



RHODE ISLAND

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

DIVISION OF MARINE FISHERIES

Three Fort Wetherill Road
Jamestown, Rhode Island 02835

**Consolidated Appropriations Act – Fisheries Assistance Program
(CAAFAP)
Affidavit and Application for
Eligible Fishery Participants from Rhode Island**

This form serves as both an Affidavit and an Application for Assistance from the Rhode Island Department of Environmental Management to compensate for losses in economic revenue incurred in 2020 due to the coronavirus pandemic. This form must be completed in full, notarized, and hand delivered during the application period to one of the following RIDEM Offices during regular business hours (M-F, 8:30 am–4:00 pm). The application period begins Sept. 13th and ends Sept. 27th, 2021. No applications will be accepted after the close of the application period.

Marine Fisheries
3 Fort Wetherill Road
Jamestown, RI 02835
(401-423-1923)

Coastal Resources
301 Great Island Road
Narragansett, RI 02882
(401-783-5551)

Customer and Technical Assistance
235 Promenade Street
Providence, RI 02908
(401) 222-6822

Section 1

Applicant Information – Individual Rhode Island Resident Information

Name: _____
First Last M.I. Suffix (e.g., Jr.)

Mailing Address: _____
Street Address Apartment/Unit #

City RI State ZIP Code

Phone: _____ Email: _____

Social Security Number: _____

If awarded assistance through this program, should the check be written out to your name or the business name? Check one:

Individual

Business

If you selected "Business Name" please provide your business' Federal Employer Identification Number (also called a federal tax identification number) below.

FEIN: ___ ___ — ___ ___ ___ ___ ___

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

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

Address:

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? If so, provide below:

Please provide the following information, as applicable to your particular sector:

Seafood Processors/Dealers

Business Name: _____

State Dealer License Number: _____

Federal Dealer Permit Number (if applicable): _____

Commercial Fishing*

*Vessel owners please complete all fields; shore fishermen please complete license number and name fields. Additional space is provided on page 13 for businesses with multiple vessels.

Vessel Name: _____

State/Coast Guard Registration #: _____

Federal Permit (if applicable): _____

RI Commercial Fishing License Number: _____

RI Commercial Fisherman Name: _____

Is your vessel commercially declared in Rhode Island? YES NO

Aquaculture

CRMC Assent Numbers: _____

RIDEM Aquaculture License Number: _____

Business Name (if different than applicant name): _____

Business Partner(s) or Lease Co-owner(s) (if applicable): _____

Party and Charter**

Vessel Name(s): _____

State/Coast Guard Registration #: _____

Business Name (if different than applicant name): _____

Charter or Head Boat Operation (circle one): Charter Boat or Head Boat

Federal Permit (if applicable): _____

**Additional space is provided on page 14 for businesses with multiple vessels.

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 in 2020 that was engaged in one or more of the fishery sectors listed below during the sector-specific reference period during one or more years over the five-year period 2015-2019. Reference periods are noted beside each sector below.

*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 (April 1 – July 31)
- Commercial Aquaculture (March 1 – May 31)
- Seafood Processor/Dealer (March 1 – May 31)
- For Hire - Party/Charter Fishing (May 1 – December 31)

_____ I am not debarred from receiving federal funds.

_____ I am not on the federal government’s “do not pay” list.

Eligibility – Revenue Loss

Eligibility pertains solely to your losses in revenue during the sector-specific reference period in 2020 relative to your average revenue earned during the same reference period over the prior 5 years (2015-2019).

I self-certify and attest that during the sector-specific reference period, I incurred documented fishery-related revenue losses greater than 35% relative to average fishery-related revenues earned during the same reference 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

Average prior-year revenue must be calculated based on the five-year period 2015-2019, using the sector-specific reference period for each year. Sector-specific 2020 reference periods are provided below:

Commercial fishing sector: April 1 - July 31, 2020

Commercial aquaculture sector: March 1 – May 31, 2020

Seafood processing/wholesaling sector: March 1 – May 31, 2020

For-hire sector: May 1 – December 31, 2020

Therefore, if you were in operation in the applicable fishery sector-specific reference period during the past five years, you must check all five boxes below.

If you were not in operation in the applicable fishery sector-specific reference period during all five years, check the applicable boxes below for the years you were active, during the reference period, and use the comments section in this application (Section 4) to provide clarification of the years used to calculate your average prior-year revenue.

- 2015
- 2016
- 2017
- 2018
- 2019

For the calculations sections below, you may either fill out parts A through D, or complete and print out the Microsoft Excel-based workbook available for download on the Division of Marine Fisheries webpage. If you have a completed workbook page supplied by RIDEM and included it with your application, check here and continue to the Documented and Verifiable Basis section for Revenue Loss on page 7.

WORKBOOK

I self-certify and attest that:

- A. Over the past five (5) years (or subset thereof based on the information provided above), during the sector-specific reference period, my average fishery-related revenue, was:

\$_____

B. My fishery-related revenue during the sector-specific reference period was:

\$ _____

C. My loss in fishery-related revenue during the sector-specific reference period 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 sector-specific reference period was:

\$ _____
[insert amount of sector-specific revenue loss from Part C]

divided by \$ _____
[insert average prior-year revenue amount from Part A]

multiplied by 100 = _____%

Documented and Verifiable Basis for Revenue Loss

Data used to calculate revenue loss must be documented and verifiable. Documented means that you have your records on hand. Verifiable means that your records, upon request and examination by the State of Rhode Island, NOAA, or the Office of the Inspector General, comport with your loss in fishery-related revenue, as set forth above in Section 2.

All documented and verifiable data must be provided to RIDEM with the submission of this affidavit and application. Such data includes, as applicable: SAFIS data, VTRs, dockside sales reports, HACCP reports, and any other data/information that supports your claim. SAFIS data, as well as any other data sought from RIDEM, such as VTRs or dockside sales reports, must be requested from RIDEM *prior* to the submittal of this affidavit and application. Data cannot be requested through this affidavit and application.

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

Section 3

Amount of Claim

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, prior CARES Act fisheries assistance, 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 sector-specific reference period is:

$$\begin{array}{r} \$ \underline{\hspace{2cm}} \\ \text{[insert amount from Section 2, Part C]} \\ \text{minus } \$ \underline{\hspace{2cm}} \\ \text{[insert amount from Section 3, Part B1]} \\ = \$ \underline{\hspace{2cm}}. \end{array}$$

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

Comments

Please use the space below to provide any comments relative to your application.

Section 5

Notification

RIDEM will notify all applicants regarding the Department's decision regarding their application. That notification will be in the form of a Letter of Eligibility. Upon receipt of that letter, applicants will have a firm 15-day period during which they may appeal the Department's decision. Given the importance of timely notification, select one of the following three options for how you wish to be notified (*initial your preferred option*):

_____ Notify me via certified mail

_____ Call me when my letter is ready. I will pick-it up within three (3) days at RIDEM's Division of Marine Fisheries, 3 Fort Wetherill Road, Jamestown, RI during regular business hours (M-F 8:30 am - 4:00 pm)

_____ Call me when my letter is ready. I will pick it up within three (3) days at RIDEM's Division of Coastal Resources, 301 Great Island Road, Narragansett, RI during regular business hours (M-F 8:30 am - 4:00 pm)

Section 6

Confidentiality

Information provided to RIDEM via this application process will be kept confidential, except for any information that may be subject to public 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 public disclosure.

Information pertaining to specific award amounts, along with information specific to the applicant and revenue-related information set forth in this application by the applicant, and only this specific information, will be made available to the Rhode Island Department of Revenue, Division of Taxation for the purpose of verifying compliance with state tax obligations.

Information pertaining to final award amounts, along with names, addresses, and social security numbers, and only this 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 7

Certification and Consent

By completing, initialing and signing this affidavit and applying for assistance as allowable under the federal Consolidated Appropriations Act of 2021 (P.L. 116-260 (H.R. 133, Division M)), I:

- A. Certify and attest that the sole purpose of the assistance is to mitigate the effects of the novel coronavirus (COVID-19) as allowed under the Consolidated Appropriations Act of 2021 (P.L. 116-260 (H.R. 133, Division M)).
- B. Certify and attest 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 my average fishery-related annual revenue earned across the previous five (5) years. Assistance received may not cover costs funded by other sources.
- C. Certify and attest to having the documentation/records to support the losses recorded on this form, that were used for the basis of eligibility. Further, I agree to maintain these records for a period of no less than three (3) years after the close of the primary grant award to the ASMFC, and agree to make these records available upon request from the State of Rhode Island, NOAA, or the Office of the Inspector General.
- D. Consent to allowing RIDEM to use SAFIS data, VTRs, dockside sales reports, and CRMC Aquaculture Questionnaires, and information from the Rhode Island Division of Taxation, as applicable, to verify the information contained in this application, and waive any and all confidentiality pertaining to this information as it relates to this application.
- E. Certify and attest that I am and will remain current and in good standing with respect to the payment of all tax obligations owed to the State of Rhode Island.
- F. Acknowledge and agree that if I am not now, or do not remain, current with my tax obligations to the State of Rhode Island, RIDEM may require the return of funds obtained pursuant to this application.
- G. Certify and attest, under the penalties of perjury, that information and representations set forth in and by this application are true, accurate, and complete.

Applicant Last Name (please print)

First

MI

Applicant Signature

Date

STATE OF RHODE ISLAND

COUNTY OF _____

In _____, on the ____ day of _____ 2021, before me personally appeared _____ to me known and known by me to be the party executing the foregoing Consent Agreement, and they acknowledged said instrument executed by them to be their free act and deed.

Notary Public

My Commission expires: _____

*****For Internal Use Only*****

Date and Time Application Received by RIDEM staff:

Name of RIDEM staff receiving application:

Signature of RIDEM staff receiving application:

Additional Vessel information (if needed)

Commercial Fishing

Vessel Name: _____

State/Coast Guard Registration #: _____

Federal Permit (if applicable): _____

RI Commercial Fishing License Number: _____

RI Commercial Fisherman Name: _____

Commercial Fishing

Vessel Name: _____

State/Coast Guard Registration #: _____

Federal Permit (if applicable): _____

RI Commercial Fishing License Number: _____

RI Commercial Fisherman Name: _____

Commercial Fishing

Vessel Name: _____

State/Coast Guard Registration #: _____

Federal Permit (if applicable): _____

RI Commercial Fishing License Number: _____

RI Commercial Fisherman Name: _____

Commercial Fishing

Vessel Name: _____

State/Coast Guard Registration #: _____

Federal Permit (if applicable): _____

RI Commercial Fishing License Number: _____

RI Commercial Fisherman Name: _____

Party and Charter

Vessel (Coast Guard/State) Registration #: _____

Business Name (if different than applicant name): _____

Charter or Head Boat Operation: _____

Federal Permit (if applicable): _____

Vessel Name(s): _____

Party and Charter

Vessel (Coast Guard/State) Registration #: _____

Business Name (if different than applicant name): _____

Charter or Head Boat Operation: _____

Federal Permit (if applicable): _____

Vessel Name(s): _____

Party and Charter

Vessel (Coast Guard/State) Registration #: _____

Business Name (if different than applicant name): _____

Charter or Head Boat Operation: _____

Federal Permit (if applicable): _____

Vessel Name(s): _____

Party and Charter

Vessel (Coast Guard/State) Registration #: _____

Business Name (if different than applicant name): _____

Charter or Head Boat Operation: _____

Federal Permit (if applicable): _____

Vessel Name(s): _____

Appendix – Calculations examples by sector

Below are sector-specific examples highlighting the information and calculations that are most applicable to verify losses.

Commercial Fishing

Average revenue during the baseline period (April 1 – July 31, 2015-2019):

$AvgR = (\text{total ex-vessel value}) / 5$ (or number of years active)

Revenue during the qualifying period (April 1 – July 31, 2020):

R = total ex-vessel value

Fishery Loss: $F = AvgR - R$

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

1 Vessel Example:

SAFIS dealer reports show:

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

Then,

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

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

$R = \$8,500$

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

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

Multiple Vessel Example:

SAFIS dealer reports show:

Year	Vessel 1 Ex-vessel value	Vessel 2 Ex-vessel value	Vessel 3 Ex-vessel value	Annual Revenue (annual sum of ex-vessel values)
2015	\$10,000	\$15,000	\$12,000	\$37,000
2016	\$15,000	\$20,000	\$22,000	\$57,000
2017	\$18,000	\$10,000	\$5,000	\$33,000
2018	\$19,000	\$5,000	\$15,000	\$39,000
2019	\$25,000	\$1,000	\$10,000	\$36,000
2020	\$8,500	\$0	\$200	\$8,700

Then,

$$\text{AvgR} = (37,000 + 57,000 + 33,000 + 39,000 + 36,000) / 5 \text{ years active}$$

$$\text{AvgR} = 202,000 / 5 = \$40,400$$

$$R = \$ 8,700$$

$$F = \$40,400 - \$8,700 = \$31,700$$

$$\text{Percent Loss} = (31,700/40,400) * 100 = 78.47\% \text{ loss}$$

Seafood Processor/Dealer

Average revenue during the baseline period (March 1 – May 31, 2015-2019): $AvgR = (\text{market value of seafood purchased}^* - \text{ex-vessel value}) / 5$ (or number of years active)

**if market value is not available a multiplier can be used that is peer approved in literature; e.g., www.cfrfoundation.org/economic-impact-of-fisheries-in-rhode-island*

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

$R = \text{total market value of seafood purchased} - \text{total ex-vessel value}$

Fishery Loss: $F = AvgR - R$

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

Example:

Year	Market Value	Ex-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

$AvgR = 191,900 / 5 = \$38,380$

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

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

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

Aquaculture

Average revenue during the baseline period (March 1 – May 31, 2015-2019): AvgR = total farmgate value / 5 (or number of years active)

Revenue during the qualifying period (March 1 – May 31, 2020): R = total farmgate value

Farm Loss: F = AvgR - R

Percent Loss = (F / AvgR) * 100

Example:

HACCP reports and/or financial records show:

Year	Farmgate value
2015	\$4,000
2016	\$10,000
2017	\$18,000
2018	\$19,000
2019	\$20,000
2020	\$3,400

Then,

AvgR = (4,000 + 10,000 + 18,000 + 19,000 + 20,000) / 5 years active

AvgR = 71,000 / 5 = \$14,200

R = \$ 3,400

F = \$14,200 - \$3,400 = \$10,800

Percent Loss = (10,800 / 14,200) * 100 = 76.06% loss

Party and Charter

Annual average revenue during the baseline period (May 1 – December 31, 2015-2019):

$$\text{AvgR} = [(\text{Total Trips}) / 5 \text{ (or number of years active)}] * [(\text{Annual Average Passenger Capacity}) / 5 \text{ (or number of years active)}] * \$106.75$$

Note: \$106.75 is drawn from Lovell et al. (2020)

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

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

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

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

Example:

VTRs, or other records maintained by applicant, 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.

Then:

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

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

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

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