



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:
SECTOR ADMINISTRATION**

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

SECTOR ADMINISTRATION ELIGIBILITY

An applicant shall be deemed eligible to receive direct aid under the Sector Administration 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. The applicant is a registered agent of an approved groundfish sector;
2. For the 2015 fishing year, at least twenty-five percent (25%) of the membership of the sector includes federally permitted commercial groundfish vessels home-ported in Rhode Island, as verified via copies of the approved sector roster for the 2015 fishing year; and
3. The groundfish sector was authorized and in operation during the 2014 fishing year and remains authorized and in operation during the 2015 fishing year as verified via copies of the approved sector rosters for the two fishing years.

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 sector operations plans and approved sector rosters demonstrating home-port status of active vessels for the 2014 and 2015 fishing year. Additionally, each applicant must provide a notarized letter stating whether the sector has received, or is expecting to receive, direct aid for sector administration from the Phase Two or Phase Three programs of any other state, and if so, the amount(s) received or expected.

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)