



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:
COMMERCIAL 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

COMMERCIAL CAPTAINS AND CREW ELIGIBILITY

An applicant shall be deemed eligible to receive direct aid under the Commercial Captains and Crew portion of the Rhode Island Phase Two ("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 43 federally permitted commercial vessels, home-ported in Rhode Island, whose permit holder qualified for direct aid under the Phase One ("Bin 1") Program for the Distribution of Federal Groundfish Fishery Disaster Funds, during any of the four fishing years 2010-2013;
2. Earned at least \$20,000 from commercial fishing as a result of working aboard one or more of the 43 above-referenced vessels during any of the four fishing years 2010-2013 via income verification in the form of copies of IRS-generated transcripts of state or 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 43 federally permitted vessels home-ported in RI that qualified for assistance under the Phase One Program, during one or more of the four fishing years 2010-2013. A list of the 43 vessels is available in the RIDEM Office of Coastal Resources and will be available during application workshops.

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 fishing 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 received 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, and landings are not subject to public disclosure, and will only be made available to the Division of Taxation.

APPLICANT INFORMATION

Please provide all of the following information

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

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

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

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

If no, please provide your physical address (legal place of residence) 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 seek consideration for aid for the following fishing years (select all that apply):

2010

2011

2012

2013

INCOME REPORT FORM INSTRUCTIONS

Please use the information provided in your IRS tax transcripts to complete the Income Report tables in the following pages.

In the 1099-MISC section of your tax transcript package, report the following information:

PAYER / EMPLOYER : In these columns please write the name of the eligible individual or corporation under which you were employed during the applicable year.

ELIGIBLE F/V NAME: Using the supplied Eligibility Confirmation spreadsheet (will be available in the Coastal Resources Office and during application workshops), provide the name of the eligible vessel associated with the payer.

REPORTED INCOME: Report the income earned on the line notated as “Fishing Income” or “Non-Employee Compensation.”

ROW#: Use the supplied Eligibility Confirmation spreadsheet to notate under which row number your income is considered eligible.

*Please leave Internal Use Only and Eligibility lines blank.

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)