



The Great Lakes Environmental Finance Center
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Telephone Survey of Training Opportunities in Coastal Resources Management

Interviewer Instructions: Please complete the following questionnaire as accurately as possible with the responses from the telephone interview. Note that some questions require that you check boxes, while others require you to actually fill in the responses. Statements separated by < > are instructional statements to guide you through this questionnaire and should NOT be read to the interviewee. Statements in parentheses "... " should be read to the interviewee. Before calling, please enter all contact information below on this first page. Then proceed with the phone interview. Read all questions word for word.

Section 1: Contact Information:

<Instructions: before proceeding with the interview, write in the contact information listed below:>

- 1) The name of their organization: _____
- 2) The address of their organization:
Street Number and Name: _____

City, State, and Zip Code: _____

The organization's main telephone number: () _____

The organization's email address: _____

The organization's website address: _____
- 3) The director's name: _____
 - a. The director's title: _____
 - b. The director's phone number: () _____
 - c. The director's email address: _____

4) The contact person's name: _____

a. The contact person's title: _____

b. The contact person's direct phone number: () _____

c. The contact person's email address: _____

<For voicemail, leave the following statement:>

"Hello, I am <YOUR NAME> calling from the Great Lakes Environmental Finance Center at Cleveland State University. I am calling to follow-up with the questionnaire that we faxed/emailed you a couple of weeks ago. I will call you back on [DATE]. If you are available to call me directly to discuss the questionnaire, I can be reached at (216) [YOUR PHONE NUMBER AT CSU]. Thank you, and I look forward to talking with you soon."

<If an employee / administrator of their organization answers, open with the following statement:>

a. "Hello, I am <YOUR NAME> calling from the Great Lakes Environmental Finance Center at Cleveland State University. <CONTACT'S NAME> is expecting my call; is he/she available?"

→ <If contact answers the telephone, proceed to interview questions below.>

b. <If contact person is not available, write in the date and time of attempt below and ask the following question:>

b1. "When would be a good time to reach him/her?" <Write in:>

Day: _____ Time: _____

c. <Conclude by saying:>

"Thank you for your help; Please let [CONTACT'S NAME] know that I will call back soon."

Attempt 1
Date: _____
Time: _____

Attempt 2
Date: _____
Time: _____

Attempt 3
Date: _____
Time: _____

<Begin interview with this statement:> "Thank you for agreeing to participate in our survey. As we mentioned in our letter and questionnaire packet that we faxed you, the Great Lakes Environmental Finance Center at Cleveland State University is conducting a research project for the Ohio Department of Natural Resources Coastal Management Program, the Old Woman Creek National Estuarine Research Reserve and the Ohio Sea Grant College Program to identify existing training providers in the area of coastal resources management.

We are conducting this project to learn more about the focus, nature, and extent of current coastal management resources training in Ohio. We will be happy to share the results of this project with you upon completion. Also, the information collected will form the basis for potential collaborations and partnerships between providers of Coastal Resources Management training in the future. Today, we would like to ask you a series of questions on how your organization and training courses fit into the Coastal Management Resources training environment. We are now ready to begin the survey. We anticipate that this interview should only take approximately 15 minutes. Please have the questionnaire that we faxed to you available to make the process easier. I ask that you allow me to read the question in its entirety before responding. I will give you plenty of opportunity to respond, and please feel free to add additional information at any time that you feel may be helpful to our study."

"First, I would like to ask you a few general questions about your organization."

5) "To begin, is your organization a public, private, or nonprofit organization?" <Check one>

- Public
- Private / for profit
- Nonprofit

6) "How many total individuals does your organization employ? <Write in>

_____ employees

7) "Next, in one or two sentences, how would you summarize the mission of your organization?" <Paraphrase / Write in main points>

8) "Now, in thinking about the organizational mission, where would you say coastal resources management training fits in - is it the sole purpose of your organization, is it one area out of a series of topics for which training is provided, are a few courses offered even though it is not the focus of training, or is there another purpose that you would want to add?" <Check one>

- It is the only training provided and the sole purpose of the organization
- It is one area out of a series of topics for which training opportunities are provided
- It is not the focus of training, but a few courses are offered on the topic of coastal resources management
- Other: (Write In) _____

Section 2: Coastal Resources Management Training Information:

9) "Let us turn our focus to concentrate on the types of topics that are covered in the coastal resources management training at your organization. Please refer to your questionnaire, and starting at the beginning of the list in Question #9, please tell me which of these topics are covered in the coastal resources management training at your organization. As I read the topic, please respond by saying yes if the topic is offered, or no if it is not offered"

<Read each topic to them and Check all that apply>

- | | |
|--|---|
| <input type="checkbox"/> Agricultural uses – plant and livestock | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> Beach nourishment/sand availability | <input type="checkbox"/> Nature-based tourism |
| <input type="checkbox"/> Beach health | <input type="checkbox"/> Oil and gas drilling/Mineral extraction |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Population shifts/Demographic changes |
| <input type="checkbox"/> Boating pump out | <input type="checkbox"/> Port facilities |
| <input type="checkbox"/> Boating safety | <input type="checkbox"/> Protection of agricultural land |
| <input type="checkbox"/> Brownfields redevelopment | <input type="checkbox"/> Public access to shoreline |
| <input type="checkbox"/> Clean Vessel Act and issues | <input type="checkbox"/> Recreational fishing |
| <input type="checkbox"/> Coastal parks and natural areas | <input type="checkbox"/> Riparian corridors |
| <input type="checkbox"/> Coastal protection regulation | <input type="checkbox"/> Sewage out falls/combined sewer overflow |
| <input type="checkbox"/> Coastal wetlands | <input type="checkbox"/> Shipping and shipping activities |
| <input type="checkbox"/> Combined sewer overflow/beaches | <input type="checkbox"/> Shore erosion protection/management |
| <input type="checkbox"/> Commercial fishing | <input type="checkbox"/> Shore(line) erosion causes |
| <input type="checkbox"/> Conservation/preservation areas | <input type="checkbox"/> Siltation management |
| <input type="checkbox"/> Dredging and dredge disposal | <input type="checkbox"/> Surface water quality/non-point source pollution |
| <input type="checkbox"/> Endangered species habitat | <input type="checkbox"/> Sustainable economic and coastal development |
| <input type="checkbox"/> Estuary | <input type="checkbox"/> Sustaining estuarine ecosystems |
| <input type="checkbox"/> Fisheries, fisheries management | <input type="checkbox"/> Toxic organisms |
| <input type="checkbox"/> Habitat restoration | <input type="checkbox"/> Urban sprawl |
| <input type="checkbox"/> Heritage tourism | <input type="checkbox"/> Water levels and diversions |
| <input type="checkbox"/> Home septic systems | <input type="checkbox"/> Water quantity and quality |
| <input type="checkbox"/> Invasive species and biodiversity | <input type="checkbox"/> Zoning |
| <input type="checkbox"/> Marinas | <input type="checkbox"/> Other: (Write In) _____ |
| <input type="checkbox"/> Maritime/science museums | |

Section 3: Course Information:

"Next, when thinking about the coastal resources management training courses offered last year by your organization, please consider the three that were the most well attended; I would like to ask you a few questions about these courses:" <ASK ALL OF THE QUESTIONS IN THIS SECTION ACROSS FOR ALL 3 COURSES AND FILL IN THE ANSWERS IN EACH COLUMN BELOW, FOR COURSE 1, COURSE 2, AND COURSE 3.>

	<u>Course 1:</u>	<u>Course 2:</u>	<u>Course 3:</u>
10) "First, what was the name of the course?" <Write in>			
11) "Next, how many times in the past three years has your organization offered this course - has it been once, twice, three times, more?" <Check category, or if more, ask for number>	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Three times <input type="checkbox"/> Other: (Write In) _____	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Three times <input type="checkbox"/> Other: (Write In) _____	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Three times <input type="checkbox"/> Other: (Write In)_____
12) "How long does this individual class last - is it an hour or less, 1-2 hours, 3-4 hours, 8 hours, or another length of time that I have not mentioned?" <Check all that apply, or if other, ask for number>	<input type="checkbox"/> 1 hour or less <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 3-4 hours <input type="checkbox"/> All day (8 hours) <input type="checkbox"/> Other: (Write In) _____	<input type="checkbox"/> 1 hour or less <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 3-4 hours <input type="checkbox"/> All day (8 hours) <input type="checkbox"/> Other: (Write In) _____	<input type="checkbox"/> 1 hour or less <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 3-4 hours <input type="checkbox"/> All day (8 hours) <input type="checkbox"/> Other: (Write In) _____
13) "How many training sessions are offered in this particular course?" <Write in>	_____ Training Sessions	_____ Training Sessions	_____ Training Sessions
14) "At what time of day is this course most frequently offered - in the mornings, afternoons, evenings, all day, weekends, or a combination of each?" <Check all that apply>	<input type="checkbox"/> Mornings (until noon) <input type="checkbox"/> Afternoons (noon to 5 p.m.) <input type="checkbox"/> Evenings (5 p.m. or later) <input type="checkbox"/> All Day (8 hours) <input type="checkbox"/> Weekends	<input type="checkbox"/> Mornings (until noon) <input type="checkbox"/> Afternoons (noon to 5 p.m.) <input type="checkbox"/> Evenings (5 p.m. or later) <input type="checkbox"/> All Day (8 hours) <input type="checkbox"/> Weekends	<input type="checkbox"/> Mornings (until noon) <input type="checkbox"/> Afternoons (noon to 5 p.m.) <input type="checkbox"/> Evenings (5 p.m. or later) <input type="checkbox"/> All Day (8 hours) <input type="checkbox"/> Weekends
15) "In terms of location, what city and county is this course most often held?" <Write in>	City: _____ County: _____	City: _____ County: _____	City: _____ County: _____
16) "With regard to enrollment, how many participants typically enroll in this course - is it typically 10 or fewer, 11 to 50, 51 to 75, or more than 75 participants?" <Check all that apply>	<input type="checkbox"/> 10 or fewer participants <input type="checkbox"/> 11 to 50 participants <input type="checkbox"/> 51 to 75 participants <input type="checkbox"/> More than 75 participants	<input type="checkbox"/> 10 or fewer participants <input type="checkbox"/> 11 to 50 participants <input type="checkbox"/> 51 to 75 participants <input type="checkbox"/> More than 75 participants	<input type="checkbox"/> 10 or fewer participants <input type="checkbox"/> 11 to 50 participants <input type="checkbox"/> 51 to 75 participants <input type="checkbox"/> More than 75 participants

<p>17) "Next, I'd like to ask you about the methods used by instructors when teaching the course - please refer to the questionnaire we faxed to you, and let me know which techniques are used." <Check all that apply></p>	<input type="checkbox"/> Lecture format <input type="checkbox"/> Seminars <input type="checkbox"/> Workshops <input type="checkbox"/> Interactive / Focus Group approaches <input type="checkbox"/> Accelerated learning <input type="checkbox"/> Simulations <input type="checkbox"/> Professional Conferences <input type="checkbox"/> Internet/Web-based approach <input type="checkbox"/> Field Experience <input type="checkbox"/> Other: (Write In) _____	<input type="checkbox"/> Lecture format <input type="checkbox"/> Seminars <input type="checkbox"/> Workshops <input type="checkbox"/> Interactive / Focus Group approaches <input type="checkbox"/> Accelerated learning <input type="checkbox"/> Simulations <input type="checkbox"/> Professional Conferences <input type="checkbox"/> Internet/Web-based approach <input type="checkbox"/> Field Experience <input type="checkbox"/> Other: (Write In) _____	<input type="checkbox"/> Lecture format <input type="checkbox"/> Seminars <input type="checkbox"/> Workshops <input type="checkbox"/> Interactive / Focus Group approaches <input type="checkbox"/> Accelerated learning <input type="checkbox"/> Simulations <input type="checkbox"/> Professional Conferences <input type="checkbox"/> Internet/Web-based approach <input type="checkbox"/> Field Experience <input type="checkbox"/> Other: (Write In) _____
<p>18) "Who instructs the courses - is it in-house staff, hired consultants, volunteers, or a combination of each?" <Ask what the percentage is that they are utilized and Check all that apply></p>	<input type="checkbox"/> In-house Staff: _____% <input type="checkbox"/> Hired Consultants: _____% <input type="checkbox"/> Volunteers: _____%	<input type="checkbox"/> In-house Staff: _____% <input type="checkbox"/> Hired Consultants: _____% <input type="checkbox"/> Volunteers: _____%	<input type="checkbox"/> In-house Staff: _____% <input type="checkbox"/> Hired Consultants: _____% <input type="checkbox"/> Volunteers: _____%
<p>19) "What level of education do instructors of the classes possess - have they earned a doctorate or professional degree, a master's degree, a bachelor's degree, an associate's degree, or a professional certification?" <Check all that apply></p>	<input type="checkbox"/> Doctorate/professional degree <input type="checkbox"/> Master's degree / equivalent <input type="checkbox"/> A Bachelor's degree <input type="checkbox"/> An Associate's degree <input type="checkbox"/> Professional Certification <input type="checkbox"/> No college degree <input type="checkbox"/> Other: (Write In) _____	<input type="checkbox"/> Doctorate/professional degree <input type="checkbox"/> Master's degree / equivalent <input type="checkbox"/> A Bachelor's degree <input type="checkbox"/> An Associate's degree <input type="checkbox"/> Professional Certification <input type="checkbox"/> No college degree <input type="checkbox"/> Other: (Write In) _____	<input type="checkbox"/> Doctorate/professional degree <input type="checkbox"/> Master's degree / equivalent <input type="checkbox"/> A Bachelor's degree <input type="checkbox"/> An Associate's degree <input type="checkbox"/> Professional Certification <input type="checkbox"/> No college degree <input type="checkbox"/> Other: (Write In) _____
<p>20) "What do you provide to participants who successfully complete the course - is it academic credits, credits for continuing education, a certificate of participation, educational or training materials, or is it required as part of a professional development exercise?" <Check all that apply, and ask if there are any they would like to add></p>	<input type="checkbox"/> Academic credits <input type="checkbox"/> Credits for continuing education <input type="checkbox"/> Certificate of participation <input type="checkbox"/> Professional Development <input type="checkbox"/> Educational / Training Materials <input type="checkbox"/> Other: (Write In) _____	<input type="checkbox"/> Academic credits <input type="checkbox"/> Credits for continuing education <input type="checkbox"/> Certificate of participation <input type="checkbox"/> Professional Development <input type="checkbox"/> Educational / Training Materials <input type="checkbox"/> Other: (Write In) _____	<input type="checkbox"/> Academic credits <input type="checkbox"/> Credits for continuing education <input type="checkbox"/> Certificate of participation <input type="checkbox"/> Professional Development <input type="checkbox"/> Educational / Training Materials <input type="checkbox"/> Other: (Write In) _____

21) What would be an estimate of costs that participants would pay for the course(s) taken? <Read the below ranges, and check all that apply if costs vary for different types of courses taken>	<input type="checkbox"/> No cost <input type="checkbox"/> \$100 or less <input type="checkbox"/> \$101 - \$200 <input type="checkbox"/> \$201 - \$300 <input type="checkbox"/> \$301 - \$400 <input type="checkbox"/> \$401 - \$500 <input type="checkbox"/> Over \$500 (Write In): \$ _____	<input type="checkbox"/> No cost <input type="checkbox"/> \$100 or less <input type="checkbox"/> \$101 - \$200 <input type="checkbox"/> \$201 - \$300 <input type="checkbox"/> \$301 - \$400 <input type="checkbox"/> \$401 - \$500 <input type="checkbox"/> Over \$500 (Write In): \$ _____	<input type="checkbox"/> No cost <input type="checkbox"/> \$100 or less <input type="checkbox"/> \$101 - \$200 <input type="checkbox"/> \$201 - \$300 <input type="checkbox"/> \$301 - \$400 <input type="checkbox"/> \$401 - \$500 <input type="checkbox"/> Over \$500 (Write In): \$ _____
22) "As a provider, what would you say is the largest item and cost associated with providing this course? <Write in both item description and the actual cost>	Item Description: _____ Cost: \$ _____	Item Description: _____ Cost: \$ _____	Item Description: _____ Cost: \$ _____

Section 4: Funding

23) "Next, I would like to briefly ask you how coastal resources management training opportunities are funded at your organization - is it through tuition or fees, the general operating budget, grants from public or private institutions, loans from outside sources, philanthropy / donations, or can you think of any additional sources?" <Check all that apply>

- Tuition or fees
- General Operating Budget
- Grants from public or private institutions
- Loans from outside sources
- Philanthropy / donations
- Other: (Write In) _____

Section 5: Target Audiences

24) "Once again, I would like you to refer to the questionnaire that we faxed you. What types of audiences does your organization target when providing coastal resources management training? Please let me know if there is more than one target audience." <Read the categories to them if they do not have questionnaire in front of them, and Check all that apply>

- Academic community
- Consultants / consultant groups
- Contractors
- Corporations / firms
- County commissioners
- Elected officials / candidates
- Federal government employees
- Health department employees
- Land use planners
- Legislators
- Local government employees
- Not-for-profit organizations
- Port authorities / commissioners
- Science community
- State government employees
- Other: (Write In) _____

25) "Moving on to the next question on your sheet, please examine the choices, and tell me, how do potential participants learn about the training opportunities that are offered by your organization." < Read the categories to them and Check all that apply>

- Direct mail campaigns
- Email lists
- Marketing done by cosponsors / partners
- Newspaper advertisements
- Organizational newsletters
- Organizational website
- Press releases
- Telephone solicitations
- Television / public service announcements
- Other: (Write In) _____

Section 6: The Training Environment and Other Organizations

26) "Next, what gaps can you identify in coastal resources management training in Ohio - for instance unmet training needs, audiences, timing and length of training, and so forth? <Write In>

27) "Do you know of any other organizations in Ohio that offer similar opportunities for coastal resources management training?" <Check one>

- No
- Yes: (Write In):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

28) " The Ohio Department of Natural Resources and its partners are interested in forming partnerships with a variety of coastal resources management training providers. Please rank from 1 to 6 the types of assistance that would be most beneficial to you, with 1 being the most beneficial, 2 the second most beneficial, and so forth. Please use each number only once." <Write in number in space provided>

- ___ Facilities and operational support
- ___ Funding support
- ___ Instructors / trainers
- ___ Marketing assistance
- ___ Professional expertise / technical assistance
- ___ Other: (Write In) _____

29) "Finally, we would like to thank you for your participation. We would appreciate it if you would please mail or fax us a copy of any coastal resources management training and course descriptions your organization may have available to the address at the bottom of the questionnaire we faxed you.

<If they need the address:>

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"Have a nice day, and we will contact you again when the results have been tabulated. Good-bye."