

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.

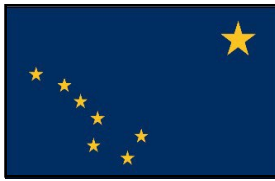
Should there be any issues, errors, omissions, or concerns with your application, PSMFC staff will contact you. Please ensure you are providing an email and / or phone number that you can be reached for contact purposes.

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

SUBSISTENCE SECTOR – Application instructions

ELIGIBILITY REQUIREMENTS

- All eligible household members **MUST** be Alaskan residents meeting at least one of the following criteria:
 1. Eligible to receive an Alaska Permanent Fund Dividend in 2021 for calendar year 2020.
 - Please visit <https://myinfo.pfd.dor.alaska.gov/> to search for your applications
 2. Possessed or eligible to receive a 2020 Alaska resident sport fishing license from the Department of Fish and Game.
 - Please visit <https://www.adfg.alaska.gov/index.cfm?adfg=license.residency> for a full definition of resident and the department’s residency guidelines.
 3. Registered as a resident during 2020 with the Commercial Fisheries Entry Commission.
 - Please visit <https://www.cfec.state.ak.us/> for questions regarding CFEC fishery permits and vessel licensing.
 4. Held a subsistence or personal use permit issued by the Alaska Department of Fish and Game in 2020.
 - Personal use fishery permits are **NOT** eligible for relief under this spend plan. They may **ONLY** be used to prove residency.
- Members of federally recognized Tribes that already received 2021 Consolidated Appropriations Act funds directly from the Bureau of Indian Affairs through NOAA appropriated funds are **NOT** eligible to apply.
- **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”.
- Eligibility will be determined by Alaskan household.
 - A household is defined as a person or persons having the same permanent residence.
 - All Alaskan households participating in subsistence fisheries may apply regardless of physical household address.
 - Only one application may be submitted per household.
- One or more members of the household **MUST** have participated in a marine and/or anadromous subsistence fishery in at least two of the previous four years (2016-2019).
 - Participation includes harvesting, sharing, and/or using subsistence fishery resources. Subsistence harvest does **NOT** require the use of a sport fishing license.
 - Subsistence fisheries are defined as fisheries on stocks for which the Alaska Board of Fisheries has found there are positive customary and traditional uses, in addition to federal subsistence fisheries that have no state equivalent.
 - Marine fisheries include all species, i.e., shellfish and halibut. All anadromous species are eligible; this is **NOT** restricted to salmon species.
- Eligible applicants **MUST** self-certify that their household has incurred a negative impact on their ability to access subsistence fishery resources in 2020 that was directly and/or indirectly related to COVID-19.
- **MUST** not apply for assistance in any other state or territory for the same losses.

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.

PAYMENT CALCULATION

Eligible applicants will be placed into one of two tiers based on household size in 2020. Smaller households will be eligible for one share and larger households will be eligible for two shares. Once all applications have been received, total number of shares will be determined and payments for applicants will be calculated accordingly.

Table 1. Subsistence Fisheries Share System	
Household Size	Number of Shares
1 - 3	1
4 or more	2

See page 1 for “eligible household member” requirements.

SPECIAL CONSIDERATIONS

Applicants with an annual household income equal to or less than the poverty guidelines for the state set by the United States Department of Health and Human Services for the year 2020 shall receive an additional share.

Table 2. 2020 Poverty Guidelines for Alaska	
Eligible Persons in Household	Poverty Guideline
1	≤ \$15,950
2	≤ \$21,550
3	≤ \$27,150
4	≤ \$32,750
5	≤ \$38,350
6	≤ \$43,950
7	≤ \$49,550
8	≤ \$55,150
For households with more than 8 eligible household members, add \$5,600 for each additional person.	

EXAMPLE

The Smith family is a household of 5 eligible members. The Smith family earned below the poverty guideline for a household of 5 in 2020 (≤ \$38,350). In this scenario, the family is eligible for (3) shares; (2) for their household size and (1) share for being below the poverty guideline in 2020.

ESTIMATE

Total Allocation: \$2,358,918

Number of shares: 7,000

$$\$2,358,918 \div 7,000 = \$336 \text{ (base share value, 1 share)}$$

Data are not available to give an accurate estimate for this sector beyond the total allocation.

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.



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SUBSISTENCE SECTOR - Application

HEAD OF HOUSEHOLD NAME: _____
LAST FIRST MI

MAILING ADDRESS: _____
STREET / PO BOX CITY ST ZIP

PHYSICAL ADDRESS: _____
STREET CITY ST ZIP

EMAIL: _____ **PHONE:** _____

Section 1: Applicant Household Shares

Q: Is the applicant’s household above or below the Poverty Guidelines for Alaska (see p. 2 of Application instructions)?	Q: Number of persons in Household?
BELOW	_____ Enter the number of eligible household members <i>(See p. 1 of Application instructions for definitions)</i>
ABOVE	

Applicants **MUST** select only one option.

Section 2: 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 my household has incurred a negative impact on our ability to access subsistence fishery resources in 2020 that was directly and/or indirectly related to COVID-19.

I attest that one or more members of my household have participated in a marine and/or anadromous subsistence fishery in at least two of the previous four years (2016-2019).

I attest that I alone am solely applying for CARES Act subsistence relief through the state of Alaska on behalf of my household. Only one application may be submitted per household.

Section 3: Subsistence Fisheries Participation	Participated In (at least 2/4 years, 2016-2019)
FINFISH	
Arctic-Kotzebue Area is defined at 5 AAC 01.100	
Norton Sound-Port Clarence Area is defined at 5 AAC 01.150	
Yukon Area is defined at 5 AAC 01.200	
Kuskokwim Area is defined at 5 AAC 01.250	
Bristol Bay Area is defined at 5 AAC 01.300	
Aleutian Islands Area is defined at 5 AAC 01.350	
Alaska Peninsula Area is defined at 5 AAC 01.400	
Chignik Area is defined at 5 AAC 01.450	
Kodiak Area is defined at 5 AAC 01.500	
Cook Inlet Area is defined at 5 AAC 01.550	
Prince William Sound Area is defined at 5 AAC 01.600	
Yakutat Area is defined at 5 AAC 01.650	
Southeastern Alaska Area is defined at 5 AAC 01.700	
Federal subsistence fishery in the Kasilof River drainage (salmon or non-salmon)	
Federal subsistence fishery in the Kenai River drainage (salmon or non-salmon)	
Federal subsistence salmon fishery in the Stikine River	
Federal subsistence halibut fishery	
SHELLFISH	
Southeastern Alaska-Yakutat Area is defined at 5 AAC 02.100	
Prince William Sound Area is defined at 5 AAC 02.200	
Cook Inlet Area is defined at 5 AAC 02.300	
Kodiak Area is defined at 5 AAC 02.400	
Alaska Peninsula-Aleutian Islands Area is defined at 5 AAC 02.500	
Bering Sea Area is defined at 5 AAC 02.600	
Federal subsistence shellfish fishery in Tuxedni Bay, within the boundaries of Lake Clark National Park and Preserve	

Section 4: Affidavit

Under penalty of perjury, I attest that the information I have provided on this application and self-certification and 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 _____

Signature _____

"Round 2" applications **MUST** be submitted through traditional mailing methods e.g., USPS, Fed Ex, UPS, etc.

Date _____

Applications submitted unsolicited by email or fax will
2 **NOT** be accepted.

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.