

2020 CARES ACT FISHERY ASSISTANCE APPLICATION

ELIGIBLE PARTICIPANT CATEGORIES

- FISHING BUSINESS FISH PROCESSOR
- FISH DEALER/AQUACULTURE SUBSISTENCE/CULTURAL FISHER(SINGLE)
- FISHING CHARTER SUBSISTENCE/CULTURAL FISHERS(5 OR MORE)

PARTICIPANT INFORMATION

INDIVIDUAL/COMPANY NAME _____ AMOUNT REQUEST _____

PHONE _____ EMAIL _____ DOB _____

ADDRESS _____ TAX/EIN# _____

VERIFICATION OF ELIGIBILITY CHECKLIST (To be attached to application)

- OTHER COVID-ASSISTANCE AMOUNT \$ _____
- PROOF OF RESIDENCY (Government issued ID, Utility bill..etc)
- PEROSNAL STATEMENT 2 LETTERS OF SUPPORT
- VERIFICATION OF ECONOMIC LOSS OF 35% OR GREATER
- ANNUAL FINANCIAL TREND REPORT FROM OCT 2015 TO SEPT 2020
- TAX TRANSCRIPTS FROM OCT 2015 TO SEPT 2020
- U.S. FEDERAL LONGLINE PERMIT(Fishing business only)
- COMMERCIAL FISHING LICENSE (Fishing business only)
- BOAT REGISTRATION BUSINESS LICENSE

OFFICE USE ONLY

Received by _____ Attachments (Y) _____ (N) _____

Date received _____ Time _____