

ALASKA CARES ACT - Federal Disaster Relief Program

In an effort to process your application as quickly as possible, we **will not** call you when we receive your application. If there is anything missing or we have any questions about the application or W-9 Form, you will be notified.

We recommend you send your paperwork with a trackable (Return Receipt Requested) method and/or delivery confirmation. - USPS, UPS, FedEx all offer this service. This way you will know when we receive your documents.

PLEASE:

- Complete, Sign, and Date the Alaska **Subsistence User** Application**
- Complete, Sign, and Date a W-9 Form**
- RETURN (Postmarked by May 21st, 2021) your completed/signed application and W-9 Form to:**

PSMFC – AK CARES
205 SE Spokane Street,
Suite 100 Portland,
Oregon 97202

Alternatively, you may upload your complete .pdf application to:

<https://psmfc.sharefile.com/share/getinfo/r46235d3f5e6b461eb40829d639c665ef>

If uploading we must be received no later than 5:00pm PST on 5/28/2021.

If you have questions, please email: AKCares@psmfc.org or call (888) 517-7262

YOU MUST ATTACH A COMPLETED AND SIGNED W-9 Form before your application will be processed.

**Your CHECK will be mailed to the address you list on your W9
Please make sure it is your current MAILING address**

Additional W-9 Forms are available for download on the Internal Revenue Service website: www.irs.gov

ALL FUNDS ARE TAXABLE - Subject to income and self-employment taxes

W-9 Form Instructions

Errors and omissions made on W-9 forms are the largest contribution to delays in processing applications. Please note, without a complete W-9 form we cannot process your application.

Applicants will be given only two weeks from the date of initial contact to remedy and resubmit should issues be identified while processing your claim.

Please review the following guidance for completing your W-9 form. Additional guidance and forms can be found at www.irs.gov

1. If you are an individual / sole proprietor you **MUST**:

- List your name on line #1,
- Use your Social Security Number,
- Enter your legal address,
- Sign the form,
- Date the form.

2. If you are a Trust/Estate you **MUST**:

- List the name of the trust or estate on line #1.
- Living or revocable trusts (trustee is current alive) would be required to use a Social Security Number.
- Irrevocable trusts (trustee is deceased) would be required to use an Employer Identification Number (EIN),
- Enter the trust/estate's legal address,
- An authorized representative must sign,
- Date the form.



ALASKA Sec. 12005 CARES Act Fisheries Assistance Application Worksheet

SUBSISTENCE USERS

HEAD OF HOUSEHOLD NAME: _____
LAST FIRST MI

MAILING ADDRESS: _____
STREET/PO BOX CITY STATE ZIP

PHYSICAL ADDRESS: _____
STREET CITY STATE ZIP

EMAIL: _____ **PHONE:** _____

SECTION 1: GENERAL ELIGIBILITY REQUIREMENTS

- **MUST** be an Alaskan resident to apply.
- Applicants must be at least 18 years old to apply per federal requirements.
- Applicants must be a participant in a marine or anadromous fishery in waters of Alaska.
- Applicants must self-certify that they are not de-barred from receiving federal funds and are not on the federal government “do not pay list”.
- Eligibility for subsistence fisheries will be determined by Alaskan household.
 - A household is defined as a person or persons having the **same residence**.
 - All Alaskan households may apply regardless of address.
 - **Only one application may be submitted per household.**
- One or more members of the household **MUST** have participated in a marine and/or anadromous subsistence fishery in at least two of the previous four years (2016-2019).
 - Participation includes harvesting, sharing, and/or using subsistence fishery resources.
 - Subsistence fisheries are defined as fisheries on stocks for which the Alaska Board of Fisheries has found there are positive customary and traditional uses, in addition to federal subsistence fisheries that have no state equivalent.
 - Marine fisheries include all species, i.e., shellfish and halibut. All anadromous species are eligible, this is not restricted to salmon species.
 - Personal use fisheries are not eligible.
- Eligible applicants must self-certify that their household has incurred a negative impact on their ability to access subsistence fishery resources in 2020 that was directly and/or indirectly related to COVID-19.

SECTION 2: SUBSISTENCE USERS

- Payment calculation: eligible applicants will be placed into two tiers based on household size in 2020. Smaller households will be eligible for one share and larger households will be eligible for two. Once all applications have been received, total number of shares will be determined and payments for applicants will be calculated accordingly.

Subsistence Fisheries Shares System	
Household Size	Number of Shares
1 - 3	1
4 or more	2

- Special considerations: applicants with an annual household income equal to or less than the most recent poverty guidelines for the state set by the United States Department of Health and Human Services for the year 2019 shall receive an additional share.
- Guidelines can be found at this website: <https://aspe.hhs.gov/poverty-guidelines>

2021 Poverty Guidelines for Alaska

Persons in Family/Household	Poverty Guideline	Persons in Family/Household	Poverty Guideline
1	\$16,090	5	\$38,810
2	\$21,770	6	\$44,490
3	\$27,450	7	\$50,170
4	\$33,130	8	\$55,850

SECTION 3: APPLICANT HOUSEHOLD SHARES

Is the applicant household above or below the Poverty Guidelines for Alaska?	Persons in Family/Household
<input type="checkbox"/> BELOW	<hr style="width: 20%; margin: 0 auto;"/> <div style="background-color: #ffff00; padding: 2px;">Enter number of persons in household</div> <div style="background-color: #ffff00; padding: 2px;">(All MUST be legal U.S. / Alaskan residents)</div>
<input type="checkbox"/> ABOVE	

*You may only select "BELOW" or "ABOVE". DO NOT select both. Applicants MUST select one.

SECTION 4: PARTICIPATION IN SUBSISTENCE FISHERIES

- From the list below identify the subsistence fisheries in which you or other members of your household harvested or received coastal marine or anadromous resources in subsistence fisheries in at least 2 of the last 4 years (2016-2019).
- Additionally, identify the subsistence fisheries in which your household planned to participate in 2020 (either harvest or receive) but were unable to participate or participation was otherwise affected in because of the coronavirus pandemic.
- **DO NOT** include personal use or sport effort. **Check all that apply.**

Harvested or Received	MARINE OR ANADROMOUS SUBSISTENCE FINFISH / SHELLFISH	Planned to participate in 2020 (either harvest or receive)
FINFISH		
<input type="checkbox"/>	Arctic-Kotzebue Area is defined at 5 AAC 01.100	<input type="checkbox"/>
<input type="checkbox"/>	Norton Sound-Port Clarence Area is defined at 5 AAC 01.150	<input type="checkbox"/>
<input type="checkbox"/>	Yukon Area is defined at 5 AAC 01.200	<input type="checkbox"/>
<input type="checkbox"/>	Kuskokwim Area is defined at 5 AAC 01.250	<input type="checkbox"/>
<input type="checkbox"/>	Bristol Bay Area is defined at 5 AAC 01.300	<input type="checkbox"/>
<input type="checkbox"/>	Aleutian Islands Area is defined at 5 AAC 01.350	<input type="checkbox"/>
<input type="checkbox"/>	Alaska Peninsula Area is defined at 5 AAC 01.400	<input type="checkbox"/>
<input type="checkbox"/>	Chignik Area is defined at 5 AAC 01.450	<input type="checkbox"/>
<input type="checkbox"/>	Kodiak Area is defined at 5 AAC 01.500	<input type="checkbox"/>
<input type="checkbox"/>	Cook Inlet Area is defined at 5 AAC 01.550	<input type="checkbox"/>
<input type="checkbox"/>	Prince William Sound Area is defined at 5 AAC 01.600	<input type="checkbox"/>
<input type="checkbox"/>	Yakutat Area is defined at 5 AAC 01.650	<input type="checkbox"/>
<input type="checkbox"/>	Southeastern Alaska Area is defined at 5 AAC 01.700	<input type="checkbox"/>
<input type="checkbox"/>	Federal subsistence fishery in the Kasilof River drainage (salmon or non-salmon)	<input type="checkbox"/>
<input type="checkbox"/>	Federal subsistence fishery in the Kenai River drainage (salmon or non-salmon)	<input type="checkbox"/>
<input type="checkbox"/>	Federal subsistence salmon fishery in the Stikine River	<input type="checkbox"/>
<input type="checkbox"/>	Federal subsistence halibut fishery	<input type="checkbox"/>
SHELLFISH		
<input type="checkbox"/>	Southeastern Alaska-Yakutat Area is defined at 5 AAC 02.100	<input type="checkbox"/>
<input type="checkbox"/>	Prince William Sound Area is defined at 5 AAC 02.200	<input type="checkbox"/>
<input type="checkbox"/>	Cook Inlet Area is defined at 5 AAC 02.300	<input type="checkbox"/>
<input type="checkbox"/>	Kodiak Area is defined at 5 AAC 02.400	<input type="checkbox"/>
<input type="checkbox"/>	Alaska Peninsula-Aleutian Islands Area is defined at 5 AAC 02.500	<input type="checkbox"/>
<input type="checkbox"/>	Bering Sea Area is defined at 5 AAC 02.600	<input type="checkbox"/>
<input type="checkbox"/>	Federal subsistence shellfish fishery in Tuxedni Bay, within the boundaries of Lake Clark National Park and Preserve	<input type="checkbox"/>

SECTION 5: SELF-CERTIFICATIONS AND ASSURANCES (AFFIDAVIT)

In applying for Federal assistance from the Department of Commerce, National Oceanic and Atmospheric Administration, Nation Marine Fisheries Service; through the Pacific States Marine Fisheries Commission I certify that the following are true. **CHECK OR INITIAL EACH STATEMENT BELOW:**

- _____ I am an eligible recipient of assistance under the CARES Act (P.L. 116-136) Section 12005;
- _____ I am not a minor and at least 18 years old;
- _____ I am not de-barred from receiving federal funds;
- _____ I am not on the government “do not pay list”;
- _____ I attest that my household has incurred a negative impact on our ability to access subsistence fishery resources in 2020 and this impact was directly and/or indirectly related to COVID-19.
- _____ I attest that I or another member of my household have participated in a marine and/or anadromous subsistence fishery in at least two of the previous four years (2016-2019).
- _____ I attest that I alone am solely applying for CARES Act subsistence relief through the state of Alaska on behalf of my household.

The information I have provided on this application worksheet including the self-certification and assurances section is to the best of my knowledge accurate and true. I certify that I am eligible to receive Fisheries Assistance Funding provided by Sec.12005 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Print Name: _____ **Date:** _____
LAST FIRST MI MM / DD / YYYY

Signature: _____

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
	<input type="checkbox"/> Other (see instructions) ► _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
Exempt payee code (if any) _____		
Exemption from FATCA reporting code (if any) _____		
<small>(Applies to accounts maintained outside the U.S.)</small>		
5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► _____	Date ► _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.