

ALASKA CARES ACT - Federal Disaster Relief Program

In an effort to process your application as quickly as possible, we **will not** call you when we receive your application. If there is anything missing or we have any questions about the application or W-9 Form, you will be notified.

We recommend you send your paperwork with a trackable (Return Receipt Requested) method - USPS, UPS, FedEx all offer this service.

This way you will know when we receive your documents.

PLEASE:

- Complete** and **Sign** the **Alaska Application Worksheet**
- Complete** and **Sign** a **W-9 Form**
- RETURN (Postmarked by April 23, 2021)** your completed/signed application worksheet & W-9 Form to:

PSMFC – AK CARES
205 SE Spokane Street,
Suite 100
Portland, Oregon 97202

Alternatively, you may upload your complete .pdf application to:

<https://psmfc.sharefile.com/r-r46235d3f5e6b461eb40829d639c665ef>

Must be received no later than 5:00pm PST on 4/30/2021

If you have questions, please email: AKCares@psmfc.org
or call: 1-888-517-7262

YOU MUST ATTACH A COMPLETED AND SIGNED W-9 Form before your application will be processed.

Your **CHECK** will be mailed to the address you list on your W9
Please make sure it is your current MAILING address

Additional W-9 Forms are available for download on the Internal Revenue Service website: www.irs.gov

ALL FUNDS ARE TAXABLE - Subject to income and self-employment taxes We will provide the IRS with this payment information.

W-9 Form Instructions

Errors and omissions made on W-9 forms are the largest contribution to delays in processing applications. Please note, without a complete W-9 form we cannot process your application.

Applicants will be given only two weeks from the date of initial contact to remedy and resubmit should issues be identified while processing your claim.

Please review the following guidance for completing your W-9 form. Additional guidance and forms can be found at www.irs.gov

1. If you are an **individual / sole proprietor** you **MUST**:
 - List your name on line #1,
 - Use your Social Security Number,
 - Enter your legal address,
 - Sign the form,
 - Date the form.
2. If your business is a **single-member LLC** you **MUST**:
 - List the name of the individual or the business who owns the LLC on line #1,
 - List the name of the LLC (business name) on line #2,
 - If an individual is listed on line #1, use their Social Security Number or if a business is listed on line #1 use their Employer Identification Number (EIN),
 - Enter your legal address for the entity listed on line #1,
 - Sign the form,
 - Date the form.
3. If your business is a **C-Corporation, S-Corporation, Partnership** you **MUST**:
 - List the Business Name line #1,
 - Use an Employer Identification Number (EIN),
 - Enter the business's legal address,
 - An authorized representative must sign,
 - Date the form.
4. If you are a **Trust/Estate** you **MUST**:
 - List the name of the trust or estate on line #1.
 - Living or revocable trusts (trustee is current alive) would be required to use a Social Security Number.
 - Irrevocable trusts (trustee is deceased) would be required to use an Employer Identification Number (EIN),
 - Enter the trust/estate's legal address,
 - An authorized representative must sign,
 - Date the form.
5. If you are an **LLC-C, LLC-S, or LLC-P (not common)** you **MUST**:
 - List the Business Name on line #1,
 - Use an Employer Identification Number (EIN),
 - Enter the business's legal address,
 - An authorized representative must sign,
 - Date the form.



**ALASKA Sec. 12005 CARES Act Fisheries Assistance
Application Worksheet**

SPORT FISHING CHARTER SECTOR

NAME: _____
LAST FIRST MI

BUSINESS (If applicable): _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____ **PHONE:** _____

SECTION 1: GENERAL ELIGIBILITY REQUIREMENTS

Applicable to all Alaska Sec. 12005 applicants

- **DO NOT** include COVID-19 pandemic-related assistance through grant, loan funding, or unemployment to calculate economic revenue loss for 2020.
- **DO NOT** include payments received in 2020 for the Seafood Tariff Relief Program, federal fishery disaster payments received in 2020, or COVID-19 pandemic-related loans that will be repaid such as an Economic Injury Disaster Loan.
- **DO** include revenue from purchases of seafood product by the USDA or other federal entities to calculate economic revenue loss for 2020.
- Section 12005 of the CARES Act states that economic revenue losses must be “incurred,” therefore income and/or loss projections **WILL NOT** be accepted. Revenues must be “incurred” or received between March 1st and November 30th in 2020 and in each applicable comparison year.
- **MUST** be able to document a greater than 35.0% loss when comparing March 1 – November 30, 2020 gross revenue to average gross revenue for the same period from **2015-2019** (or for years available).

SECTION 2 – SPORT FISHING CHARTER SECTOR:

Applicants will need to review Alaska’s Spend Plan for additional details.

- **MUST** possess a business license from the State of Alaska;
 - Nonresident charter guides and businesses that do not possess a business license from the State of Alaska must apply to their state of residence.
- **MUST target marine or anadromous species.**

SECTION 3 – LICENSES AND PERMITS:

- **MUST** be registered with the ADF&G as a guide, business, or both for 2020.

ADF&G REGISTRATION NUMBER & STATE OF ALASKA BUSINESS LICENSE(S) NUMBER

MUST POSSESS A BUSINESS LICENSE TO APPLY

SECTION 4 – INCURRED LOSS OF REVENUE:

REQUIRED timeframe for reporting revenues:		March 1 st	→	November 30 th
1	2020 GROSS revenue within timeframe: * DO NOT use ANNUAL totals.	\$ _____ (2020)		
2	GROSS revenues for each comparison year of operation:	\$ _____ (2019)		
	• DO NOT use ANNUAL totals.	\$ _____ (2018)		
	• MUST use all available years of operation.	\$ _____ (2017)		
	• MUST use same timeframe as 2020.	\$ _____ (2016)		
	• Applicants operating less than 5-years are eligible but MUST have operated in 2018 and 2019.	\$ _____ (2015)		
3	Average GROSS revenue using all comparison years of operation:	\$ _____		
4	Absolute loss: (line #3 - line #1)	\$ _____		
5	Relative loss: (line #4 ÷ line #3) • MUST be ≥ 35.0% to qualify.	%		

• Payment calculation: eligible applicants holding a guide or operator registration will receive one share of available funds. Applicants with a guide/operator combined registration will receive two shares, see below. Once all applications have been received, shares will be determined and payments for applicants will be calculated accordingly.

• Special considerations: salt water businesses shall receive one additional half share (0.5) per vessel registered with ADF&G in 2019. Fresh water businesses targeting anadromous fish similarly shall receive one additional half share (0.5) per employed guide in 2019. If you are registered as a combined guide/business, you do not get an additional half share for yourself as an employee.

Example: Ms. Smith is a fresh water guide with her own business but also employs three additional guides for targeting anadromous fish. In this scenario, Ms. Smith is eligible for 3.5 shares for a payment of \$8,057. This estimate assumes that all registered businesses and guides will have an Alaska issued business license and that they will all meet the greater than 35% revenue loss threshold.

Saltwater businesses:

How many vessels did you have registered with ADF&G in **2019**?

Freshwater businesses (targeting anadromous species):

How many guides did you employee in **2019**?

Self-Certification and Assurances (Affidavit):

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.

CHECK OR INITIAL EACH STATEMENT BELOW:

- _____ I am an eligible recipient of assistance under the CARES Act (P.L. 116-136) Section 12005;
- _____ I am not a minor and at least 18 years old;
- _____ 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 35.0%;
- _____ I attest to having documentation/records to support the losses claimed in this application and that were used as the basis of eligibility;
- _____ I agree to maintain these records until September 30, 2025. Records must be made available upon request from the Pacific States Marine Fisheries Commission, the National Oceanic and Atmospheric Administration, 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 that will not be repaid, unemployment benefits for fishing activity and/or any other revenues for fishing activity received during 2020 will not exceed my average annual gross revenue earned across the previous 5-years, (or average used if not in operation for the full 5-years) and if they do I will repay the federal government through PSMFC for the surplus up to the amount received for this claim;
- _____ I attest that I am a participant in a marine or anadromous fishery in the waters of Alaska.
- _____ I attest that if deployed with the U.S Armed Forces as active-duty between 2015-2020 I have provided official documentation of deployment orders with dates. Eligibility determinations will be made on a case by case basis.
(Leave blank if not applicable)
- _____ I attest that if I am applying as an "At-sea" processing vessel, I am homeported in Alaska. Homeport refers to the address associated with the appropriate CFEC vessel license.
(Leave blank if not applicable)
- _____ I attest that if I am a nonresident charter guide / business, I possess a business license issued from the State of Alaska.
(Leave blank if not applicable)

The information I have provided on this application worksheet including the self-certification and assurances section is to the best of my knowledge accurate and true. I certify that I am eligible to receive Fisheries Assistance Funding provided by Sec.12005 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Print Name: _____ **Date:** _____
LAST FIRST MI MM / DD / YYYY

Signature: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2	Business name/disregarded entity name, if different from above	
3	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
5	Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6	City, state, and ZIP code	
7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
-									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.