



Department of Agriculture Dipåtamenton Agrikottura

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GUAM Eligible Fishery Participant COVID-19-Related Losses Self-Certification and Assurances

In applying for Federal assistance from the Department of Commerce, National Oceanic and Atmospheric Administration, National Marine Fisheries Service; through the Pacific States Marine Fisheries Commission I certify that the following are true. (Initial each statement or use Not Applicable (N/A) where it may apply)

- _____ I understand that this fund will be audited by the Office of the Inspector General.
- _____ I am an eligible recipient of assistance under the CARES Act (P.L. 116-136) Section 12005;
- _____ I am not a minor;
- _____ I am not de-barred from receiving federal funds;
- _____ I am not on the government “do not pay list”;
- _____ I am requesting funds to address fishery-related direct or indirect losses due to COVID-19;
- _____ I am requesting funds to address the incurred commercial economic revenue losses greater than 35%;
- _____ I attest to having documentation/records to support the losses stated below, and that were used as the basis of eligibility;
- _____ I agree to maintain these records for a period of no less than 3 years after the close of the primary grant award to Pacific States Marine fisheries Commission. Records must be made available upon request from the primary grantee, NOAA, or the Office of the Inspector General.
- _____ I attest that the sum of these funds combined with any additional COVID-19 related federal financial assistance and/or any traditional revenue will not exceed the annual average revenue earned across the previous 5 years.

The 5-year average must be calculated using 2015-2019. If not in operation for 5 years, please use the comments section to provide clarification of the average used to calculate eligibility.

My prior 2 year/3 year/4 year/5 year revenue average was \$_____, as recorded between the years 20____ and 20____. This request is based on revenue losses between the dates of January 1st and June 30th. As compared to the 5 year average, this equates to a revenue loss of _____%.

Additional Information:

Please provide details in this section if you are applying for assistance due to negative impacts to subsistence, cultural, or ceremonial fisheries.

The information provided on this document is correct to the best of my knowledge.

Fisheries Participant Signature

Date

Participant Last Name

First Name

MI (Please Print)