



**Paul J. Diodati**  
*Director*

# *The Commonwealth of Massachusetts*

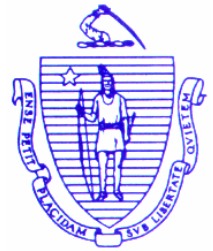
## **Division of Marine Fisheries**

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**Deval Patrick**  
*Governor*

**Ian A. Bowles**  
*Secretary*

**Mary B. Griffin**  
*Commissioner*

September 15, 2009

## **Online Application for Massachusetts' 2008 Red Tide Disaster Relief Lost Income Subsidy Program**

**Applications must be postmarked by October 31, 2009. Applications postmarked after October 31, 2009 will not be considered. For questions concerning this application, contact *Marine Fisheries* at 617-626-1534.**

*Marine Fisheries* has broadened the eligibility for Red Tide Relief to include shellfish fishermen who have harvested in the Nauset System. This letter and application provide information on this program modification. Other elements of this program remain unchanged, including the requirement that fishermen must have held a Massachusetts commercial shellfish permit in 2007, 2008 and 2009.

On May 18, 2009 *Marine Fisheries* sent a mailing to all 2009 Massachusetts shellfish permit holders. The mailing contained a detailed explanation of the 2008 Red Tide Event Disaster Relief Program, as well as a Notice of Public Comment with regard to the allocation formula. During the Public Comment period *Marine Fisheries* audited 2007 and 2008 catch reports and Standard Atlantic Fishery Information System (SAFIS) records. A list of potentially qualified candidates was developed by cross-referencing these records with the areas closed due to the 2008 Red Tide event for the duration of those closures.

A subsequent mailing was sent out on June 19, 2009 to those individuals identified as being potentially eligible to receive a share of the Lost Income Subsidy (LIS). This was a list of those shellfish permit holders identified by *Marine Fisheries* as having a loss of shellfish harvest income in 2008 as compared to 2007. As the Nauset System was closed due to red tide for a shorter duration in 2008 than it was in 2007, a direct comparison showed no historic loss of income during the closure period for these individuals. Therefore, they were not included in the June 19<sup>th</sup> mailing.

Several fishermen requested that *Marine Fisheries* evaluate the closures that have affected the Nauset System over the past several years and consider modifying the LIS disbursement formula as they felt the unique circumstances of the Nauset System required further consideration. Changes have been made to the allocation formula to address these specific issues. Other elements of this program remain unchanged, including the requirement that fishermen must have held a Massachusetts commercial shellfish permit in 2007, 2008 and 2009. Applications have been mailed to all pre-qualified applicants.

This application is for those shellfish harvesters that did not receive the direct mailing application, but believe they still qualify for the LIS. Prior to filling out this application it is important for these harvesters to review their files to see if they have held a 2007, 2008 and 2009 commercial shellfish permit and have 2008 landings for the four weeks prior to and/or the four weeks following the 2008 closure period for species and area closed. If you think you are eligible for funding please follow the instructions throughout and complete this application.

In order to receive funding through this program a qualified recipient must be established as a “State Vendor.” Please complete and return the accompanying forms listed in Section 4. In anticipation of a large volume of applicants, *Marine Fisheries* requests that these forms be mailed or delivered to a *Marine Fisheries* office (see locations below) as soon as possible.

BOSTON

251 Causeway St  
8:45 AM—4:45 PM

GLOUCESTER

30 Emerson Ave  
8:00 AM—3:00 PM

NEW BEDFORD

1213 Purchase St  
8:00 AM—3:00 PM

## Section 1: Permit Holder Information

*Complete the following section. Please verify that this information is accurate by signing and dating.*

Line Item	Personal Information
First Name	
Last Name	
Mailing Address	
City/State/Zip	
Phone Number	
E-Mail	
Name on Permit	
Permit Type	
Permit ID#	

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2: Permit Holder Landings

As you have not pre-qualified for the 2008 Red Tide Lost Income Subsidy, you are responsible for providing verifiable landing and sales data. *Marine Fisheries* is requesting that you fill out the table below so that it accurately reflects your landings for the four weeks prior to and the four weeks following the 2008 Nauset System closures. Please refer to the attached map with 2008 areas closures and closure durations. To verify this information please provide your dealer receipts for these landings and their subsequent sales. Please sign and date.

Species	Dates	Area Fished	Pounds Landed	Dealer

*Additional landings can be listed on page 6 of this form.*

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Knowingly falsifying any information contained within this report constitutes the act of perjury and may result in a fine, imprisonment or loss of license

The allocation formula was developed based on Public Comment from the shellfish industry. The 2008 formula was modified for the Nauset System to reflect participation in a fishery 4 weeks prior and 4 weeks subsequent to the 2008 affected species, areas and closure dates.

***$X = \Sigma 2008 \text{ SHELLFISH LANDINGS VALUE (for species, areas and dates 4 weeks immediately prior to and 4 weeks immediately subsequent to closure dates in 2008) * MULTIPLIER FOR CLOSURE DURATION (weeks closed/8)}$***

*Marine Fisheries* has been notified by the Office of the Comptroller that beginning in 2009 recipients of amounts issued as either grant or subsidy payments, on or after January 1, 2009, will receive a 1099 tax reporting form to ensure that amounts that may be taxable are properly reported.

Please be advised that recipients are responsible for the tax consequences of all income received, irrespective of whether a 1099 is issued. Therefore, please consult with your tax preparer if you have any further questions regarding the taxability of these payments, either previously or in the future.

## Section 4: State Vendor

In order to receive funding through this program, recipients must be established as a State Vendor. The information on these forms will be entered into the state database of contractors. These forms can be found on our website (linked under this application) or at our offices. *Please follow all instructions and complete the following forms:*

- W-9 federal tax form
- Commonwealth of Massachusetts Standard Contract
- Commonwealth Terms and Conditions
- Commonwealth Authorization for Electronic Funds Transfer
- Executive Order 504

## Section 5: Certification

I hereby certify that under pains of perjury I meet all of the criteria detailed in this application.

I further affirm and agree that:

Any right of confidentiality with respect to my personal or corporate state tax information is waived to the extent necessary for the Director of Marine Fisheries to verify with the State Tax Assessor that I am a Massachusetts taxpayer in good standing.

If the Commonwealth of Massachusetts determines that I have any outstanding State of Massachusetts tax liability, any amounts owed will be withheld from any payment I may be eligible to receive from this compensation program. Such amount will be paid to the State towards my tax liabilities.

If the Commonwealth of Massachusetts determines that I have any outstanding child support, amounts owed may be withheld from any payment I may be eligible to receive from this program. Any amount withheld shall be paid to the Commonwealth towards my child support liabilities.

Applicants eligible for this federal financial assistance are required to be in compliance with applicable federal and state fisheries and seafood distribution regulations, as determined by Marine Fisheries.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please type or print the name of authorized individual.  
This application must be signed by a person legally authorized to represent the entity submitting this application.

- Complete, Sign and Date Sections 1 & 2.
- Sign and Date Section 6.
- Sign and Date the 5 State Vendor forms listed in Section 4.
- Review all information for completeness and accuracy.
- Photocopy all information submitted to the Red Tide Program for your records.
- Check the *MarineFisheries* website to ensure your application has been received and processed.
- Reminder: **Application must be postmarked or hand delivered to a *MarineFisheries* office by October 31, 2009.**

**Please review your application carefully as incomplete applications will be returned and will delay processing.**

Application packets may be picked up or dropped off at *MarineFisheries* offices during normal business hours.

## Section 2: Continued

Species	Dates	Area Fished	Pounds Landed	Dealer

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SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

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