



MARK WILLIAMS  
COMMISSIONER

DOUG HAYMANS  
DIRECTOR

### Fishery Participant:

If your marine fishing business was negatively impacted by the onset of COVID-19 in 2020 or 2021, you may be eligible for assistance under the Coronavirus, Aid, Relief, and Economic Security Act and/or the Consolidated Appropriations Act of 2021. This information is being provided to Georgia seafood processors, licensed commercial fishermen with reported landings, bait shrimp dealers and harvesters, for-hire fishermen with saltwater guide licenses, and seafood dealers responsible for either reporting Georgia-landed seafood or individuals who hold one of the appropriate Georgia Department of Agriculture licenses for wholesale seafood. **If you fall into one of these categories, please read below for information about the aid distribution spending plan, eligibility requirements, and instructions to submit an aid application. Completed applications must be hand delivered or mailed to the Coastal Resources Division with a postmark no later than November 6, 2021.**

The GADNR is now accepting applications for aid from eligible fishery participants. Enclosed with this letter are documents applicants will need to complete. They include an affidavit as well as worksheets to record monthly revenue and help calculate the percentage of loss in 2020 and 2021.

### Eligibility Requirements and Application Instructions for Aid

- Residency: Individual applicants must be Georgia residents. Corporations doing business in Georgia must provide evidence of a physical Georgia address.
- Licensure:
  - Commercial fishing or seafood dealer - Applicants must have one of the following GADNR licenses during the 2020 and/or 2021 fishing license year: commercial fishing, commercial vessel, seafood dealer, bait shrimp harvester, or bait shrimp dealer. Additionally, commercial seafood harvesters must have reported landings in at least one year between 2015 and 2019. Retail seafood dealers and restaurants are not eligible. OR;

- Seafood harvesters landing products in other states must provide proof of licensure and have documented landings.
  - For-hire - Applicants must possess a GADNR saltwater guide license in fishing license year 2020 and/or 2021.
  - Wholesale dealers/processors - Applicants must possess the appropriate Georgia Department of Agriculture license for wholesale seafood during 2020 and/or 2021.
- Aid will be provided for losses incurred during the months of March – May 2020, June – December 2020 and/or January – June 2021 if those losses are **greater than 35%** when compared to the average of those same months from 2015-2019. Worksheets for each period and an example are included to help you determine your loss. Newer fishery participants with fewer than five years of activity will compare losses to the number of active years between 2015-2019. For every year in which revenue is listed, the appropriate license(s) listed above in “Licensure” must have been possessed by the applicant. Seafood dealers may only claim losses from wholesale revenue. Bait shrimp dealers may only claim losses from bait shrimp sales.
  - Receipt of this aid cannot make you more than whole for losses incurred in the calendar year 2020 or 2021. If you have accepted other forms of COVID-19 related aid, the sum of Consolidated Relief funds when combined with other aid and/or any traditional revenue cannot exceed your average annual revenue for the previous five years or number of years in business if less than five.
  - The affidavit attesting to losses (“Eligible Fishery Participant COVID-19 Related Losses Self-Certification and Assurances”) must be **signed and notarized** under federal and state penalty for falsification of documents. Abnormally high losses when compared to the normal distribution of total losses from a fishery may require additional verification.
  - A complete application package including the signed and notarized affidavit must be returned to the Coastal Resources Division with a postmark no later than **November 6, 2021**. Along with the affidavit, a complete application includes:
    - proof of Georgia residency (in the form of a valid Georgia driver’s license or Georgia ID card), or for corporations, a business license; and
    - completed “COVID-19 Impacts Worksheet(s).”
  - Four members of the Marine Fisheries Advisory Council along with the Director of the Coastal Resources Division will serve as the appeals board. Applicants may appeal eligibility for aid. However, award amounts will not be subject to an appeal.
  - Aid checks will be paid by the ASMFC on behalf of the State of Georgia and NOAA Fisheries.

A digital copy of the application package (cover letter, affidavit and worksheets) can be found on the CRD website at <https://coastalgadnr.org/CARES>.

If, after reviewing this letter and all the provided information, questions remain please contact either Julie Califf at [julie.califf@dnr.ga.gov](mailto:julie.califf@dnr.ga.gov) (912-262-3120) or Cindy Smith at [cindy.smith@dnr.ga.gov](mailto:cindy.smith@dnr.ga.gov) (912-262-3350).

Sincerely,

A handwritten signature in blue ink, appearing to read "Doug Haymans", with a stylized flourish at the end.

Doug Haymans

cc: Dr. Carolyn Belcher  
Julie Califf  
Kathy Knowlton  
Cindy Smith

## Covid-19 Fishery Assistance Application Checklist

To speed up processing of your application, please make sure you have completed all items below:

- ☐ Included a copy of your valid, unexpired state-issued driver's license or identification card
- ☐ Claims for March – May 2020 must be recorded on a separate affidavit from June – December 2020 and January – June 2021. Be sure you are using the correct affidavit for the period(s) you are claiming.
- ☐ Initialed all statements on page 1 of the affidavit.
- ☐ Written your name in the blanks of the first two paragraphs of page 2 of the affidavit
- ☐ Transferred the information from your worksheet(s) to page 2 of the affidavit(s)
- ☐ Printed and signed your name on page 3 of the affidavit
- ☐ Affidavit is notarized
- ☐ Return the completed affidavit **and** worksheet. We recommend you keep a copy of the affidavit and worksheets for your records

If you have questions email [Julie.Califf@dnr.ga.gov](mailto:Julie.Califf@dnr.ga.gov) or [Cindy.Smith@dnr.ga.gov](mailto:Cindy.Smith@dnr.ga.gov)  
or call 912-264-7218

**Eligible Fishery Participant COVID-19 Related Losses  
Self-Certification and Assurances      March – May 2020**

This certification must be submitted by the individual or business sustaining the loss. For example, if you conduct your business as an individual, use your full legal name (first, middle, last, suffix). If you do business as Awesome Fishing, LLC, the application should show the business as the fishery participant.

Fishery Participant: \_\_\_\_\_  
(Individual **OR** business as appropriate)

Tax Number: \_\_\_\_\_  
(Social Security number **OR** FEIN)

Mailing Address: \_\_\_\_\_  
Address City State Zip

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ hereby requests federal assistance from the Department of  
(Fishery Participant)  
Commerce (DOC), National Oceanic and Atmospheric Administration (NOAA), National Marine Fisheries Service (NMFS); through the Atlantic States Marine Fisheries Commission (ASMFC) and State of Georgia, Department of Natural Resources, Coastal Resources Division.

***Initial each statement below***

As the Fishery Participant Authorized Representative, I self-certify and attest that:

\_\_\_\_\_ is an eligible recipient of assistance under the CARES  
(Fishery Participant)  
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; and

\_\_\_\_\_ If other forms of COVID-19 related aid were accepted, when combined with this aid, I will not be made more than whole for my losses; and

\_\_\_\_\_ is: (initial only if all statements below are true)  
(Fishery Participant)

- not de-barred
- not on the government “do not pay list”
- in good standing with the Federal and State Government



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

Should \_\_\_\_\_ receive assistance to mitigate the effects of the novel  
(Fishery Participant)  
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 will not exceed the average annual revenue for the previous five years or number of years in business if less than five.

Should \_\_\_\_\_ receive assistance to mitigate the effects of the novel  
(Fishery Participant)  
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 this DOC CARES Act assistance. DOC will not pay for costs that are funded by other sources.

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

Explanation of number of years used to calculate loss:

\_\_\_\_\_'s prior March – May revenue average was \$\_\_\_\_\_, as  
(Fishery Participant)  
recorded between the years 20\_\_\_\_ and 20\_\_\_\_. This request is based on revenue losses between the months of March - May 2020. As compared to the average, this equates to a revenue loss of \_\_\_\_\_%.

By signing this affidavit and applying for assistance as allowable under P.L. 116-136  
\_\_\_\_\_, attests to having documentation/records to support the losses  
(Fishery Participant)  
recorded on this form, and that were used as the basis of eligibility. Further, I agree to maintain these records for a period of no less than 3 years after the close of the primary grant award to ASMFC. Records must be made available upon request from GADNR, ASMFC, NOAA, or the Office of the Inspector General.



COASTAL RESOURCES DIVISION



This form must accompany any application for economic assistance, as allowable under P.L. 116-136 section 12005. This Affidavit must be submitted by **November 6, 2021**. Incomplete applications will not be considered. Applications received outside of the specified application period will not be considered. Applications that cover periods of time outside of the eligibility period identified on the application documentation will not be considered.

Under O.C.G.A. 16-10-20 "a person who knowingly and willingly makes a false, fictitious, or fraudulent statement...in any matter within the jurisdiction of any department or agency or state government ...shall, upon conviction thereof, be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both."

The information provided on this document is correct to the best of my knowledge.

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Authorized Representative/Fisheries Participant (Please Print)

This instrument was acknowledged before me this date \_\_\_\_\_ by

\_\_\_\_\_  
(name of signer).

\_\_\_\_\_  
Personally Known

\_\_\_\_\_  
Produced Identification

(Seal)

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(Name of Notary Typed, Stamped, or Printed)

EXAMPLE COVID-19 Impacts Worksheet							
Line	Year	Were you licensed? (Yes/No)	Monthly Revenue			Total Revenue	
			March	April	May	March + April + May	
1	2015	NO					
2	2016	YES	\$ 1,000.00	\$ 1,250.00	\$ 1,000.00	\$ 3,250.00	
3	2017	YES	\$ 750.00	\$ 500.00	\$ 750.00	\$ 2,000.00	
4	2018	YES	\$ 250.00	\$ 1,500.00	\$ 1,000.00	\$ 2,750.00	
5	2019	YES	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
6							\$ 8,000.00
7	Number of years licensed from 2015-2019 =						4
8	To calculate 2015-2019 revenue average, divide the total revenue in Line 6 by number of years in Line 7 =						\$ 2,000.00
9	Year	Were you licensed? (Yes/No)	March Revenue	April Revenue	May Revenue	March + April + May	
	2020	YES	\$ 250.00	\$ 250.00	\$ 250.00	\$ 750.00	
10	To calculate % revenue in 2020 compared to average, divide total in Line 9 by Line 8, then Multiply by 100 =						37.5%
11							100
12	To calculate % revenue loss in 2020, subtract Line 10 from Line 11 =						62.5%

Revenue is the income generated before any expenses are taken out.  
 If you did not have revenue during March, April, or May of a year in which you were licensed, enter a zero in the box.  
 Values with \*\*\* beside them represent numbers you will need to transfer to the affidavit.

Full Legal Name or Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_



COVID-19 Impacts Worksheet							
Line	Year	Were you licensed? (Yes/No)	Monthly Revenue			Total Revenue	
			March	April	May	March + April + May	
1	2015						
2	2016						
3	2017						
4	2018						
5	2019						
6							Sum totals from Lines 1-5 above
7	Number of years licensed from 2015-2019 =						
8	To calculate 2015-2019 revenue average, divide the total revenue in Line 6 by number of years in Line 7 =						***
9	Year 2020	Were you licensed? (Yes/No)	March Revenue	April Revenue	May Revenue	March + April + May	
10	To calculate % revenue in 2020 compared to average, divide total in Line 9 by Line 8, then Multiply by 100 =						
11							100
12	To calculate % revenue loss in 2020, subtract Line 10 from Line 11 =						***

Revenue is the income generated before any expenses are taken out.  
 If you did not have revenue during March, April, or May of a year in which you were licensed, enter a zero in the box.  
 Values with \*\*\* beside them represent numbers you will need to transfer to the affidavit.

Full Legal Name or Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Eligible Fishery Participant COVID-19 Related Losses Self-Certification  
and Assurances**      *June – December 2020/January – June 2021*

This certification must be submitted by the individual or business sustaining the loss. For example, if you conduct your business as an individual, use your full legal name (first, middle, last, suffix). If you do business as Awesome Fishing, LLC, the application should show the business as the fishery participant.

Fishery Participant: \_\_\_\_\_  
(Individual **OR** business as appropriate)

Tax Number: \_\_\_\_\_  
(Social Security number **OR** FEIN)

Mailing Address: \_\_\_\_\_  
Address City State Zip

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ hereby requests federal assistance from the Department of  
(Fishery Participant)  
Commerce (DOC), National Oceanic and Atmospheric Administration (NOAA), National Marine Fisheries Service (NMFS); through the Atlantic States Marine Fisheries Commission (ASMFC) and the State of Georgia, Department of Natural Resources, Coastal Resources Division.

***Initial EACH statement below***

As the Fishery Participant Authorized Representative, I self-certify and attest that:

\_\_\_\_\_ is an eligible recipient of assistance under the CARES  
(Fishery Participant)  
Act (P.L. 116-136) Section 12005 and the Consolidated Appropriations Act of 2021 (P.L. 116-260)

\_\_\_\_\_ 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; and

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- not de-barred
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Complete if you are applying for assistance due to incurred economic revenue losses greater than 35%:

Should \_\_\_\_\_ receive assistance to mitigate the effects of the novel  
(Fishery Participant)  
coronavirus (COVID-19) as allowed under Section 12005 of the CARES Act and the Consolidated Appropriations Act, the sum of these funds combined with any additional COVID-19 related Federal financial assistance and/or any traditional will not exceed the average annual revenue for the previous five years or number of years in business if less than five.

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(Fishery Participant)  
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Explanation of number of years used to calculate loss:

**Calendar Year 2020:** \_\_\_\_\_'s revenue average was \$\_\_\_\_\_, as  
(Fishery Participant)  
recorded between the years 20\_\_\_\_ and 20\_\_\_\_. This request is based on revenue losses between the months of \_\_\_\_\_ to \_\_\_\_\_ 2020. As compared to the average, this equates to a 2020 revenue loss of \_\_\_\_\_%.

**Calendar Year 2021:** \_\_\_\_\_'s revenue average was \$\_\_\_\_\_, as  
(Fishery Participant)  
recorded between the years 20\_\_\_\_ and 20\_\_\_\_. This request is based on revenue losses between the months of \_\_\_\_\_ to \_\_\_\_\_ 2021. As compared to the average, this equates to a 2021 revenue loss of \_\_\_\_\_%.

By signing this affidavit and applying for assistance as allowable under P.L. 116-136 and P.L. 116-260 \_\_\_\_\_ attests to having documentation/records to support the losses  
(Fishery Participant)  
recorded on this form, and that were used as the basis of eligibility. Further, I agree to maintain these records for a period of no less than 3 years after the close of the primary grant award to ASMFC. Records must be made available upon request from GADNR, ASMFC, NOAA, or the Office of the Inspector General.



This form must accompany any application for economic assistance, as allowable under P.L. 116-136 section 12005 and P.L. 116-260. This Affidavit must be submitted by **November 6, 2021**. Incomplete applications will not be considered. Applications received outside of the specified application period will not be considered. Applications that cover periods of time outside of the eligibility period identified on the application documentation will not be considered.

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The information provided on this document is correct to the best of my knowledge.

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Authorized Representative/Fisheries Participant  
Signature

---

Date

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Last Name

First Name

Middle Initial

Authorized Representative/Fisheries Participant (Please Print)

This instrument was acknowledged before me this date \_\_\_\_\_ by

\_\_\_\_\_ (name of signer).

\_\_\_\_\_ Personally Known

\_\_\_\_\_ Produced Identification

(Seal)

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(Notary Signature)

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(Name of Notary Typed, Stamped, or Printed)

# COVID-19 Impacts Worksheet 2020 Calendar Year

Line	Year	Were you licensed? (Y/N)	Monthly Revenue						Total Revenue		
			June	July	August	September	October	November		December	
1	2015										
2	2016										
3	2017										
4	2018										
5	2019										
6										Sum totals from Lines 1-5 above	
7	Number of years licensed from 2015-2019 =										
8	To calculate 2015-2019 revenue average, divide the total revenue in Line 6 by number of years in Line 7 =										
9	Year	Were you licensed? (Yes/No)	June	July	August	September	October	November	December	Total Revenue	
10	To calculate % revenue in 2020 compared to average, divide total in Line 9 by Line 8, then Multiply by 100 =										
11											100
12	To calculate % revenue loss in 2020, subtract Line 10 from Line 11 =										

Revenue is income generated before any expenses are taken out

Enter a zero for months you were licensed but had no revenue.

Values with \*\*\* beside them represent numbers you will need to transfer to the affidavit.

If line 12 is greater than 35% you qualify for assistance

Full Legal Name or Business Name

Phone Number

Address



# COVID-19 Impacts Worksheet 2021 Calendar Year

Line	Year	Were you licensed? (Y/N)	Monthly Revenue					Total Revenue	
			January	February	March	April	May		June
1	2015								
2	2016								
3	2017								
4	2018								
5	2019								
6	Sum totals from Lines 1-5 above								
7	Number of years licensed from 2015-2019 =								
8	To calculate 2015-2019 revenue average, divide the total revenue in Line 6 by number of years in Line 7 =								
9	Year	Were you licensed? (Yes/No)	January	February	March	April	May	June	Total Revenue
10	2021								
To calculate % revenue in 2021 compared to average, divide total in Line 9 by Line 8, then Multiply by 100 =									
11									100
12	To calculate % revenue loss in 2021, subtract Line 10 from Line 11 =								

\*\*\* If line 12 is greater than 35% you qualify for assistance. \*\*\*

Revenue is income generated before any expenses are taken out.

Enter a zero for months you were licensed but had no revenue.

Values with \*\*\* beside them represent numbers you will need to transfer to the affidavit.

Full Legal Name or Business Name

Phone Number

Address