



MARK WILLIAMS
COMMISSIONER

DOUG HAYMANS
DIRECTOR

August 2, 2020

Fishery Participant:

If your marine fishing business was negatively impacted by the onset of COVID-19 in early 2020, you may be eligible for assistance under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (P.L. 116-136) Section 12005. This information is being provided to Georgia seafood processors, licensed commercial fishermen with reported landings, 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 CARES Act, development of the aid distribution spending plan, eligibility requirements, and instructions to submit an aid application. Completed applications must be mailed to the Coastal Resources Division with a postmark no later than October 15, 2020.**

On March 27, 2020, the President signed the CARES Act into law, including \$300 million in aid for commercial fishermen, wholesale seafood dealers and processors, charter captains, and aquaculture operators whose marine fisheries businesses experienced an economic revenue loss greater than 35% when compared to the same period during the previous five years.

On May 7, 2020, NOAA Fisheries released its state by state allocations of the \$300 million. Georgia's allocation is \$1,921,832. On June 19, 2020, NOAA Fisheries provided the states with guidance on distributing the funds.

On June 30, 2020, the Georgia Department of Natural Resources (GADNR) Marine Fisheries Advisory Council (MFAC) reviewed the Department's draft plan for distribution. The plan was also submitted to GADNR Legal Counsel for review on July 10, 2020, followed by submission to NOAA Fisheries through Atlantic States Marine Fisheries Commission (ASMFC) on July 14, 2020. Final approval of the Georgia Spending Plan to distribute CARES Act funds to marine fishery participants was received from NOAA Fisheries on August 12, 2020.

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 a worksheet to record monthly revenue and help calculate the percentage of loss in 2020.

Eligibility Requirements and Application Instructions for Georgia CARES Act 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 fishing license year: commercial fishing, commercial vessel, or seafood 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.
 - For-hire - Applicants must possess a GADNR saltwater guide license in fishing license year 2020.
 - Wholesale dealers/processors - Applicants must possess the appropriate Georgia Department of Agriculture license for wholesale seafood during 2020.

- Aid will be provided for losses incurred during the months of March, April, and May 2020 if those losses are **greater than 35%** when compared to the average of those same months from 2015-2019. A worksheet and 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.

- Receipt of this aid cannot make you more than whole for losses incurred in the calendar year 2020. If you have accepted other forms of COVID-19 related aid, the sum of CARES 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.

- An 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 mailed to the Coastal Resources Division with a postmark no later than **October 15, 2020**. 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.”

- 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 (912-262-3120) or Cindy Smith at cindy.smith@dnr.ga.gov (912-262-3350).

Sincerely,



Doug Haymans

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

Eligible Fishery Participant COVID-19 Related Losses Self-Certification and Assurances

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 _____
(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 will not exceed the average annual revenue for the previous five years or number of years in business if less than five.

Should _____
(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 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.

(Fishery Participant)'s prior March – May revenue average was \$_____, as 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 _____%.

Explanation of number of years used to calculate loss:

By signing this affidavit and applying for assistance as allowable under P.L. 116-136 _____
(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, 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. This Affidavit must be submitted by **October 15, 2020**. 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)

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	Were you licensed? (Yes/No)	March Revenue	April Revenue	May Revenue	March + April + May
	2020					
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 _____

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	Sum totals from Lines 1-5 above						\$ 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 _____