



RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

OFFICE OF THE DIRECTOR
235 Promenade Street, Room 425
Providence, Rhode Island 02908

Groundfish Disaster Assistance Application: CAPTAINS AND CREW
Phase Three Program for Rhode Island

Application Deadline: September 30, 2016

COMMERCIAL CAPTAINS AND CREW ELIGIBILITY

An applicant shall be deemed eligible to receive direct aid under the Commercial Captains and Crew portion of the Phase Three (aka "Bin 3") Program for Rhode Island for the Administration of Federal Groundfish Disaster Funds, if an applicant meets all of the following criteria:

1. Worked as a captain or crew member aboard one or more of the forty-three (43) federally permitted commercial vessels, home-ported in Rhode Island, whose permit holder qualified for aid under the Phase One (aka "Bin 1") Program for the Administration of Federal Groundfish Disaster Funds, during any of the four fishing years 2010-2013;
2. Earned at least twenty thousand dollars (\$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 federal tax documents, such as 1099, W2, Schedule C, or other such appropriate documentation;
3. Did not apply for consideration for groundfish disaster assistance during the application period established pursuant to the regulations governing the Phase Two (aka "Bin 2") Program for Rhode Island for the Administration of Federal Groundfish Disaster Funds; and
4. Did not have a declared ownership interest in any of the 43 above-referenced 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 annual earnings of \$20,000, 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 at least one of the four fishing years 2010-2013. A list of the 43 vessels is available at the Rhode Island Department of Environmental Management (RIDEM), Office of the Director and will be made available upon request.

Income verification must be in the form of copies of federal tax documents, such as 1099, W2, Schedule C, or other such appropriate documentation.

The deadline for submitting completed Groundfish Disaster Aid Applications is **September 30, 2016**. Applications must be received by the RIDEM Director's Office no later than 4 pm on September 30, 2016, or postmarked on or before September 30, 2016. Applications received after 4 pm on September 30, 2016, or with a postmark after September 30, 2016, will not be considered.

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

RI Department of Environmental Management – Director's Office
Groundfish Disaster Assistance Program
235 Promenade St.
Providence, RI 02908

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 financial assistance payments.

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 RI Public Records Act. Information or documentation pertaining to income verification is not subject to such disclosure.

APPLICANT INFORMATION

Please provide all of the following information

Full Name: _____
First M.I. Last 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) below.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

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

INTERNAL
USE ONLY

Eligibility

Y / N

SUM ELIGIBLE INCOME: _____

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

INTERNAL
USE ONLY

Eligibility

Y / N

SUM ELIGIBLE INCOME: _____

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

INTERNAL
USE ONLY

Eligibility

Y / N

SUM ELIGIBLE INCOME: _____

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

INTERNAL
USE ONLY

Eligibility

Y / N

SUM ELIGIBLE INCOME: _____

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 and submitted herewith is true and accurate.

Signature

Sworn to and subscribed before me by the above claimant, on this _____ day of

_____, 2016, by _____
(*Name of Applicant*)

NOTARY PUBLIC _____

My commission expires _____

(Seal)