## Phase II MS4 Self Assessment Module 2

**Status**

****

**Permittee Name**

****

**Permit Number**

****

**Assessment Period Start**

****

**Assessment Period End**

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**Tab Pages**

Mod 0

Mod 1

Mod 2

Mod 3

Mod 4

Mod 5

Mod 6

|  |  |
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|  | Print Module 2 |

**Public Education and Outreach Program**

**Attachments Requested**

**Educational resources distributed to the public, if any.**

**Yes**

**No**

**Record of four educational/outreach activities (include date of the event/activity, estimated attendance, event location, outcome and feedback).**

**Yes**

**No**

**A list of targeted businesses that are likely to cause an illicit discharge or improperly dispose of waste, and a description of the educational/outreach activity implemented for these businesses.**

**Yes**

**No**

**A copy of the Program Description Document for this program.**

**Yes**

**No**

**Program GoalThe goal of the Public Education and Outreach program is to promote behavior change by the public to reduce pollutants in discharges through education and outreach activities.**

**1. Under the Code of Federal Regulations (CFR) 40 CFR §§ 122.26, 122.34(a), 122.34(b) (1) and State permit requirements, has the permittee developed and implemented a Public Education and Outreach program? If no, explain why this program has not been developed and implemented.**

**Yes**

**No**

**Response**

****

**2. Are the operational procedures for this program described in a comprehensive PDD? If yes, where is this program (i.e., page, chapter) described in the document?**

**Yes**

**No**

**Response**

****

**3. What pollutants of concern are targeted for reduction through this program?**

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**Section I: Fiscal Resources**

**1. What was the budget to carry out the Public Education and Outreach program for this Assessment Period?**

**Assessment Period Date**

****

**Press Key down or Key up for access to Calendar.**

**Assessment Period Budget**

****

**Next Reporting Period Date**

****

**Press Key down or Key up for access to Calendar.**

**Next Reporting Period Budget**

****

**2. Did this budget meet program demands? If no, describe the parts of the program that could improve with increased funding and resources.**

**Yes**

**No**

**Response**

****

**Section II: Education and Outreach Activities**

**1. Did the permittee provide educational materials/training to the general public about the storm water program?**

**Yes**

**No**

**2. What four education and outreach activities were implemented during the Assessment period? (Note that at least two activities must be from the Active and Interactive Outreach category.**

**Activity 1:**

****

**Activity 3:**

****

**Activity 2:**

****

**Activity 4:**

****

**Section III: Targeted Businesses and Sources**

**1. What type or types of businesses have been identified as targeted businesses that are likely to cause an illicit discharge or improperly dispose of waste?**

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**2. How are water quality impacts associated with nitrogen and phosphorous being addressed through the public education and outreach program?**

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**3. What types of sources are being prioritized and targeted in an effort to reduce nutrient discharges?**

****

**Section IV: Records Management**

**1. Describe the database in place to track activities and events related to the Public Education and Outreach program.**

****

**2. What municipal department, team, or co-permittees have access to the program data?**

****

**3. Who (i.e., program coordinator, data specialist) is responsible to make data entries for this program?**

****

**4. What is the timeframe to complete data entries for this program? Be document specific.**

****

**Section VII: Evaluation**

**1. Was this program evaluated and a report of the results filed? If yes, briefly describe the strongest programs and those that need improvements. Include where this report is kept. If no, explain why this program was not evaluated.**

**Yes**

**No**

**Response**

****

**2. Who led the program evaluation?**

****

**3. What municipal departments, staff, team, or co-permittees took part in the evaluation?**

****

**Module 2 Contact Information**

**Completed Date**

****

**Press Key down or Key up for access to Calendar.**

**Comp By First Name**

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**Comp By Last Name**

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**Signed By**

****

**Job Title**

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**Department**

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**Address**

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**City**

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**State**

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**Zipcode**

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**Telephone**

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**Email**

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**Module 2 Attachments**

Add Attachment

**No Module 2 Attachments Found**