



RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

OFFICE OF COASTAL RESOURCES
Port of Galilee
301 GREAT ISLAND ROAD
Narragansett, Rhode Island 02882

**Rhode Island Bin #2 Groundfish Disaster Aid Application:
FOR-HIRE CAPTAINS AND CREW**

Application Deadline: **January 15, 2016**

OVERVIEW

The purpose of this application is to afford eligible applicants the opportunity to apply for financial aid to mitigate losses resulting from the Federal Groundfish Disaster under Rhode Island's Phase Two ("Bin #2") Program for the administration of the disaster funds. Further information pertaining to the program, including eligibility limits, and the full set of regulations governing the program, can be found online at <http://www.dem.ri.gov/programs/bnatres/fishwild/groundfish.htm>.

For further information or assistance with this application, contact RIDEM's Office of Coastal Resources at 401.782.4492

FOR-HIRE CAPTAINS AND CREW ELIGIBILITY

An applicant shall be deemed eligible to receive direct aid under the For-Hire Captains and Crew portion of the Rhode Island Phase Two (aka "Bin 2") Program for the Administration of Federal Groundfish Disaster Aid Funds, if an applicant meets all of the following criteria:

1. Worked as a captain or crew member aboard one or more of the permitted for-hire vessels, home-ported in Rhode Island, whose permit holder qualifies for direct aid under Phase Two of the Consensus Plan for the Distribution of Federal Northeast Multispecies [Groundfish] Fishery Disaster Funds, during any of the four fishing years 2010-2013;
2. Earned at least twenty thousand dollars (\$20,000) from for-hire fishing as a result of working aboard one or more of the above-referenced for-hire vessels during any of the four fishing years 2010-2013 via income verification in the form of copies of IRS-generated transcripts of federal tax documents, such as 1099, W2, Schedule C, or other such appropriate documentation; and
3. Did not have a declared ownership interest in any of the 43 above-referenced federally permitted vessels as of April 30, 2014, per the permit ownership records on file with NOAA Fisheries.

APPLICATION REQUIREMENTS

Applicants who meet the eligibility requirements set forth above must submit a completed Groundfish Disaster Aid Application (i.e., this form) along with verification of income, showing minimum earnings of \$20,000 per fishing year, attributable to employment aboard one or more of the for-hire permitted vessels home-ported in RI that qualified for assistance under the Phase Two Program, during one or more of the four fishing years 2010-2013.

Income verification must be in the form of copies of IRS-generated transcripts of federal tax documents, such as 1099, W2, Schedule C, or other such appropriate documentation. Applicants who meet the eligibility criteria for more than one of the four years must submit income verification for each year of eligibility in order to be considered for each year.

The deadline for submitting completed Groundfish Disaster Aid Applications is **January 15, 2016**. Applications submitted after **January 15, 2016** will not be considered.

Applicants must submit completed Groundfish Disaster Aid Application forms, with income verification, to the following address:

RIDEM Division of Coastal Resources
Groundfish Disaster Aid Program
301 Great Island Road
Narragansett, RI 02882

CONFIDENTIALITY

Some information provided to RIDEM via the application process will be made available to the Rhode Island Department of Revenue, Division of Taxation for the following purposes:

- 1) Pursuant to RIGL § 44-1-11.1, enabling the Division of Taxation to off-set the amount of the direct-aid payment against any outstanding state tax obligations, upon certification of the amount of the tax obligation by the tax administrator, which shall be met prior to, or in lieu of, the issuance of the direct-aid payment; and
- 2) Enabling the Division of Taxation to process and issue the direct-aid payments per determination that all applicable tax returns and payments have been filed and paid in accordance with Rhode Island laws.

Otherwise, information provided to RIDEM via the application process will be kept confidential, except for any information that may be subject to disclosure, upon request, pursuant to the RIGL Chapter 38-2, Access to Public Records. Information or documentation pertaining to social security numbers, income verification, and landings are not subject to public disclosure, and will only be made available to the Division of Taxation.

CONTACT INFORMATION

In this section, please provide your mailing address.

Full Name: _____
First Last M.I. Suffix (Jr., Sr., etc.)

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Social Security Number: _ _ _ - _ _ - _ _ _

Is the address provided above also your physical address? YES NO

If no, please provide your physical living address in the space provided below.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Are there any other phone numbers or email addresses that would be best suited for contacting you regarding this application?

APPLICATION INTENT

Based on the supporting documentation I have submitted with this application, I would like to be considered for the following years of groundfish disaster aid (select all that apply):

2010

2011

2012

2013

INCOME REPORT FORM

2010 INCOME REPORT

PAYER / EMPLOYER	ELIGIBLE F/V NAME	REPORTED INCOME	ROW #

INTERNAL
USE ONLY

Eligibility

SUM ELIGIBLE INCOME: _____

____ Y / N

2011 INCOME REPORT

PAYER / EMPLOYER	ELIGIBLE F/V NAME	REPORTED INCOME	ROW #

INTERNAL
USE ONLY

Eligibility

SUM ELIGIBLE INCOME: _____

____ Y / N

2012 INCOME REPORT

PAYER / EMPLOYER	ELIGIBLE F/V NAME	REPORTED INCOME	ROW #

INTERNAL
USE ONLY

Eligibility

SUM ELIGIBLE INCOME: _____

____ Y / N

2013 INCOME REPORT

PAYER / EMPLOYER	ELIGIBLE F/V NAME	REPORTED INCOME	ROW #

INTERNAL
USE ONLY

Eligibility

SUM ELIGIBLE INCOME: _____

____ Y / N

ADDITIONAL INCOME REPORTING

ADDITIONAL 2010 INCOME			
PAYER / EMPLOYER	ELIGIBLE F/V NAME	REPORTED INCOME	ROW #

SUM ELIGIBLE INCOME: _____

INTERNAL
USE ONLY

Eligibility

Y / N

ADDITIONAL 2011 INCOME			
PAYER / EMPLOYER	ELIGIBLE F/V NAME	REPORTED INCOME	ROW #

SUM ELIGIBLE INCOME: _____

INTERNAL
USE ONLY

Eligibility

Y / N

ADDITIONAL 2012 INCOME			
PAYER / EMPLOYER	ELIGIBLE F/V NAME	REPORTED INCOME	ROW #

SUM ELIGIBLE INCOME: _____

INTERNAL
USE ONLY

Eligibility

Y / N

ADDITIONAL 2013 INCOME			
PAYER / EMPLOYER	ELIGIBLE F/V NAME	REPORTED INCOME	ROW #

SUM ELIGIBLE INCOME: _____

INTERNAL
USE ONLY

Eligibility

Y / N

NOTARIZED SIGNATURE

I, (print name clearly) _____ certify under the penalty of perjury that the information contained herein is true and accurate.

Signature

Sworn to and subscribed before me by the above claimant, on this _____ day of _____, 20____, by _____.
(Name of applicant)

NOTARY PUBLIC _____

My commission expires _____

(Seal)