



RHODE ISLAND

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

DIVISION OF MARINE FISHERIES

Three Fort Wetherill Road
Jamestown, Rhode Island 02835

Federal CARES Act -- Fisheries Disaster Assistance Affidavit and Application for Eligible Fishery Participants from Rhode Island

Section 1

[Insert Eligible Fishery Participant Name] hereby requests assistance from the Rhode Island Department of Environmental Management, through the Atlantic States Marine Fisheries Commission, in the form of direct payment to compensate for losses in economic revenue incurred in 2020 due to the coronavirus pandemic.

Applicant Information

Name: _____
First *Last* *M.I.* *Suffix (Jr., Sr., etc.)*

Mailing Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email: _____

Social Security Number: _____

Is the mailing address provided above also your actual place of residence? YES NO

If no, please provide your actual place of residence below.

Add
ress
:

Street Address

Apartment/Unit #

City

State

ZIP Code

Are there any other phone numbers or email addresses that would be suited for contacting you regarding this application?

Seafood Processors:

Business Name: _____

State Dealer License Number: _____

Federal Dealer Permit Number (if applicable): _____

Commercial Fishing:

Vessel Name: _____

State/Coast Guard Registration #: _____

Federal Permit (if applicable): _____

RI Commercial Fishing License Number: _____

RI Commercial Fishermen Name: _____

Aquaculture:

CRMC Assent Number/s: _____

RIDEM Aquaculture License Number: _____

DBA (if applicable): _____

Business Partner/s or Lease Co-owners (if applicable):

Party and Charter:

License #: _____

Charter or Head Boat: _____

Federal Permit (if applicable): _____

Vessel Name(s): _____

Eligibility – Participant Status

I self-certify and attest that (initial each statement below):

_____ I am a resident of the State of Rhode Island.

_____ I am 18 years of age or older.

_____ I am the owner of a business that was engaged in one of the fishery sectors listed below between March 1 and May 31 during one or more years over the five-year period 2015-2019 (*check the one box that applies; if eligible in more than one sector, check this box*

and submit a separate application for each sector)

- Commercial Fishing
- Commercial Aquaculture
- Seafood Processor/Dealer
- For Hire (Party/Charter Fishing)

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Eligibility – Revenue Loss

I self-certify and attest that between March 1 and May 31, 2020 I incurred documented fishery-related losses of at least 35% relative to average fishery-related revenues earned during the same 3-month period over the prior five years (2015-2019), or portion thereof if fishery-related revenues did not encompass entire 5-year period. [Percentage provided in Section 2, Part D of this application must be greater than 35% to support this representation.]

_____ (initial)

Section 2

Quantification of Revenue Loss

I self-certify and attest that:

A. My average fishery-related revenue was \$ _____, during the period between March 1 and May 31, based on fishery-related revenue earned all or some of the following calendar years (check each box that applies)*:

- 2015
- 2016
- 2017
- 2018
- 2019

* Five-year averages must be calculated using 2015-2019. If an applicant has not been in operation for five years, use the comments section to provide clarification of the average used to calculate eligibility.

B. My fishery-related revenue during the period between March 1 and May 31, 2020 was \$ _____.

C. My loss in fishery-related revenue during the period between March 1 and May 31, 2020 was [insert average prior-year revenue amount from Part A] minus [insert current-year revenue amount from Part B] = \$ _____.

D. My percentage loss in fishery-related revenue during the period between March 1 and May 31, 2020 was [insert amount from Part C] divided by [insert average prior-year revenue amount from Part A] = _____%.

Documented Basis for Revenue Loss

I self-certify and attest that my loss in fishery-related revenue, as set forth above in Section 2, is based on the following verifiable data source(s):

Below are examples highlighting the information that is being asked to report by sector in order to verify losses. For further details please refer to the spend plan.

Commercial Fishing

Average revenue during the baseline period (March 1 – May 31, 2015-2019): $AvgR = (\text{total x-vessel value}) / (\text{number of years active})$

Revenue during the qualifying period (March 1 – May 31 2020): $R = \text{total x-vessel value}$

Fishery Loss: $F = AvgR - R$

Percent Loss = $(F / AvgR) * 100$

Example:

SAFIS dealer reports show:

Year	X-vessel value
2015	\$10,000
2016	\$15,000
2017	\$18,000
2018	\$19,000
2019	\$25,000
2020	\$8,500

Then,

$AvgR = (10,000 + 15,000 + 18,000 + 19,000 + 25,000) / 5 \text{ years active}$

$AvgR = 87,000 / 5 = \$17,400$

$R = \$ 8,500$

$F = \$17,400 - \$8,500 = \$8,900$

Percent Loss = $(8,900 / 17,400) * 100 = 51.14\% \text{ loss}$

Seafood Processor/Dealer

Average revenue during the baseline period (March 1 – May 31, 2015-2019): AvgR = (market value of seafood purchased* - x-vessel value)/(number of years active)

**if market value is not available a multiplier can be used that is peer approved in literature.*

Revenue during the qualifying period (March 1 – May 31 2020): R = market value of seafood purchased - total x-vessel value

Fishery Loss: F = AvgR - R

Percent Loss = (F / AvgR)*100

Example:

Year	Market Value	X-vessel value
2015	\$32,500	\$10,000
2016	\$48,000	\$15,000
2017	\$57,600	\$18,000
2018	\$60,800	\$19,000
2019	\$80,000	\$25,000
2020	\$20,000	\$8,500

Then,

AvgR = ((32,500 - 10,000) + (48,000-15,000) + (57,600-18,000) + (60,800 - 19,000) + (80,000 - 25,000))/5 years active

AvgR = 191900 / 5 = \$38,380

R = \$(20,000 - 8,500) = \$11,500

F = \$38,380 - \$11,500 = \$26,880

Percent Loss = (26,880/38,380) * 100 = 70.03% loss

Aquaculture

Average revenue during the baseline period (March 1 – May 31, 2015-2019): $AvgR = ((\text{total farmgate sales value}) / (\text{number of years active})) * (3/12)$

Revenue during the qualifying period (March 1 – May 31 2020): $R = \text{total farmgate sales value}$

Farm Loss: $F = AvgR - R$

Percent Loss = $(F / AvgR) * 100$

Example:

CRMC questionnaires show:

Year	Aquaculture sales value
2015	\$100,000
2016	\$150,000
2017	\$180,000
2018	\$190,000
2019	\$250,000
2020	\$25,000

Then,

$AvgR = ((100,000 + 150,000 + 180,000 + 190,000 + 250,000) / 5 \text{ years active}) * (3/12)$

$AvgR = (870,000 / 5) * (3/12) = \$43,500$

$R = \$25,000$

$F = \$43,500 - \$25,000 = \$18,500$

Percent Loss = $(18,500 / 43,500) * 100 = 42.52\% \text{ loss}$

Party and Charter

Annual average revenue during the baseline period (March-May):

$$\text{AvgR} = [(\text{Total Trips across selected years}) / (\text{number of selected years})] * [(\text{Annual Average Passenger Capacity for selected years}) / \text{number of selected years}] * \$106.75$$

Revenue during the qualifying period (March 1 – May 31 2020):

$$R = \text{Total Trips in 2020} * \text{Average Number of Passengers per 2020 Trip} * \$106.75$$

For-Hire Loss: $F = \text{AvgR} - R$

Percent Loss = $(F / \text{AvgR}) * 100$

Example:

VTRs indicate:

Year	Total Trips	Average Head Boat Passengers*
2015	10	71
2016	12	68
2017	14	70
2018	16	45
2019	16	50
Avg 2015-2020	13.6	60.8
2020	2	15

*Average passengers for charter boats will be assumed six.

$$\text{AvgR} = 13.6 * 60.6 * \$106.75 = \$87,979.08$$

$$R = 2 * 15 * \$106.75 = \$3,202.50$$

$$F = \$87,979.08 - \$3,202.50 = \$84,776.58$$

$$\text{Percent Loss} = (84,776.58 / 87,979.08) * 100 = 96.36\% \text{ loss}$$

Comments:

Section 3

A. I self-certify and attest that I (check the box that applies):

- Have
- Have Not

received other form(s) of assistance in the form of direct payments to cover COVID-19-related financial impacts.

Such direct payments include, but are not limited to, unemployment insurance, forgivable Payroll Protection Program loans, and any/all other forms of financial assistance, received by the applicant prior to the submission of this application, that are not subject to repayment.

B. For all applicants that *have* received assistance in the form of direct payments to cover COVID-19-related financial impacts prior to the submission of this application:

I self-certify and attest that:

1. The total amount received was \$_____.

2. My net loss in fishery-related revenue during the period between March 1 and May 31, 2020 is [insert amount from Section 2, Part C] minus [insert amount from Section 3, Part B1] = \$_____.

3. The amount of my claim for federal fisheries disaster assistance, pursuant to this application is: [enter amount from Section 3, Part B2].

C. For all applicants that **have not** received assistance in the form of direct payments to cover COVID-19-related financial impacts prior to the submission of this application:

I self-certify and attest that:

The amount of my claim for federal fisheries disaster assistance, pursuant to this application is: [enter amount from Section 2, Part C].

Section 4

Confidentiality

Information provided to RIDEM via this application process will be kept confidential, except for any information that may be subject to disclosure, upon request, pursuant to the RI Public Records Act. Information or documentation pertaining to social security numbers, income and landings is not subject to such disclosure.

Information pertaining to final award amounts, along with names, addresses, and social security numbers – and only that specific information – will be made available to the Rhode Island Department of Revenue, Division of Taxation for the following purpose:

Pursuant to RIGL § 44-1-11.1, enabling the Division of Taxation to off-set the amount of the direct-aid payment against any outstanding state tax obligations, upon certification of the amount of the tax obligation by the tax administrator, which shall be met prior to, or in lieu of, the issuance of the direct-aid payment.

Information pertaining to final award amounts, along with names, addresses, and social security numbers – and only that specific information – will be provided to the Atlantic States Marine Fisheries Commission for the purpose of issuing direct-aid payments, which will be accompanied by 1099 forms.

Section 5

Certification and Consent

By completing, initialing and signing this affidavit and applying for assistance as allowable under the federal CARES Act (P.L. 116-136), the fishery participant:

- A. Certifies and attests that the sole purpose of the assistance is to mitigate the effects of the novel coronavirus (COVID-19) as allowed under Section 12005 of the CARES Act.
- B. Certifies and attests that if assistance is provided via this application for federal fisheries disaster relief, the sum of these funds combined with any additional COVID-19-related Federal financial assistance, in the form of direct payment(s), and/or any traditional revenue, will not exceed the average fishery-related revenue earned across the previous five (5) years during the period between March 1 and May 31. Assistance received may not cover costs funded by other sources.
- C. Certifies and attests to having the documentation/records to support the losses recorded on this form, and that were used for the basis of eligibility. Further, the eligible fishery participant agrees to maintain these records for a period of no less than three (3) years after the receipt of payment made pursuant to this application, and agrees to make these records available upon request from the State of Rhode Island, NOAA, or the Office of the Inspector General.
- D. Consents to allowing RIDEM to use SAFIS data, VTRs, and other (list dockside sales reports) sources to verify the information contained in this application.
- E. Certifies and attests under the penalty of perjury that the information contained herein is true and accurate, to the best of my knowledge.

Applicant Signature

Date

Last

First

MI

Applicant Name (Please Print)

STATE OF RHODE ISLAND

COUNTY OF _____

In _____, on the ____ day of _____ 2020, before me personally appeared _____ to me known and known by me to be the party executing the foregoing Consent Agreement, and she acknowledged said instrument executed by her to be her free act and deed.

Notary Public

My Commission expires: _____

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