



Lourdes A. Leon Guerrero
Governor
Joshua F. Tenorio
Lt. Governor

Department of Agriculture
Dipåttamenton Agrikottura
163 Dairy Road, Mangilao, Guam 96913



Chelsa Muña-Brecht
Director
Adrian Cruz
Deputy Director

**GUAM CARES ACT
FISHERIES RELIEF APPLICATION**

FEDERAL DISASTER RELIEF PROGRAM

Criteria and Requirements:

- Guam Resident, 18 years or older
- Must be registered as a sustenance and/or commercial fisher with DOAG DAWR.
- Tier 1 Commercial Business
 - Must demonstrate revenue loss greater than 35% compared to the last five years' average; with verifiable documentation
 - Businesses operating for more than one year but less than five years, the reference period for each year will be used to calculate the average for each year of operation
 - Must use the months of January 1 to June 30 as the average reference period across the five years
 - Must provide signed affidavit
 - Must provide documentation as needed
- Tier 2 Fisher Subsistence with Sales
 - Must provide signed affidavit
 - Must have at least one verifiable receipt indicating fish sales within the past five years
 - Must provide documentation as needed
- Subsistence Fisherman
 - Must provide affidavit demonstrating fishing loss due to COVID-19
- Application packet
 - All applicants must submit a completed and signed original application packet and required documents to DAWR.
 - **No applications will be accepted after October 31, 2020.**
 - This application is for a one payment request only

Name _____

Email Address _____ Identification Number _____

Contact Number(s) (Home) _____ (Cell) _____ (Other) _____

Home Address: _____
Street Name Village Zip Code

Mailing Address _____
(If different from home address)

Director's Office 300-7965 | Agricultural Dev. Services 300-7973 | Animal Health 300-7964
Aquatic & Wildlife Resources (DAWR) 735-0294 | Forestry & Soil Resources 300-7975
Plant Nursery 300-7974 | Biosecurity Division 475-1427 | Pest Hotline 475-7378
Website: doag.guam.gov

REPORT THREATS TO GUAM'S NATURAL RESOURCES 864-TOKA (8652)

Please indicate what type of fisher best identifies you. (Please check either Commercial, Commercial Non-Business, OR Sustenance)

Commercial (If you sell, trade, barter fish or are paid for fishing services)

Business/Company Name _____

Business License Number _____

Subsistence with sales (If you primarily fish for your home consumption and/or to educate for cultural purposes and you sell a portion of catch and have verifiable sales documentation.)

Boat GU Number/Name _____

Subsistence (If you keep your catch for home consumption and/or to educate for cultural purposes)

Boat GU Number/Name _____

I certify that this application is true and accurate and that I am eligible for the 2020 CARES ACT Fisheries Relief Funds.

Signature: _____ **Date:** _____

Print Name: _____

All FUNDS RECEIVED ARE TAXABLE – SUBJECT TO INCOME AND SELF-EMPLOYMENT TAXES

Complete this form and return with your completed W-9. All documents validating your loss and this claim for relief funds should have been submitted to DOAG DAWR by August 3, 2020.



Department of Agriculture Dipattamenton Agrikottura

163 Dairy Road, Mangilao, Guam 96913



Lourdes A. Leon Guerrero
Governor
Joshua F. Tenorio
Lt. Governor

Chelsa Muña-Brecht
Director
Adrian Cruz
Deputy Director

GUAM Eligible Fishery Participant 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 or use Not Applicable (N/A) where it may apply)

- _____ I understand that this fund will be audited by the Office of the Inspector General.
- _____ 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;
- _____ I am requesting funds to address the incurred commercial economic revenue losses 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 annual average revenue earned across the previous 5 years.

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.

My prior 2 year/3 year/4 year/5 year revenue average was \$_____, as recorded between the years 20____ and 20____. This request is based on revenue losses between the dates of January 1st and June 30th. As compared to the 5 year average, this equates to a revenue loss of _____%.

Additional Information:

Please provide details in this section if you are applying for assistance due to negative impacts to subsistence, subsistence with sales, cultural, or ceremonial fisheries.

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

Fisheries Participant Signature

Date

(Please Print) Participant Last Name

First Name

MI