Commonwealth of the Northern Mariana Islands
Eligible Fishery Participants COVID-19 Related Losses
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)

☐ 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 stated below, and that were used as the basis of eligibility;
☐ I agree to maintain these records for a period of no less than 3 years after the close of the primary grant award to Pacific States Marine fisheries Commission. Records must be made available upon request from the primary grantee, NOAA, 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 traditional revenue will not exceed the average annual revenue earned across the previous 5 years.
☐ I am applying for federal assistance under Application No. _____: (select one)

☐ Commercial Fishing Business
☐ Charter/for-hire Fishing Business
☐ Qualified Commercial Fishing Business
☐ Qualified Aquaculture Operations
☐ Other Fisheries related business (Describe below)

The 5-year average must be calculated using 2015-2019. If not in operation for 5 years, please use the comments section to provide clarification of the average used to calculate eligibility.

**REVENUE /SALES (Average)**

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Commonwealth of the Northern Mariana Islands  
Eligible Fishery Participants COVID-19 Related Losses  
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My prior 5 year revenue average was $_____, as recorded between the years 20____ and 20____. This request is based on revenue losses between the dates of _____ and ______. As compared to the 5 year average, this equates to a revenue loss of _____%.

Additional Information:

The information provided on this document is correct to the best of my knowledge.

Last Name  
First Name  
MI  
Participant (Please Print)

Fisheries Participants Signature  
Date