[____________________  __________________  __________________  ] hereby requests

Last Name, First Name  MI

Covid19relief@ncdenr.gov

252-503-3091

_____________________________________________________________________________________

state of north carolina │division of marine fisheries
3441 arendell street │po box 769 │ morehead city, nc 28557

federal assistance from the 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 (please initial each statement below):

_____ this organization is a fishery participant that is an eligible recipient of assistance under the consolidated appropriations act (p.l. 116-260) division m.

_____ 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 of the cares act, other programs in the cares act, cares act ii, 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 the time-period the fishery participant held a license 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 understands that they may be required to pay back some or all 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, or the time-period the fishery participant held a license if the fishery participant has been in business for less than five years.

_____ if applying as a commercial fisherman or seafood dealer, the fishery participant agrees to use north carolina trip ticket data if they fail to provide supporting revenue documentation (profit & loss statements, invoices, receipts, etc.).

_____ if applying as a seafood processor without a nc seafood dealer permit or a for-hire operation, the fishery participant understands they will be denied if they fail to provide supporting revenue documentation (calendars, profit & loss statements, bank statements, etc.).
Should the fishery participant receive assistance to mitigate the effects of the novel coronavirus (COVID-19) as allowed under Division M of the Consolidated Appropriations Act of 2021, 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 five years.

Should the fishery participant receive assistance to mitigate the effects of the novel coronavirus (COVID-19) as allowed under Division M of the Consolidated Appropriations Act of 2021, 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.

By signing this affidavit and applying for assistance as allowable under P.L. 116-260 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 as a valid applicant, as allowable under P.L. 116-260 division M. 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 October 1st, 2021. Applications and supporting documentation cannot be submitted to other NCDMF offices. Applications and supporting documentation that are submitted after 5pm on October 1st, 2021 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)