

**Commonwealth of the Northern Mariana Islands  
Eligible Fishery Participants COVID-19 Related Losses  
Self-Certification and Assurances**

**Subsistence Fishermen**

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 cover loss of fishing opportunity which is directly affecting my ability to fish for subsistence due to imposed government restriction as result of COVID-19
- I attest to having documentation/records to support the losses stated below, and that were used as the basis of eligibility;
- I do not have documentation/records to support the losses stated below. Losses stated below is provided based on past fishing trips and activities;
- 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 am applying for federal assistance under Application No. \_\_\_\_: (select one)

Subsistence Fishing

**Loss of Fishing Opportunity Based on Government Restriction**

Fishing Activity Description	Fish Category	Mar 2020	Apr 2020	May 2020	June 2020	Jul 2020
Estimated Catch loss in lbs Per Fishing Trip due to government restrictions	Palegic Fish					
	Bottom Fish					
	Reef Fish					
Estimated Fishing Trip (days) Per Week due to government restrictions	Palegic Fish					
	Bottom Fish					
	Reef Fish					

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Additional Information to Support your request:

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

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**Last Name  
Participant (Please Print)**

**First Name**

**MI**

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**Fisheries Participants Signature**

**Date**