



Commercial Fishery Participant Application

Coastal Fisheries Division
Attn: Zack Thomas
4200 Smith School Road
Austin, TX 78744

The Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed by Congress and signed into law by President Donald Trump on March 27, 2020. This economic relief package included \$300 million that is being allocated to coastal states based on an allocation formula developed by National Oceanic and Atmospheric Administration (NOAA) Fisheries. The Act authorizes the Secretary of Commerce to provide assistance to Tribal, subsistence, commercial, and charter fishery participants affected by the novel coronavirus (COVID-19). Texas Parks and Wildlife Department (TPWD) will serve as the administrating agency to pass through this federal financial assistance to eligible fishery participants in Texas.

Fishery participants include Tribes, persons, fishing communities, processors, or other fishery-related businesses, who meet the qualifying criteria described below.

To be eligible for this federal financial assistance, you must:

- Be a resident of the state of Texas or a non-resident who resides in a state that did not receive CARES Act funding (i.e. a non-coastal state)
- Be at least 18 years of age
- Have either:
 - Held one of the following active commercial fishing licenses between September 1, 2019 and August 31, 2020:
 - Bay Shrimp Boat License (Type 336 or 436)
 - Bait Shrimp Boat License (Type 337 or 437)
 - Gulf Shrimp Boat License (Type 330 or 430)
 - Commercial Oyster Boat License (Type 306 or 406)
 - Commercial Finfish Fisherman (Type 371 or 361)
 - Commercial Crab Fisherman (Type 338 or 438)
 - Commercial Fishing Boat License (Type 304 or 404)
 - Commercial Mussel and Clam Fisherman (Type 320 or 420)
 - Class C Menhaden License (Type 339)
 - Been a Texas resident and held appropriate licenses to participate in a commercial marine fishery in another state where they were not eligible to receive CARES Act funds and provide proof upon request
- Have incurred, as a direct or indirect result of the coronavirus pandemic, economic revenue losses in marine product landings greater than 35 percent as compared to the prior 5-year average revenue.



Texas Parks and Wildlife Department

To potentially receive compensation for your reduced landings, you must submit a completed application packet that includes the following (print legibly in ink):

- 1) Provide information concerning financial losses incurred as a direct or indirect result of the COVID-19 Pandemic from January 1, 2020 through December 31, 2020. TPWD may ask applicants for 2015-2020 tax returns for verification purposes.

Average income for 1/1-12/31 for previous 5 years:

2015	2016	2017	2018	2019	Total
\$	\$	\$	\$	\$	\$

Total \$ _____ ÷ No. of Years _____ = **Average** \$ _____

Income for 1/1/2020 – 12/31/2020 \$ _____

Total loss (Average - 2020 Income) \$ _____

Have you applied for other federal reimbursement for this damage? Yes No

Amount paid by other programs: \$ _____
(Federal or Insurance)

Requested loss for this application: \$ _____

- 2) Vessel IDs (example: TX number or Coast Guard number) associated with application.

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- 3) Complete IRS form W-9 and attach to application packet.
- 4) Sign and date this application. Return complete application packet to TPWD, either by mail (address at top of page) or email to zack.thomas@tpwd.texas.gov by March 18, 2021. By signing this application, as the Organization's Authorized Representative, you self-certify and attest that (initial each statement below):

____ You earned income as a result of your applicable commercial fishing license(s) between January 1, 2020 and December 31, 2020

____ You suffered at least a 35% loss under your applicable commercial fishing license(s) due to the COVID-19 pandemic

____ You have not applied for or received compensation for COVID-19-related losses from any other state source

____ You have not applied for or received compensation for COVID-19-related losses from any other federal source.



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Applications postmarked after the deadline will not be accepted, and any associated disaster relief payments will be forfeited. If you have experienced a hardship and are unable to submit this application by March 18, 2021, you **must** contact Zack Thomas by March 11, 2021.

Note: Payouts will be dependent on the number of individuals eligible for this program.

Applicant Information:

Effective September 1, 2015, Texas Parks & Wildlife Department is required to collect Social Security numbers (SSN) for the purpose of child support enforcement under the Texas Family Code, Section 231.302 and under 42 United States Code Section 666. Missing or incomplete information may delay application processing time. If you prefer not to provide your SSN in writing on this form, please contact the Zack Thomas at 512-389-8448 or zack.thomas@tpwd.texas.gov

Name: _____

Social Security or Federal Employer Identification Number: _____

Mailing Address: _____
Street City State Zip

Physical Address: _____
Street City State Zip

Email: _____ Primary Phone: _____

Driver's License Number or Identification Card Number: _____

State that issued DL or ID number: _____ Date of Birth: _____

Payment Type: Check Electronic Fund Transfer

For electronic fund transfer only

Please contact your bank to obtain the correct routing and account numbers.

Bank routing number: _____
Must be 9 digits

Bank account number: _____
Typically 8-12 digits

Account Type: Personal Business

WARNING: Falsifying information on documents is a punishable offense under Texas Penal Code Section 37.10. Any person who knowingly makes a false entry in or a false alteration of a governmental record is subject to prosecution for a felony in the third degree, punishable by



Texas Parks and Wildlife Department

confinement in jail for any term of not more than 10 years or less than 2 years and punishable by a fine not to exceed \$10,000.

Under penalty of perjury, I declare that I have read and understand the contents of this application and that the facts herein are true. By signing below, I swear or affirm that all statements and information I have provided herein are true and correct to the best of my knowledge. I swear or affirm that the losses claimed by me have not and will not be eligible for reimbursement under any insurance plan, or other federal assistance, except for any loans.

I understand that it is a felony to make a false statement on this form. Attempts to obtain federal grant money by attesting to false information may result in additional charges due to violation(s) of state and/or federal laws. I further understand that any funds I receive pursuant to this application may be subject to federal tax requirements and that state and federal auditors may audit my receipt of such funds.

I hereby release, hold harmless, and indemnify the State of Texas and the Texas Parks and Wildlife Department and any and all of its employees and agents, from and against any damages, loss, or liability of any nature whatsoever, which any of said entities, employees, or agents, may suffer as a result of my or my business's participation in this program or application for assistance, including any and all monetary damages to reimburse the United States or the National Oceanic and Atmospheric Administration for any erroneous or fraudulent assistance awarded to me or my business pursuant to this application.

Signature

Date

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

I hereby request federal assistance from the Department of Commerce (DOC), National Oceanic and Atmospheric Administration (NOAA), National Marine Fisheries Service; through the Texas Parks and Wildlife Department, Coastal Fisheries Division.

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;



Texas Parks and Wildlife Department

_____ I acknowledge that any assistance I receive may be subject to state and federal tax requirements and that state and federal auditors are expected to audit records for funds I receive.

_____ 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 “do not pay list”
- in good standing with the Federal and State Government

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 fishing revenue will not exceed the average annual 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 this DOC CARES Act assistance. The DOC 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 section below 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. Records must be made available upon request from Gulf States Marine Fisheries Commission, TPWD, 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.

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

Authorized Representative/Fisheries Participant Signature

Date

Last
Authorized Representative (Please Print)

First

MI



Texas Parks and Wildlife Department

Submit To:

US Postal Service/Common Carrier (FedEx, UPS, etc.)

Texas Parks and Wildlife Department

Attn: Coastal Fisheries-CARES Act

4200 Smith School Road

Austin, TX 78744

Texas Parks and Wildlife Department maintains the information collected through this form. With few exceptions, you are entitled to be informed about the information we collect. Under Sections 552.021 and 553.023 of the Texas Government Code, you are also entitled to receive and review the information. Under Section 559.004, you are also entitled to have this information corrected. For assistance call 800-792-1112