# **HAWAII CARES ACT - Federal Disaster Relief Program**

In an effort to process your application as quickly as possible, we <u>will not</u> call you when we receive your application. If there is anything missing or we have any questions about the application or W-9 Form, you will be notified.

We recommend you send your paperwork with a trackable (Return Receipt Requested) method - USPS, UPS, FedEX all offer this service.

This way you will know when we receive your documents.

## PLEASE:

<u>Complete</u> and <u>Sign</u> the Hawaii Application Worksheet and Affidavit Form
Complete and Sign a W-9 Form
<b>RETURN</b> (Must be <b>RECEIVED</b> by November 23, 2020) your completed/signed application worksheet, affidavit, and W-9 Form to:

PSMFC - HI CARES Act 205 SE Spokane Street – Suite 100 - Portland, OR 97202

# LATE APPLICATIONS WILL NOT BE ACCEPTED

YOU MUST ATTACH A COMPLETED AND SIGNED W-9 Form before your application will be processed.

Your <u>CHECK</u> will be mailed to the address you list on your W9 Please make sure it is your current MAILING address

If you have questions, please email: <a href="mailto:cares@psmfc.org">cares@psmfc.org</a>
or call: 1-877-695-3457

Additional W-9 Forms are available for download on the Internal Revenue Service website: <a href="www.irs.gov">www.irs.gov</a>

ALL FUNDS ARE TAXABLE - Subject to income and self-employment taxes

## **HAWAII - CARES ACT FISHERIES ASSISTANCE**

FISHERIES ASSISTANCE FUNDING PROVIDED BY SEC. 12005 CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT

### COMMERCIAL LONGLINE SECTOR

- <u>MUST</u> have a valid Hawaii Longline Limited Entry Permit.
- Timely submittals of all required landing reports other fishery related documentation required.

#### **COMMERCIAL NON-LONGLINE SECTOR**

- <u>MUST</u> have held a valid Commercial Marine License (CML) from DLNR-DAR between January 1, 2020 and September 30, 2020.
- <u>MUST</u> have documentation of Fish Sales averaging at least \$7,000 annually over the past 5 years based on data reported to DLNR-DAR.
- Timely submittals of all required landing reports & related documentation required.

#### CHARTER FOR-HIRE SECTOR

- MUST have a valid Commercial Use Permit (CUP) from DLNR's Division of Boating and Ocean Recreation (DOBOR) or a similar permit from a private marina (Kewalo or Ko'olina).
- Timely submittals of all required monthly statements to DOBOR required.

#### SEAFOOD PROCESSORS/DEALERS SECTOR

- MUST be registered with the FDA.
- MUST operate from an FDA compliant facility.
- <u>MUST</u> possess a green Health Department inspection rating.
- <u>MUST</u> be registered as a business with the state Department of Commerce and Consumer Affairs (DCCA).
- MUST have a valid Certificate of Insurance.

#### **OTHER SECTORS**

- Commercial Businesses outside of Hawaii:
  - <u>MUST</u> have held a valid commercial fishing license from the jurisdiction of operation for each year of operation.
  - <u>MUST</u> claim out of state commercial fishing income on Hawaii tax filings.
  - <u>MUST</u> provide annual commercial landing values for each year of operation from 2015-2019.
- Aquarium Fish Dealers:
  - <u>MUST</u> be identified as aquarium dealer within DAR's commercial marine dealer database.
  - Compliant with weekly aquarium dealer reporting requirements.

#### **AQUACULTURE SECTOR**

- MUST not be eligible for assistance under part 1416 of title 7 of the Code of Federal Regulations for losses related to COVID-19.
- <u>MUST</u> be an aquaculture business growing products in marine waters or a hatchery that supplies such products.

#### SUBSISTENCE/CULTURAL/CEREMONIAL

 <u>MUST</u> provide narrative explanation detailing the nature of the claim attached to your application.

#### **REQUIREMENTS FOR PAYMENT:**

Applicant must sign this application and attached certification – certifying the following:

- Fishery participant is eligible for CARES Act assistance.
- Funds will be used to address direct or indirect fishery-related losses related to the COVID-19 pandemic
- Recipient is at least 18 years of age.
- Applicant has suffered a minimum 35% loss of revenue due to COVID-19 during February 1 through September 30, 2020 over the course of at least four consecutive weeks compared to the prior five-year average (2015-2019).
- Applicant has documentation of gross revenues within the February 1 through September 30 timeframe and comparison years.
- Applicant has relevant license or certification for business eligibility.
- Business is based in Hawaii or applicant is Hawaii resident.

Sum of all CARES Act funding, any additional COVID-19 related federal financial and traditional revenue (including state unemployment) does not exceed the <u>annual</u> average revenue earned across the previous five years.

Submit this completed and signed original application to PSMFC office. **Application must be received no later than November 23, 2020**. Photocopies of the application will not be accepted.

# HAWAII – CARES ACT FISHERIES ASSISTANCE APPLICATION WORKSHEET

Please complete all four sections (2-pages) and a W-9 form. Claims will not be processed unless complete. This is a fillable .pdf form. Please complete by typing, print, and sign with either a black or blue pen. Digital signatures will not be accepted. Email submissions will not be accepted. If you are having issues with the fillable form, please try a different web browser or open the file with a .pdf reader, i.e. Adobe Acrobat Reader. SECTION 1 – APPLICANT INFORMATION:

Applicant Name:			
Company/Business Name:			
Mailing Address:			
City:	State:	Zip Code:	
Email:		Phone:	
Vessel Name:	ID Number (HA or USCG):		
Vessel Owner (if different from applica	int):		
SECTION 2 – ELIGIBILITY:  SELECT ONE: by checking the box besic sector, please complete an application for			
□ Commercial Longline	NOAA Limited Entry Permit #		
- Commercial Longinic	(Commercial Longline Only)		
□ Commercial Non-Longline	DAR Commercial Marine License # (Commercial Non-Longline Only)		
	DOBOR/Marina Account #		
□ Charter/For-Hire	(Charter Only)		
□ Seafood Processors and Dealers	FDA Registration #: (Processor/Dealer Only)		
	(Frocesson/Dealer Only)		
□ Subsistence/Cultural/Ceremonial	Please provide a ( <b>TYPED</b> ) narrative claim attached to your application.	explanation detailing the nature of the	:
□ Aquaculture			
□ Othor			

# HAWAII – CARES ACT FISHERIES ASSISTANCE APPLICATION WORKSHEET

## **SECTION 3 – CLAIM REQUIREMENTS FOR ELIGIBILE SECTORS:**

Signature: \_\_\_

1	Timeframe (dates) used for 2020 claim: (MUST be at least 4 continuous weeks between Feb-1 and Sept-30)		
2	2020 Gross Marine / Anadromous Fisheries Revenue within timeframe:	\$	
<mark>3</mark>	Gross Marine / Anadromous Fisheries Revenue for Each Comparison Year (Only use the dates of your submitted claim period (see line #1).	\$(2019) \$(2018) \$(2017) \$(2016) \$(2015)	
4	Average gross revenue of all comparison year timeframes:	\$	
<mark>5</mark>	Absolute loss (Step 4 - Step 2):	\$	
<mark>6</mark>	Relative loss (Step 5 ÷ Step 4):	%	
Fisheries Commission I certify that the following are true.  NITIAL EACH STATEMENT BELOW:  I am an eligible recipient of assistance under the CARES Act (P.L. 116-136) Section 12005.  I am not a minor.  I am not de-barred from receiving federal funds.  I am not on the government "do not pay list".  I am requesting funds to address fishery-related direct or indirect losses due to COVID-19, and the incurred economic revenue losses are greater than 35%.  I attest to having documentation/records to support the losses claimed in this application, and that were used as the basis of eligibility.  I agree to maintain these records until September 30, 2025. Records must be made available upon request from Pacific States Marine Fisheries Commission, the National Oceanic and Atmospheric Administration, or the Office of the Inspector General.  I attest that the sum of these funds combined with any additional COVID-19 related federal financial assistance and/or any other revenue for calendar year 2020 will not exceed the average annual gross revenue earned across the previous 5 years, and if they do, I will repay the federal government through PSMFC for the surplus up to the amount received for this claim.			
the b	est of my knowledge accurate and true. I certi	fy that I am eligible to receive Fisheries Assistance Funding	
	ded by Sec.12005 of the Coronavirus Aid, Relie		
Print	Name:		



# Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2	Business name/disregarded entity name, if different from above	
Print or type. Specific Instructions on page 3.	3	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  Individual/sole proprietor or Corporation S Corporation Partnership Trust/estate single-member LLC	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)
		Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶	code (if any)
ecif		Other (see instructions) ▶	(Applies to accounts maintained outside the U.S.)
See <b>Sp</b>	6	City, state, and ZIP code	and address (optional)
	<b>'</b>	List account number(s) here (optional)	
Par	i	Taxpayer Identification Number (TIN)	
backu reside entitie TIN, la Note:	p nt s, ate	withholding. For individuals, this is generally your social security number (SSN). However, for a alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i> r.	r identification number
Par	ì	Certification	

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

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Signature of U.S. person ▶

#### Date ▶

## **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments**. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.