



CALIFORNIA SALMON COUNCIL

Date: October 2007

To: CALIFORNIA Chinook Salmon Related Business Owners

RE: CALIFORNIA Federal Chinook Salmon Disaster Relief Program

To qualify for the Lost Business Income funds listed below, you must have:

- A federal, state or local government documented business license/permit/approval for 2006.
- Completed W-9 Form (enclosed)
 - ***These funds are taxable.**
 - * **All completed forms must be sent to: Pacific States Marine Fisheries Commission, 205 SE Spokane Street, Suite 100, Portland, Oregon 97202**

Lost Business Income

1. Deadline to Apply –March 31, 2008

- 2. Declare** the value of your loss by providing documentary and written support.
(See attached application.)

Pacific States Marine Fisheries Commission will distribute relief funds for the California share of the Federal Chinook Salmon Disaster Relief Program. The total California allocation to cover Lost Income for California Chinook Salmon-Related Businesses is \$3 million.

All approved applications will be paid at 50% of the validated loss. The remainder of the validated request will be paid after the closing of the March 31, 2008 deadline, with the provision that the total requests will be balanced against the total allocation budget. If there are not enough funds to fulfill the total amount requested, each application will be reduced by factor of the funds remaining. Applicants are eligible for up to 100% of their validated claim, up to a maximum of \$100,000.

If you have questions, please contact:

California Salmon Council - 916-933-7050
info@calkingsalmon.org

Port Liasons:

Bodega Bay Port	Robert Carraher	707-875-2288
San Francisco Port	Larry Collins	415-279-1894 or 415-585-5711
Half Moon Bay Port	Yuri Daher	650-728-3055 or 650-728-5463
Eureka/Arcata	Monica Morris	707-496-1159 or 707-825-7089
Fort Bragg	Yvonne Platt	707-937-1711 or 707-964-1593
Morro Bay	Barbara Stickel	805-801-2663

This mailing includes:

1. Application for California Lost Business Income - Federal Chinook Salmon Disaster Relief Funds
2. W-9 to be filled out and returned to PSMFC with Application
3. Addressed envelope - PSMFC