|  |  |
| --- | --- |
| **Name of Entity:** |  |

|  |  |
| --- | --- |
| If this project **HAS NOT** received a funding commitment, provide the associated Project Information Form number(s) (PIF #) for this update. |  |
| If the project **HAS** received a funding commitment, provide the associated five-digit Project number for this update. |  |

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| **Section 7. RATING CRITERIA FOR ESTUARY MANAGEMENT PROJECTS** | | | |
| This section should only be completed for Estuary Management projects. All estuary management projects must be consistent with the management plan of either the Coastal Bend Bays & Estuaries Program ([cbbep.org](http://cbbep.org/)) or the Galveston Bay Estuary Program ([gbep.state.tx.us](http://gbep.state.tx.us/)). | | | |
| Is the proposed project consistent with one or more of the following objectives? | | **Yes** | **No** |
| **A.** | Restore, protect, and enhance coastal natural resources? |  |  |
| **B.** | Improve water quality? |  |  |
| **C.** | Enhance public access? |  |  |
| **D.** | Improve onshore infrastructure and environmental management? |  |  |
| **E.** | Mitigate erosion and stabilize shorelines? |  |  |
| **F.** | Educate the public on the importance of coastal natural resources? |  |  |
| **Reminder:** Submit information that documents that the project meets the estuary management eligibility. | | | |