



**STATE OF NORTH CAROLINA – DIVISION OF MARINE FISHERIES**  
**NC CARES Act Fisheries Relief Program**  
**Self-Certification and Assurances (Affidavit)**

[ \_\_\_\_\_ ] hereby requests federal assistance from the  
Last Name, First Name MI  
 Department of Commerce, National Oceanic and Atmospheric Administration, National Marine Fisheries Service; through the Atlantic States Marine Fisheries Commission.

As the Organization’s Authorized Representative, I self-certify and attest that (initial each statement below):

- \_\_\_\_\_ This organization is a Fishery Participant that is an eligible recipient of assistance under the CARES Act (P.L. 116-136) Section 12005;
- \_\_\_\_\_ Direct payments will not be directed to minors;
- \_\_\_\_\_ Funds will not be used to compensate state, local, or tribal governments for lost municipal or government tax revenue;
- \_\_\_\_\_ Funds will be used to address fishery-related direct or indirect losses or subsistence/cultural/ceremonial impacts;
- \_\_\_\_\_ The Fishery Participant applying for assistance is: (initial only if all statements below are true)
  - not de-barred;
  - not on the government’s “do not pay” list;
  - in good standing with the Federal and State Government;
- \_\_\_\_\_ The Fishery Participant is aware that direct payments are taxable and may potentially be subject to federal auditing processes;
- \_\_\_\_\_ The Fishery Participant verifies that all information submitted in the application, affidavit, and supporting documentation is true, accurate, and complete.
- \_\_\_\_\_ The Fishery Participant understands that the combination of financial assistance from Section 12005, other programs in the CARES Act, and the Fishery Participant’s traditional revenue earnings in 2020 must not exceed the Fishery Participant’s total average annual revenue from the previous five years, or a minimum of one year if the Fishery Participant has been in business for less than five years, thus making the Fishery Participant “more than whole” in annual revenue as a result of this relief program;
- \_\_\_\_\_ The Fishery Participant agrees that they may be required to pay back some or all of the relief monies received if the Fishery Participant’s total earnings from the sources described above exceeds the Fishery Participant’s five-year average earning from 2015-2019.



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**Complete if you are applying for assistance due to incurred economic revenue losses greater than 35%:**

During the time period from March 1, 2020 to May 31, 2020, what was your pre-tax revenue?				
<b>(A)</b> \$				
During this same time period of March 1st to May 31st, what was your total annual pre-tax revenue from the previous 5 years (2015-2019)?				
2015 <b>(B)</b>	2016 <b>(C)</b>	2017 <b>(D)</b>	2018 <b>(E)</b>	2019 <b>(F)</b>
\$	\$	\$	\$	\$
Directions on how to calculate your average 2020 revenue loss percentage:				
<p>Step 1 - Add items <b>(B)</b> thru <b>(F)</b>: \$ _____ <b>(G)</b></p> <p>Step 2 - Divide the total calculated in line <b>(G)</b> by the number of years you reported revenue in boxes <b>(B - F)</b>: \$ _____ <b>(H)</b></p> <p>Step 3 – Divide item <b>(A)</b> by item <b>(H)</b>: _____ <b>(I)</b></p> <p>Step 4 – Subtract the total in Step 3 from 1: _____ <b>(J)</b></p> <p>Step 5 – Multiply item <b>(J)</b> by 100 to get your final loss percentage _____ %</p>				
<b>Example:</b>				
For March 1, 2020 – May 31, 2020 <b>(A)</b> – you made \$5,567. For 2015 <b>(B)</b> - \$12,341, 2016 <b>(C)</b> - \$14,287, 2017 <b>(D)</b> - \$14,932, 2018 <b>(E)</b> - \$13,599, and 2019 <b>(F)</b> - \$13,007.				
Step 1 – Add \$12,341 + \$14,287 + \$14,932 + \$13,599 + \$13,007 = \$68,166				
Step 2 - \$68,166 divided by 5 (for the five years reported) = \$13,633				
Step 3 - \$5,567 divided by \$13,633 = 0.4083				
Step 4 – 1 - 0.4083 = 0.5917				
Step 5 - Multiply 0.5917 by 100 = <b>59.17%</b>				
<b>**NOTE: Must be above 35% to qualify for relief.</b>				



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**Complete if you are applying for assistance due to negative impacts to subsistence, cultural, or ceremonial fisheries:**

Details regarding negative impacts:

Should the fishery participant receive assistance to mitigate the effects of the novel coronavirus (COVID-19) as allowed under Section 12005 of the CARES Act, the sum of these funds combined with any additional COVID-19 related federal financial assistance and/or any traditional revenue will not exceed the average revenue earned across the previous 5 years.

Should the fishery participant receive assistance to mitigate the effects of the novel coronavirus (COVID-19) as allowed under Section 12005 of the CARES Act, other financial assistance received will not be used to support or fund any portion of the scope of work incorporated into the NC CARES Act Fisheries Relief Program. Department of Commerce will not pay for costs that are funded by other sources.

Five-year averages must be calculated using 2015-2019. If an entity has not been in operation for 5 years, please use the comments section to provide clarification of the average used to calculate eligibility.

By signing this affidavit and applying for assistance as allowable under P.L. 116-136 the Fishery Participant attests to having documentation/records to support the losses recorded on this form, and that were used as the basis of eligibility. Further, the eligible Fishery Participant agrees to maintain these records for a period of no less than 3 years after the close of the primary grant award to North Carolina Division of Marine Fisheries. Records must be made available upon request from the primary grantee, state/territory, NOAA, or the Office of the Inspector General.

This form must accompany the application to be considered for a valid applicant, as allowable under P.L. 116-136 section 12005. Applications, affidavits, and other required documentation must be delivered in person to the NCDMF Headquarters Office located in Morehead City or postmarked by 5pm on November 30, 2020. Applications and supporting documentation cannot be submitted to other NCDMF offices. Applications and supporting documentation that are submitted after 5pm on November 30, 2020 will not be considered. Incomplete applications will not be considered. Applications that cover periods of time outside of the eligibility period identified on the application documentation will not be considered.

**All information provided on this document is true, accurate, and complete.**

\_\_\_\_\_  
Authorized Representative/Fisheries Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last Name,

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Authorized Representative (Please Print)