara, CA 93106

Date: _____

First Name*: _____ **Middle** _____ **Last** _____

* Please include full first, middle and last names.

Position(s)/Seat(s) applying for:

- | | |
|---|--|
| <input type="checkbox"/> Business (member & alternate) | <input type="checkbox"/> Non-Consumptive Recreation (member & alternate) |
| <input type="checkbox"/> Public At-Large (two member positions) | <input type="checkbox"/> Commercial Fishing (member & alternate) |
| <input type="checkbox"/> Conservation (alternate) | <input type="checkbox"/> Research (member & alternate) |

Home Address

Address 1: _____

Address 2: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Home Fax: _____ **Home E-mail:** _____

Work Address

Company/Organization: _____

Position/Job Title: _____

Address 1: _____

Address 2: _____

City: _____ **State:** _____ **Zip Code:** _____

Work Phone: _____ **Work Cell:** _____

Work Fax: _____ **Work E-mail:** _____

Please answer all of the questions below thoroughly and in numerical order. Answers should appear on a separate attached document with each answer clearly marked with the corresponding question number.

1. Why are you interested in serving on the sanctuary advisory council?
2. Explain your views regarding the protection and management of marine or Great Lake resources, including natural (fish, coral reefs, etc.), historic or cultural resources.
3. Describe your formal community and professional affiliations and employment. In particular, highlight how your particular expertise and experience relate to the goals and uses of the sanctuary and the seat(s) for which you are applying. Be sure to include qualifications that you have or other information that you think would be relevant and beneficial to the advisory council.
4. Describe what you think is the role of the council, and how you will work to best support the sanctuary as a sanctuary advisory council member or alternate.
5. Explain how you will coordinate with, consult with, and inform the members of the constituency you will represent, if appointed.
6. How much time do you have and are you willing to give to participate in sanctuary advisory council activities (e.g., meetings, constituent outreach, retreats, chairing or participating on a subcommittee or working group, and reviewing written materials)?
7. How long have you lived in the community or area affected by the sanctuary? Please address whether you are a year-round or seasonal resident of the area.
8. Have you attended previous sanctuary advisory council meetings or sanctuary advisory council working group meetings? If so, please describe your past attendance and participation.

Per the instructions on page 1, state employees must provide a letter of support on official agency letterhead from their state supervisor at the time they submit their applications. If you are a state employee (except members of state legislatures), please ensure your state supervisor's letter is included with this application. Members of state legislatures are not required to submit such letters.

Information obtained through this application process will be used to determine the qualifications of the applicant for membership on the sanctuary advisory council. The Office of National Marine Sanctuaries intends affirmatively to disclose the applications only to Department of Commerce/National Oceanic and Atmospheric Administration staff and other members of the applicant review panel. However, the Office of National Marine Sanctuaries may be required to disclose the applications in response to a court order, a congressional request, or a request from the public under the Freedom of Information Act (FOIA).

If disclosure is requested under FOIA, the Office of National Marine Sanctuaries will endeavor to protect the privacy of applicants by withholding personal information, such as home addresses and telephone numbers. In contrast, statements of philosophy or opinions contained in the application would likely be released. Applying for membership on the sanctuary advisory council is voluntary.

Public reporting burden for this collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Office of National Marine Sanctuaries, 1305 East West Highway, N/NMS, Silver Spring, Maryland 20910.

Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject 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.

OMB Control #0648-0397

Expires 07/31/2021