

New Hampshire Fish and Game Department

HEADQUARTERS: 11 Hazen Drive, Concord, NH 03301-6500 (603) 271-3421 FAX (603) 271-1438

www.WildNH.com e-mail: info@wildlife.nh.gov TDD Access: Relay NH 1-800-735-2964

January 12, 2021

Dear Applicant,

Application for New Hampshire 2020 Coronavirus Aid, Relief, and Economic Security Act (CARES Act) Fisheries
Assistance – Commercial Lobster and Crab

Please note: Enclosed is an application that must be completed and <u>returned</u> or postmarked to the NH Fish and Game Department CARES ACT – Commercial Lobster, 225 Main Street, Durham, NH, 03824 by February 2, 2021 to be eligible for CARES Act funds.

New Hampshire has been allocated approximately \$2.7 million in funding provided by Section 12005 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act for a relief program for certain marine fishery sectors who have been negatively affected by COVID-19. This is a grant program; funds received under this program are taxable.

Details are available online at: https://www.wildlife.state.nh.us/marine/cares-act.html. A portion of these funds will be paid to eligible 2020 commercial lobster and crab harvesters. As the holder of a New Hampshire 2020 lobster and crab license (any of the three commercial license types), commercial saltwater license, lobster and crab landing license, or a New Hampshire resident with an out of state equivalent license, who has reported lobster and crab sales to a dealer within the past five years, you may be eligible to receive a share of the funds. To qualify, you must meet all the minimum requirements below:

- Must have held a 2020 New Hampshire Lobster and Crab License, Commercial Saltwater License, Lobster and Crab Landing License, or out of state equivalent during part or all of the qualification period, March 1, 2020 through July 31, 2020.
- Must have suffered a greater than 35% gross lobster and crab revenue loss between March 1, 2020 and July 31, 2020 caused by COVID-19 compared to the previous reported 5-year average gross lobster and crab revenue between March 1 and July 31, 2020, or less if not in business for five years.
- Must have been in business for at least one year between 2015 and 2019 within the qualification period.
- Must be 18 years of age or older at time of application.
- Must be in good standing with the State and Federal Government.
- Must be a New Hampshire resident.
- The total of assistance from this program, **other** COVID-19 pandemic related relief funds, and your 2020 total gross revenue must not make the applicant "more than whole" compared to your 5-year average of gross revenue (or less if not in business for five years). Please note, you may qualify for funds based on your submitted mandatory dealer reported gross revenue data, but be unable to apply for and accept funds based on your total 2020 annual gross revenue, including all CARES Act assistance funding received from all sources, that exceeds your 5-year average annual gross revenue. See examples below:

REGION 1

629B Main Street Lancaster, NH 03584-3612 (603) 788-3164 FAX (603) 788-4823 email: reg1 @ wildlife.nh.gov **REGION 2**

PO Box 417 New Hampton, NH 03256 (603) 744-5470 FAX (603) 744-6302 email: reg2@wildlife.nh.gov **REGION 3**

225 Main Street
Durham, NH 03824-4732
(603) 868-1095
FAX (603) 868-3305
email: reg3@wildlife.nh.gov

REGION 4

15 Ash Brook Court Keene, NH 03431 (603) 352-9669 FAX (603) 352-8798 email: reg4@wildlife.nh.gov

Example #1. Business qualifies with a greater than 35% loss in 2020 compared to the average gross revenue during the qualification period between 2015 and 2019, but would be "made more than whole" because the 2020 annual gross revenue (which may include other received CARES Act assistance funding sources) is higher than the 5-year average annual revenue and therefore cannot accept funds.

| | | Gross Revenue | | | | | | | |
|---|---------|---------------|---------|---------|---------|-------------------|---------|---------|-----------|
| | 2015 | 2016 | 2017 | 2018 | 2019 | Average 2015-2019 | 2020 | % loss | Qualified |
| Qualification Period Revenue (Mar 1 – July 31) | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$500 | 50% | Yes |
| Annual Revenue | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$3,000 | No Loss | No |

Example #2. Business qualifies with a greater than 35% loss in 2020 compared to the average gross revenue during the qualification period between 2015 and 2019 and could accept funds because the annual gross revenue in 2020 (which may include other received CARES Act assistance funding sources) is less than the 5-year average annual gross revenue between 2015 and 2019.

| | Gross Revenue | | | | | | | | |
|---|---------------|---------|---------|---------|---------|-------------------|---------|--------|-----------|
| | 2015 | 2016 | 2017 | 2018 | 2019 | Average 2015-2019 | 2020 | % loss | Qualified |
| Qualification Period Revenue (Mar 1 – July 31) | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$500 | 50% | Yes |
| Annual Revenue | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$,2000 | \$1,500 | 25% | Yes* |

^{*} May receive up to the difference between average gross revenue (2015-2019) and total 2020 gross revenue. In this example, up to \$500.

In order to receive New Hampshire CARES Act Commercial Lobster and Crab assistance funds, the completed application must be returned or postmarked **no later than February 2, 2021** to:

NH Fish and Game Department CARES ACT – Commercial Lobster and Crab 225 Main Street Durham, NH 03824

If you have questions or need assistance in completing the application, please contact Renee Zobel or Robert Atwood at Region 3, (603) 868-1095.

Sincerely,

Cheri Patterson

Chief, Marine Fisheries

Enclosure



Application for New Hampshire 2020 Coronavirus Aid, Relief, and Economic Security Act (CARES ACT) Fisheries Assistance – Commercial Lobster and Crab Self-certify

- This form must be filled out completely to be considered for NH CARES ACT Fisheries Covid-19 relief funds.
- MUST BE COMPLETED AND RETURNED OR POSTMARKED NO LATER THAN February 2, 2021.
- Submit by mail to: NH Fish and Game Department, Marine Division, CARES ACT-Commercial Lobster and Crab, 225 Main Street, Durham, NH 03824

Qualifications:

- Must have 2020 New Hampshire Commercial Lobster and Crab License (any of the three commercial license types),
 Commercial Saltwater License, Lobster and Crab Landing License, or out of state equivalent during part or all of the qualification period, March 1, 2020 through July 31, 2020. (Include copy of 2020 Commercial Lobster and Crab License, Commercial Saltwater License, Lobster and Crab Landing License, or out of state equivalent)
- Must have suffered >35% loss in gross lobster and crab revenue from previous reported 5-year average gross lobster and crab revenue between March 1 and July 31, or less if not in business for five years.
- Must have been in business for at least one year between 2015 and 2019, during March 1 through July 31.
- Must be 18 years of age or older at time of application.

If EIN is provided above, the Corporation name is:

- Must be in good standing with the State and Federal Government.
- Must be a New Hampshire resident. (Include copy of valid NH Driver's License or Non-Driver ID)
- The total of assistance from this program, **other** COVID-19 pandemic related relief funds, and your 2020 total gross revenue must not make the applicant "more than whole" compared to your 5-year average of gross revenue (or less if not in business for five years). Please note, you may qualify for funds based on your submitted mandatory reported revenue data, but be unable to apply for and accept funds if your total 2020 annual gross revenue, combined with all CARES Act assistance funding received, exceeds your average 5-year gross revenue. (See example in Cover Letter)

| Individual Information: (PI | LEASE PRIN | T) | | | | | |
|--|------------------|--|----------------------------|---------------------|----------------|---|--|
| Name: | | | | | | | |
| Last | | Sfx | First | | MI | Date of Birth | |
| Corporate Name (if applicable) | | | | | | Date of Incorporation | |
| Address: | | | | | | | |
| Mailing Address | | | | Street | Street Address | | |
| | | | | | (_ |) | |
| City | State | Zip Code | | Home Phone | | Work or Cell Phone | |
| Revenue Loss: | | | | | | | |
| for any one or more of the precede "Additional Information Page" to provide legal documentation. My prior 5-year average gross low years of 20 and 20 As equates to \$ and a legal documentation. | provide detailed | ed clarification of evenue between is average, my gr | f the gross l March 1 and | obster and crab rev | enue used | to calculate eligibility and, as recorded between the | |
| Tax Liability: | | | | | | | |
| NH Fish & Game Department ha 1099 tax reporting form to ensure | | | | nat CARES Act fun | ds are tax | able. Recipients will receive a | |
| Please be advised that recipients a preparer if you have any further of | | | | | l. Therefo | re, please consult with your tax | |
| EIN or SSN: contact the NH Fish & Game Dep | partment direct | | | | | ormation through the U.S. Mail, day–Friday. | |

| Self Certification and Assurances: | |
|--|--|
| In order to receive funding through this program, recipients must complete the following Se | elf-Certification and Assurances: |
| I, | Service; through the New Hampshire Fish and |
| As the recipient or Organization's Authorized Representative, I self-certify and attest that (i | nitial each statement below): |
| I meet all of the criteria detailed in this application. | |
| Any right of confidentiality with respect to my personal or corporate state tax inform NH Fish and Game Department to verify that I am a New Hampshire taxpayer in good stand | |
| I am not de-barred or on the Federal government "do not pay list." I am in good stand | ling with the Federal government. |
| Should I receive assistance to mitigate the effects of COVID-19 as allowed under Sections funds combined with any additional COVID-19 related Federal financial assistance and the average annual revenue earned during the previous 5 years. | |
| Should I receive assistance to mitigate the effects of COVID-19 as allowed under Secfinancial assistance received will not be used to support or fund any portion of the scope of assistance. | |
| By signing this affidavit and applying for assistance as allowable under P.L. 116-136 documentation/records to support the losses recorded on this form, and that were used as the maintain these records for a period of no less than 3 years after the close of the primary grar available upon request from Atlantic States Marine Fisheries Commission, the New Hampsl the Office of the Inspector General. | e basis of eligibility. Further, I agree to at award to ASMFC. Records must be made |
| This form must accompany any application for economic assistance, as allowable una applications and appeals must be submitted by the deadline to NH Fish and Game Departme Incomplete applications will not be considered. Applications received outside of the specific Applications that cover periods of time outside of the eligibility period identified on the app | ent, 225 Main Street, Durham, NH, 03824. ed application period will not be considered. |
| The information provided in this application and the information provided in all suppaccurate in all material respects to the best of my knowledge. I understand that knowingly mathematical respects to the best of my knowledge. I understand that knowingly mathematical respects to the best of my knowledge. I understand that knowingly mathematical respects to the best of my knowledge. I understand that knowingly mathematical respects to the best of my knowledge. I understand that knowingly mathematical respects to the best of my knowledge. I understand that knowingly mathematical respects to the best of my knowledge. I understand that knowingly mathematical respects to the best of my knowledge. I understand that knowingly mathematical respects to the best of my knowledge. I understand that knowingly mathematical respects to the best of my knowledge. I understand that knowingly mathematical respects to the best of my knowledge. I understand that knowingly mathematical respects to the best of my knowledge. I understand that knowingly mathematical respects to the best of my knowledge. I understand that knowingly mathematical respects to the best of my knowledge. I understand that knowingly mathematical respects to the best of my knowledge. I understand that knowingly mathematical respects to the best of my knowledge. I understand that knowingly mathematical respects to the best of my knowledge. I understand that knowingly mathematical respects to the best of my knowledge. I understand that knowingly mathematical respects to the best of my knowledge. I understand that knowledge is a supplication of my knowledge. I understand the law in the my knowledge is a supplication of my knowledge. I understand the law in the law in the my knowledge is a supplication of my knowledge. I understand the law in the law in the law in the my knowledge is a supplication of my knowledge in the law | naking a false statement to obtain funds under v, including under 18 USC 1001 and 3571, by |
| | |
| Authorized Representative/Fishery Participant Signature | Date |
| Last Name First Name | MI |
| Authorized Representative (Please Print) | |

| Additional Information Page: Legal documentation must be limited to qualifying individuals only. For example, tax returns for individuals must be specific to the individual. |
|---|
| individual. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |