

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

Commercial Fishing Business, Charter/for-hire Fishing Business, Qualified Aquaculture Operations, Processors, Dealers, and other Fisheries Related Business

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)

Month	2015	2016	2017	2018	2019	2020
January						
February						

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March						
April						
May						
June						
July						
TOTAL:						
Average:	-	-	-	-	-	

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 Participant (Please Print)	First Name	MI
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Fisheries Participants Signature	Date
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