

HAWAII CARES ACT - Federal Disaster Relief Program

In an effort to process your application as quickly as possible, we ***will not*** 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:

- Complete** and **Sign** the Hawaii Application Worksheet and Affidavit Form
- Complete** and **Sign** a W-9 Form
- RETURN** (Must be **RECEIVED** 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 **CHECK** 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: cares@psmfc.org
or call: **1-877-695-3457**

Additional W-9 Forms are available for download on the
Internal Revenue Service website: www.irs.gov

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

<p><u>COMMERCIAL LONGLINE SECTOR</u></p> <ul style="list-style-type: none"> • <u>MUST</u> have a valid Hawaii Longline Limited Entry Permit. • Timely submittals of all required landing reports other fishery related documentation required. 	<p><u>COMMERCIAL NON-LONGLINE SECTOR</u></p> <ul style="list-style-type: none"> • <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.
<p><u>CHARTER FOR-HIRE SECTOR</u></p> <ul style="list-style-type: none"> • <u>MUST</u> 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. 	<p><u>SEAFOOD PROCESSORS/DEALERS SECTOR</u></p> <ul style="list-style-type: none"> • <u>MUST</u> be registered with the FDA. • <u>MUST</u> 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). • <u>MUST</u> have a valid Certificate of Insurance.
<p><u>OTHER SECTORS</u></p> <ul style="list-style-type: none"> • Commercial Businesses outside of Hawaii: <ul style="list-style-type: none"> • <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: <ul style="list-style-type: none"> ▪ <u>MUST</u> be identified as aquarium dealer within DAR's commercial marine dealer database. • Compliant with weekly aquarium dealer reporting requirements. 	<p><u>AQUACULTURE SECTOR</u></p> <ul style="list-style-type: none"> • <u>MUST</u> 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. <p><u>SUBSISTENCE/CULTURAL/CEREMONIAL</u></p> <ul style="list-style-type: none"> • <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 annual 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.

LATE APPLICATIONS 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 applicant): _____

SECTION 2 – ELIGIBILITY:

SELECT ONE: by checking the box beside the applicable sector. If you need to submit claims under more than one sector, please complete an application for EACH sector separately. Applications may be mailed together.

<input type="checkbox"/> Commercial Longline	NOAA Limited Entry Permit #	
	(Commercial Longline Only)	
<input type="checkbox"/> Commercial Non-Longline	DAR Commercial Marine License #	
	(Commercial Non-Longline Only)	
<input type="checkbox"/> Charter/For-Hire	DOBOR/Marina Account #	
	(Charter Only)	
<input type="checkbox"/> Seafood Processors and Dealers	FDA Registration #:	
	(Processor/Dealer Only)	
<input type="checkbox"/> Subsistence/Cultural/Ceremonial	Please provide a (TYPED) narrative explanation detailing the nature of the claim attached to your application.	
<input type="checkbox"/> Aquaculture		
<input type="checkbox"/> Other		

HAWAII – CARES ACT FISHERIES ASSISTANCE APPLICATION WORKSHEET

SECTION 3 – CLAIM REQUIREMENTS FOR ELIGIBLE SECTORS:

1	Timeframe (dates) used for 2020 claim: (MUST be at least 4 continuous weeks between Feb-1 and Sept-30)	&	
		/	/
		MM / DD	MM / DD
2	2020 Gross Marine / Anadromous Fisheries Revenue within timeframe:	\$	
3	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:	\$	
5	Absolute loss (Step 4 - Step 2):	\$	
6	Relative loss (Step 5 ÷ Step 4):	%	

SECTION 4 – SELF-CERTIFICATION AND ASSURANCES:

In applying for Federal assistance from the Department of Commerce, National Oceanic and Atmospheric Administration, National Marine Fisheries Service; through the Pacific States Marine Fisheries Commission I certify that the following are true.

INITIAL 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 information I have provided on this application worksheet and self-certification and assurances form is to the best of my knowledge accurate and true. I certify that I am eligible to receive Fisheries Assistance Funding provided by Sec.12005 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Print Name: _____ **Date:** _____

Signature: _____

