



# New Hampshire Fish and Game Department

**HEADQUARTERS:** 11 Hazen Drive, Concord, NH 03301-6500  
(603) 271-3421  
FAX (603) 271-1438

[www.WildNH.com](http://www.WildNH.com)  
e-mail: [info@wildlife.nh.gov](mailto:info@wildlife.nh.gov)  
TDD Access: Relay NH 1-800-735-2964

January 12, 2021

Dear Applicant,

## Application for New Hampshire 2020 Coronavirus Aid, Relief, and Economic Security Act (CARES Act) Fisheries Assistance – Commercial Saltwater

**Please note: Enclosed is an application that must be completed and returned or postmarked to the NH Fish and Game Department CARES ACT – Commercial Saltwater, 225 Main Street, Durham, NH, 03824 by February 2, 2021 to be eligible for CARES Act funds.**

New Hampshire has been allocated approximately \$2.7 million in funding provided by Section 12005 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act for a relief program for certain marine fishery sectors who have been negatively affected by COVID-19. This is a grant program; funds received under this program are taxable.

Details are available online at: <https://www.wildlife.state.nh.us/marine/cares-act.html>. A portion of these funds will be paid to eligible 2020 commercial saltwater harvesters. As the holder of a New Hampshire 2020 commercial saltwater license or a New Hampshire resident with an out of state equivalent, who has reported commercial fishing sales, minus lobster and crab, to a dealer within the past five years, you may be eligible to receive a share of the funds. To qualify, you must meet all the minimum requirements below:

- Must have held a 2020 New Hampshire Commercial Saltwater License or out of state equivalent during part or all of the qualification period, February 1, 2020 through June 30, 2020.
- Must have suffered a greater than 35% gross commercial fishing revenue, minus lobster and crab, loss between February 1, 2020 and June 30, 2020 caused by COVID-19 compared to the previous reported 5-year average gross commercial fishing revenue, minus lobster and crab, between February 1 and June 30, or less if not in business for five years.
- Must have been in business for at least one year between 2015 and 2019 within the qualification period.
- Must be 18 years of age or older at time of application.
- Must be in good standing with the State and Federal Government.
- Must be a New Hampshire resident.
- The total of assistance from this program, **other** COVID-19 pandemic related relief funds, and your 2020 total gross revenue must not make the applicant “more than whole” compared to your 5-year average of gross revenue (or less if not in business for five years). *Please note, you may qualify for funds based on your submitted mandatory dealer reported gross revenue data, but be unable to apply for and accept funds based on your total 2020 annual gross revenue, including all CARES Act assistance funding received from all sources, that exceeds your 5-year average annual gross revenue.* See examples below:

### REGION 1

629B Main Street  
Lancaster, NH 03584-3612  
(603) 788-3164  
FAX (603) 788-4823  
email: [reg1@wildlife.nh.gov](mailto:reg1@wildlife.nh.gov)

### REGION 2

PO Box 417  
New Hampton, NH 03256  
(603) 744-5470  
FAX (603) 744-6302  
email: [reg2@wildlife.nh.gov](mailto:reg2@wildlife.nh.gov)

### REGION 3

225 Main Street  
Durham, NH 03824-4732  
(603) 868-1095  
FAX (603) 868-3305  
email: [reg3@wildlife.nh.gov](mailto:reg3@wildlife.nh.gov)

### REGION 4

15 Ash Brook Court  
Keene, NH 03431  
(603) 352-9669  
FAX (603) 352-8798  
email: [reg4@wildlife.nh.gov](mailto:reg4@wildlife.nh.gov)

Example #1. Business qualifies with a greater than 35% loss in 2020 compared to the average gross revenue during the qualification period between 2015 and 2019, but would be “made more than whole” because the 2020 annual gross revenue (which may include other received CARES Act assistance funding sources) is higher than the 5-year average annual revenue and therefore cannot accept funds.

	Gross Revenue							% loss	Qualified
	2015	2016	2017	2018	2019	Average 2015-2019	2020		
Qualification Period Revenue (Feb 1 – June 30)	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$500	50%	Yes
Annual Revenue	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$3,000	No Loss	No

Example #2. Business qualifies with a greater than 35% loss in 2020 compared to the average gross revenue during the qualification period between 2015 and 2019 and could accept funds because the annual gross revenue in 2020 (which may include other received CARES Act assistance funding sources) is less than the 5-year average annual gross revenue between 2015 and 2019.

	Gross Revenue							% loss	Qualified
	2015	2016	2017	2018	2019	Average 2015-2019	2020		
Qualification Period Revenue (Feb 1 – June 30)	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$500	50%	Yes
Annual Revenue	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$1,500	25%	Yes*

\* May receive up to the difference between average gross revenue (2015-2019) and total 2020 gross revenue. In this example, up to \$500.

In order to receive New Hampshire CARES Act Commercial Saltwater assistance funds, the completed application must be returned or postmarked **no later than February 2, 2021** to:

NH Fish and Game Department  
 CARES ACT – Commercial Saltwater  
 225 Main Street  
 Durham, NH 03824

If you have questions or need assistance in completing the application, please contact Renee Zobel or Robert Atwood at Region 3, (603) 868-1095.

Sincerely,



Cheri Patterson  
 Chief, Marine Fisheries

Enclosure



**Self Certification and Assurances:**

In order to receive funding through this program, recipients must complete the following Self-Certification and Assurances:

I, \_\_\_\_\_, (*Please Print Name*) hereby request federal assistance from the Department of Commerce, National Oceanic and Atmospheric Administration, National Marine Fisheries Service; through the New Hampshire Fish and Game Department, Division of Marine Fisheries and the Atlantic States Marine Fisheries Commission.

As the recipient or Organization’s Authorized Representative, I self-certify and attest that (**initial** each statement below):

\_\_\_\_\_ I meet all of the criteria detailed in this application.

\_\_\_\_\_ Any right of confidentiality with respect to my personal or corporate state tax information is waived to the extent necessary for the NH Fish and Game Department to verify that I am a New Hampshire taxpayer in good standing.

\_\_\_\_\_ I am not de-barred or on the Federal government “do not pay list.” I am in good standing with the Federal government.

\_\_\_\_\_ Should I receive assistance to mitigate the effects of COVID-19 as allowed under Section 12005 of the CARES Act, the sum of these funds combined with any additional COVID-19 related Federal financial assistance and/or any traditional revenue will not exceed the average annual revenue earned during the previous 5 years.

\_\_\_\_\_ Should I receive assistance to mitigate the effects of COVID-19 as allowed under Section 12005 of the CARES Act, other financial assistance received will not be used to support or fund any portion of the scope of work incorporated into this CARES Act assistance.

\_\_\_\_\_ By signing this affidavit and applying for assistance as allowable under P.L. 116-136, I attest to having verifiable documentation/records to support the losses recorded on this form, and that were used as the basis of eligibility. Further, I agree to maintain these records for a period of no less than 3 years after the close of the primary grant award to ASMFC. Records must be made available upon request from Atlantic States Marine Fisheries Commission, the New Hampshire Fish and Game Department, NOAA, or the Office of the Inspector General.

\_\_\_\_\_ This form must accompany any application for economic assistance, as allowable under P.L. 116-136 section 12005. Complete applications and appeals must be submitted by the deadline to NH Fish and Game Department, 225 Main Street, Durham, NH, 03824. Incomplete applications will not be considered. Applications received outside of the specified application period will not be considered. Applications that cover periods of time outside of the eligibility period identified on the application will not be considered.

\_\_\_\_\_ The information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects to the best of my knowledge. I understand that knowingly making a false statement to obtain funds under the New Hampshire 2020 CARES Act Fisheries Relief Program is punishable under the law, including under 18 USC 1001 and 3571, by imprisonment of not more than five years and/or a fine of up to \$250,000; and under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000.

\_\_\_\_\_  
Authorized Representative/Fishery Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Authorized Representative (Please Print)

**Additional Information Page:**

Legal documentation must be limited to qualifying individuals only. For example, tax returns for individuals must be specific to the individual.