



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 PERMIT HOLDERS

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 PERMIT HOLDER ELIGIBILITY

An applicant shall be deemed eligible to receive direct aid under the For-Hire Permit Holder 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. Held a for-hire permit for a vessel home-ported in Rhode Island during any of the four fishing years 2010-2013;
2. Undertook at least thirty (30) fishing trips using the above-referenced permitted vessel with a minimum of one cod, pollock, or haddock caught per trip during any one of the four fishing years 2010-2013 as verified via copies of applicable federal vessel trip reports (VTRs); and
3. Did not have a declared ownership interest in any of the 43 federally permitted commercial vessels eligible for Phase One Groundfish Disaster aid 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 copies of applicable federal vessel trip reports (VTRs) demonstrating the landing of a minimum of one cod, pollock, or haddock caught per trip during any one of the four fishing years 2010-2013.

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 and supplemental documentation, 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?

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)