

# 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](mailto: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](http://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](http://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**

**AQUACULTURE 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**

- Applicants who experienced a federally designated fishery disaster during 2015-2019, and the disaster year(s) make the difference between meeting the 35% threshold and not, then the applicant may substitute the next earliest non-disaster year(s) into the five-year average calculation. The burden is on applicants to demonstrate that including disaster years in their 2015-2019 gross revenue average would keep them from exceeding the 35% loss threshold.
  - Applicants must have been a fishery participant in 2018 and 2019. Applicants who experienced a federally designated fishery disaster during one or both of these years and have no previous fishery participation must use fishery participation from 2018 and 2019 to calculate revenue loss for 2020.
- **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 1<sup>st</sup> and November 30<sup>th</sup> 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 – AQUACULTURE SECTOR:**

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

- Aquaculture businesses holding Alaskan permits and meeting all other eligibility requirements may apply to Alaska for relief.
- Aquaculture businesses eligible for assistance under part 1416 of Title 7 of the Code of Federal Regulations for losses related to COVID–19 are **NOT** eligible for Section 12005 assistance.
- Eligible operations include all molluscan shellfish and marine algae, as well as non-salmonid marine finfish. Under this federal definition, salmon hatcheries are **NOT** eligible for Section 12005 assistance.

**SECTION 2 – AQUACULTURE SECTOR CONTINUED:**

- Payment calculation: aquaculture is a budding industry in the state of Alaska with varied business models. While historic estimated revenues are available, more precise information provided through the application process is required. Once all applications have been received COVID-19 related losses will be evaluated and a fixed percentage of losses will be reimbursed for each applicant. The percentage returned will be determined once all applicant data is received in order to avoid making applicants more than whole for losses incurred.

**SECTION 3 – LICENSES AND PERMITS:**

- **MUST** hold a 2020 ADF&G Operating Permit:

\_\_\_\_\_ **PERMIT NUMBER**

**SECTION 5 – INCURRED LOSS OF REVENUE:**

<b>REQUIRED</b> timeframe for reporting revenues:		<b>March 1<sup>st</sup></b>	<b>→</b>	<b>November 30<sup>th</sup></b>
<b>1</b>	2020 <b>GROSS</b> revenue within timeframe: * <b>DO NOT</b> use <b>ANNUAL</b> totals.	\$ _____ (2020)		
<b>2</b>	<b>GROSS</b> revenues for each comparison year of operation: <ul style="list-style-type: none"> <li>• <b>DO NOT</b> use <b>ANNUAL</b> totals.</li> <li>• <b>MUST</b> use all available years of operation.</li> <li>• <b>MUST</b> use same timeframe as 2020.</li> <li>• Applicants operating less than 5-years are eligible but <b>MUST</b> have operated in 2018 and 2019.</li> </ul>	\$ _____		(2019)
		\$ _____		(2018)
		\$ _____		(2017)
		\$ _____		(2016)
		\$ _____		(2015)
<b>3</b>	Average <b>GROSS</b> revenue using all comparison years of operation:	\$ _____		
<b>4</b>	Absolute loss: (line #3 - line #1)	\$ _____		
<b>5</b>	Relative loss: (line #4 ÷ line #3) • <b>MUST</b> be ≥ 35.0% to qualify.	_____ %		

**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](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>1</b>	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b>	Business name/disregarded entity name, if different from above	
<b>3</b>	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.	<b>4</b> 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) ▶ _____ <b>Note:</b> 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 <b>not</b> 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) ▶ _____	
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	
<b>6</b>	City, state, and ZIP code	
<b>7</b>	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.

<b>Social security number</b>											
					-			-			
<b>or</b>											
<b>Employer identification number</b>											
					-						

## 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.

<b>Sign Here</b>	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](http://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.*