

Marine Resources Committee or Lead Entity/Local Integrating Organization Strategic Plan Review Form



MRC/LE/LIO Information	Project Sponsor Information
MRC/LE/LIO: MRC/LE/LIO Contact Information: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Title: First Name: Last Name: Contact Mailing Address: Contact E-Mail Address:	Project Name: Project Applicant Contact Information: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Title First Name: Last Name: Mailing Address: E-Mail Address:

1. The _____ MRC/LE/LIO has been given information regarding this project.
Please check the box that best describes the method of information delivery:
 Presentation to MRC/LE/LIO
 Proposal packet with detailed information
 Other, please describe _____
2. Does this project proposal meets the goals and objectives of the MRC/LE/LIO's Strategic Plan?
 Yes
 No
3. Please provide comments on page 3.

MRC/LE/LIO Chair

Date

Project Comments