

Department of AgricultureDipåttamenton Agrikottura

163 Dairy Road, Mangilao, Guam 96913



GUAM CARES ACT FISHERIES RELIEF APPLICATION

FEDERAL DISASTER RELIEF PROGRAM

Criteria and Requirements:

- Guam Resident, 18 years or older
- o 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

Identification Number	
(Other)	
lage Zip Code	

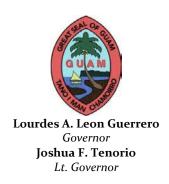
Director's Office 300-7965 | Agricultural Dev. Services 300-7973 | Animal Health 300-7964 Aquatic & Wildlife Resources (DAWR) 735-0294 | Forestry & Soil Resources 300-7975 Plant Nursery 300-7974 | Biosecurity Division 475-1427 | Pest Hotline 475-7378 Website: doag.guam.gov

siness, OR Sustenance)	
Commercial (If you sell, trade, barter fish or are paid for fishing services)	
siness/Company Name	
siness 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.	
at GU Number/Name	
Subsistence (If you keep your catch for home consumption and/or to educate for cultural purposes)	
at GU Number/Name	
ertify that this application is true and accurate and that I am eligible for the 2020 CARESACT sheries Relief Funds.	
gnature:Date:	-
int Name:	

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

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

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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.

e the comments section to provide clarification	of the average used to calculate eligibility.
My prior 2 year/3 year/4 year/5 year revenue avertween the years 20 and 20 This requates of January 1 st and June 30 th . As compared evenue loss of%.	quest is based on revenue losses between the
Additional Information:	
Please provide details in this section if you are ampacts to subsistence, subsistence with sales, or	
The information provided on this document is Fisheries Participant Signature	Date
(Please Print) Participant Last Name	First Name MI

The 5-year average must be calculated using 2015-2019. If not in operation for 5 years, please