

ALASKA “ROUND 2” CARES ACT FISHERIES ASSISTANCE

In an effort to process your application as quickly as possible, we are **UNABLE TO CONFIRM** your application’s arrival. Phone calls asking for status will not be returned.

We strongly recommend applicants submit their paperwork with a **trackable** (return receipt requested) **method**. The United States Postal Service (USPS), FedEx, and UPS all offer this service. This will allow you the applicant to know when your application is received by our office.

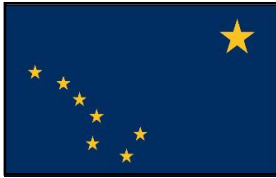
Should there be any issues, errors, omissions, or concerns with your application, PSMFC staff will contact you. Please ensure you are providing an email and / or phone number that you can be reached out for contact purposes.

PLEASE:

- Complete all applicable sections of the application.
- Ensure you are providing an email and / or phone number that is being monitored and where you can be reached at.
- Print, date, and sign the affidavit.
- Complete and sign the attached W-9 tax form.
 - All participants receiving funds are required to complete a W-9 form.
 - PSMFC will use this information to issue a 1099-NEC form for the calendar year in which funds are disbursed.
 - All funds received are taxable, subject to income and self-employment taxes.
- Return your completed / signed application and W-9 forms to:
 - **Application packets must be postmarked no later than 10/31/2022**
 - **Late applications will NOT be accepted**

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

For questions, please write to:
AKCares@psmfc.org (PSMFC)
dfg.com.caresact@alaska.gov (ADF&G)
or call (888) 517-7262



ALASKA “Round 2” CARES Act Fisheries Assistance

Provided by the Consolidated Appropriations Act, 2021

SPORT FISHING CHARTER SECTOR

SECTOR SPECIFIC ELIGIBILITY REQUIREMENTS

- **MUST** be registered with the ADF&G as a guide, business, or as a combined guide/business for **2020**.
 - Revoked sport fishing licenses or registrations will be ineligible for a share.
- Nonresidents may apply to Alaska’s spend plan if they meet all eligibility requirements.

GENERAL ELIGIBILITY REQUIREMENTS

- **MUST** be at least 18 years old to apply per federal requirements.
- **MUST** self-certify that they are not de-barred from receiving federal funds and are not on the federal government “do not pay list”.
- **MUST** be a participant in a marine or anadromous fishery.
- **MUST** meet all sector eligibility requirements outlined in this plan and may not apply for assistance in any other state or territory for the same losses.
- Fishery participants who are eligible for Consolidated Appropriations Act of 2021 and Section 12005 CARES Act funding may also apply for federal assistance under other federal COVID-19 relief programs, they should not apply to other federal programs for assistance to address the same impacts resulting from COVID-19. For example, fishery participants could seek assistance to cover lost revenues from multiple programs, but if one program covers all lost revenue, they should not apply to another program to cover those same losses.
- Tribal members may only apply to the state of Alaska for fisheries participation impacts not included in an application to NOAA Fisheries.

CAUTION: RESIDENCY VIOLATIONS

In reviewing Round 1 applications, PSMFC identified individuals listed as holding resident licenses in more than one state or holding a resident license of one state while applying from an address in a different state. Holding an Alaskan resident license or permit improperly or when also holding a resident license or permit from another state may constitute a violation, e.g., Permanent Fund Dividend fraud, and may violate the laws of other states as well.

Applicants to this spend plan that PSMFC identifies as suspect in terms of residency status will be referred for enforcement or the appropriate administrative processes in each applicable state. If the appropriate authorities determine that the applicant held a resident license or permit improperly, the applicant will be deemed ineligible under this spend plan. If the violation is not confirmed until after payments from the spend plan are distributed, audit or prosecution may seek return of any payment received under the Alaska and/or other state spend plans.

35% REVENUE LOSS REQUIREMENT

Applicants must certify that they incurred a greater than 35% loss in fishery participation gross revenue for the complete time period from March 1, 2020 to December 31, 2020, as a **direct** or **indirect result** of COVID-19.

- **Revenue Loss Calculation:** Compares March 1, 2020 to December 31, 2020 gross revenue to average gross revenue for the **same time period over the past five years (2015-2019)**.
 - Applicants that did not participate in an eligible fishery sector for all preceding five years are eligible to apply if they participated in 2018 and 2019. These applicants must use an average gross revenue for the same time period, March 1 – December 31 for years available.
 - **Calculate average gross revenue** for preceding years using gross revenue from all permits/licenses held during the time period, regardless of whether a permit/license was held for the entire time period.

- DO NOT INCLUDE
 - Crew member revenues
 - Other COVID-19 pandemic-related assistance through grant, loan funding, or unemployment to calculate economic revenue loss for 2020
 - Federal stimulus checks administered in 2020.
- Incurred Economic Revenue Losses: Income and/or loss projections will not be accepted.

Example

Year	2015	2016	2017	2018	2019
Gross Revenues (March 1 – Dec 31)	\$40,000	\$25,000	\$60,000	\$70,000	\$55,000

2015-2019 Total gross revenues = \$250,000
 $\$250,000 \div 5$ (years) = \$50,000 (5-year average gross revenue)

How to calculate % loss

2020 gross revenue = \$32,000

AVERAGE 5-year gross revenue = \$50,000

- Step 1 – **ABSOLUTE LOSS**: $\$50,000 - \$32,000 = \$18,000$
- Step 2 – **RELATIVE LOSS**: $\$18,000 \div \$50,000 = 0.36$
- Step 3: $0.36 \times 100 = 36.0\%$

CANNOT BE MADE “MORE THAN WHOLE” REQUIREMENT
 Applicants must attest that the sum of funds received under the Consolidated Appropriations Act of 2021, CARES Act Section 12005, traditional revenue in 2020, and any COVID-19 pandemic-related aid will not exceed average annual fisheries revenue earned across the previous 5 years. If it is found that an applicant will be made “more than whole” by the Consolidated Appropriations Act payment, the payment amount will be adjusted accordingly to ensure the applicant will not be made more than whole.

Example

5-year Average Annual Gross Revenue = \$50,000

Step 1: 2020 Annual Gross Revenue (\$32,000) + Unemployment Benefits (\$5,000) = \$37,000

- **INCLUDE** all as applicable:
 - Traditional gross fisheries revenues earned between January 1st and December 31st.
 - Unemployment benefits for fishing related activities.
 - Any additional FEDERAL COVID-19 relief: Grants or loans that will not be repaid.
 - Any funds received through PSFMC for Alaska’s Round 1 CARES Act Fisheries Assistance

Step 2: Average \$50,000 – Sum \$37,000 = \$13,000 UNDER Average, Eligible.

- **DO NOT INCLUDE**
 - Payments received in 2020 for the Seafood Tariff Relief Program or USDA Loans
 - Federal Fishery Disaster payments received in 2020
 - COVID-19 pandemic-related loans that will be repaid such as an Economic Injury Disaster Loan
 - Federal stimulus checks administered in 2020.

Special Active-Duty Military consideration:

Fisheries participants who are active-duty military and were deployed for a period of time between 2015 and 2020 may be eligible for assistance. Determinations will be made on a case-by-case basis. Applicants will be required to submit military orders of deployment with dates with application.

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.

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

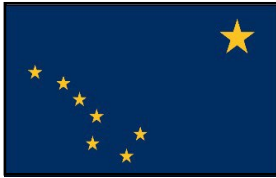
1. If you are an **individual / sole proprietor** you **MUST**:
 - List your name on line #1,
 - Use your Social Security Number,
 - Enter your mailing address (where you receive mail),
 - Sign the form,
 - Date the form.

2. If your business is a **single-member LLC** you **MUST**:
 - List the name of the individual or the business/partnership who owns the LLC on line #1,
 - List the name of the LLC on line #2,
 - If an individual is listed on line #1, use their Social Security Number or if a business or partnership is listed on line #1 use their Employer Identification Number (EIN),
 - Enter your mailing 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 mailing 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 mailing 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 mailing address,
 - An authorized representative must sign,
 - Date the form.



ALASKA "Round 2" CARES Act Fisheries Assistance

Provided by the Consolidated Appropriations Act, 2021

SPORT FISHING CHARTER SECTOR - Application

NAME: _____
LAST FIRST MI

BUSINESS: (if applicable): _____

STREET: _____ **PO BOX** (if applicable): _____

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

EMAIL: _____ **PHONE:** _____

Section 1: Guide Registration and Business Licenses

- Sport fish guiding businesses and individual sport fishing guides registered separately in 2020, however if the owner of the business was also a guide (or the only guide), they were not required to register twice.
- Assistants, deckhands, and similar persons who work directly under the supervision of and on the same vessel as a State of Alaska registered fishing guide are exempt from the guide registration requirements and will only be eligible for relief if they held a 2020 sport fishing guide license.
- Businesses and combined business/guides should **NOT** document additional guide registration numbers.
 - All individual sport fishing guides **MUST** apply independent of the businesses (except 2020 combined guide/business)

PROVIDE YOUR 2020 ADF&G REGISTRATION NUMBER(s) - This is a 5-digit number:

• 2020 ADF&G Sport Fishing Business Registration		1-share
• 2020 ADF&G Fishing Guide Registration		1-share

Those registered as a combined guide/business for 2020 will receive 2-shares.

Special considerations:

- Saltwater 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.
 - Businesses participating in both may only claim salt water vessels.
- **If you are registered as a combined guide/business you do NOT get an additional half share for yourself as an employee.**

Saltwater Businesses:

Number of vessels registered with ADF&G in 2019.

Freshwater Businesses (targeting anadromous fish):

Number of additionally employed guides in 2019.

- **DO NOT** include yourself as an employee

Section 2 : “Round 2” Claim

MUST use precise dollar amounts. Applicants may only round to the nearest whole dollar. Excessive rounding may lead to disqualification.

		35% Loss window analysis (March 1 st through Dec 31 st)	“More than whole” <u>ANNUAL</u> analysis additional revenues (if applicable)
1	2020 Gross fisheries revenues	\$ _____ earned between March 1 – Dec 31, 2020	\$ _____ earned between Jan 1 – Feb 29, 2020
2	<p>Gross fisheries revenues for each comparison year of operation:</p> <ul style="list-style-type: none"> ▪ MUST use all available years of operation. ▪ Operation is defined as possessing a qualifying license/permit in a given year. ▪ Applicants operating less than 5-years may qualify but MUST have operated in 2018 & 2019. 	<p>\$ _____ earned between March 1 – Dec 31, 2019</p> <p>\$ _____ earned between March 1 – Dec 31, 2018</p> <p>\$ _____ earned between March 1 – Dec 31, 2017</p> <p>\$ _____ earned between March 1 – Dec 31, 2016</p> <p>\$ _____ earned between March 1 – Dec 31, 2015</p>	<p>\$ _____ earned between Jan 1 – Feb 28, 2019</p> <p>\$ _____ earned between Jan 1 – Feb 28, 2018</p> <p>\$ _____ earned between Jan 1 – Feb 28, 2017</p> <p>\$ _____ earned between Jan 1 – Feb 29, 2016</p> <p>\$ _____ earned between Jan 1 – Feb 28, 2015</p>
3	<u>AVERAGE</u> (using all comparison years of operation)	\$ _____	<p>Total amount of relief you received from Alaska’s “Round 1” CARES Act Fisheries Assistance from PSMFC (if applicable).</p> <p>Checks were mailed December 2021.</p>
4	<u>ABSOLUTE LOSS</u> (line #3 – line #1) Average – 2020 revenues	\$ _____	\$ _____
5	<u>RELATIVE LOSS</u> (line #4 ÷ line #3) Absolute loss ÷ Average	_____ %	<p>Additional FEDERAL COVID-19 assistance that will not be repaid or unemployment benefits for fishing related activities received in 2020 (if applicable).</p> <p>\$ _____</p>

Section 3: Self-Certifications and Assurances

Please check all statements certifying that the following are true:

I attest that I am an eligible recipient of assistance under the Consolidated Appropriations Act, 2021, the CARES Act (P.C. 116-136) Section 12005, and the approved Alaska spend plan;

I attest that I am not a minor and I am over the age of 18 as of the signing of this application;

I attest that I am not de-barred from receiving federal funds;

I attest that I am not on the government's "do not pay list";

I attest that I am a participant in a marine or anadromous fishery in the waters of Alaska;

I attest that 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 documenting the total loss difference in gross revenues, attributable to COVID-19 between March 1st and December 31st, 2020 and the average gross revenue for the same time frame across all fisheries during the comparison years;

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 October 31, 2026. Records must be made available upon request from Pacific States Marine Fisheries Commission, the National Oceanic and Atmospheric Administration, or the U.S. Office of the Inspector General;

I attest to documenting any "Round 1" CARES Act relief received that was issued by the Pacific States Marine Fisheries Commission (PSMFC);

I attest that I have not applied for or received assistance under the California's Sec. 12005 CARES Act (Round 1), Consolidated Appropriations Act, 2021 (Round 2), or any other spend plan where applicants may have attested that they were only seeking funds from that spend plan;

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 from PSMFC.

Section 4: Affidavit

Under penalty of perjury, I attest that the information I have provided on this application and self-certification & assurances is to the best of my knowledge accurate and true. I certify that I am eligible to receive Fisheries Assistance Funding provided by Consolidated Appropriations Act, 2021, Pub. L. 116-260 (December 27, 2020) (the "Act"), the CARES Act (P.C. 116-136) Section 12005, and the approved Alaska spend plan.

Print Name

Date

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.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>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.</p> <p><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</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
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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.