



RHODE ISLAND

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

DIVISION OF COASTAL RESOURCES

301 Great Island Road

Narragansett, Rhode Island 02882

USDA - Seafood Processors Response and Safety (SPRS) Block Grant Program Affidavit and Application for Eligible Participants from Rhode Island

This form serves as both an Affidavit and an Application for Assistance from the Rhode Island Department of Environmental Management to compensate for expenses to prepare for, prevent exposure to, and/or respond to the COVID-19 pandemic, above and beyond normal business costs, incurred between January 27, 2020 and December 31, 2021. Eligible categories include:

- Workplace safety measures -- including, but not limited to, personal protective equipment; sanitizer; hand washing stations; air filters; thermometers; cleaning supplies; or similar items
- Market pivots -- including, but not limited to, transition to virtual/online sales costs, such as online platform development and fees, online marketing, and credit card processing fees; supplies; new signage; or similar items
- Retrofitting facilities -- including, but not limited to, retrofitting facilities for worker and consumer safety, such as retrofitting harvester vessels for onboard vessel processing to maximize open-air activities, plexiglass, walk up windows, heat lamps, fans, tents, propane, weights, tables, chairs; or other similar items.

Please note that per the USDA program, licensed RI aquaculturists, including those holding a seafood dealer license issued by RIDEM and/or a seafood wholesaler license issued by the RI Department of Health, are NOT eligible applicants under this program.

This form must be completed in full, notarized, and hand delivered during the 15-day application period to one of the following RIDEM Offices during regular business hours (M-F, 8:30 am–4:00 pm). The application period begins May 2, 2022 and ends May 16, 2022. The application deadline is 4:00 pm on May 16, 2022. No applications will be accepted after the close of the application period.

Coastal Resources
301 Great Island Road
Narragansett, RI 02882
(401-783-5551)

Office of Technical and
Customer Assistance
235 Promenade Street
Providence, RI 02908

Marine Fisheries
3 Fort Wetherill Road
Jamestown, RI 02835
(401-423-1920)

Each business should submit a single application. Refer to [250-RICR-90-00-20](#) for additional program and eligibility information.

Section 1

Applicant Information – Individual Rhode Island Resident Information

Name: _____
First Last M.I. Suffix (e.g., Jr.)

Mailing Address: _____
Street Address Apartment/Unit #

City RI State ZIP Code

Phone: _____ Email: _____

Social Security Number: _____

If awarded assistance through this program, should the check be written out to your name or the business name? Check one:

Individual
Business

If you selected "Business" please provide your business' Federal Employer Identification Number (also called a federal tax identification number) below.

FEIN: _____

Corresponding Business Name: _____

Is the mailing address provided above also your actual place of residence? YES NO
If no, please provide your actual place of residence below.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Are there any other phone numbers or email addresses that would be suited for contacting you regarding this application? If so, provide below:

Seafood Processor or Dealer Business Information

Business Name: _____

State Dealer License Number (if applicable) *: _____

Federal Dealer Permit Number (if applicable) *: _____

DOH Wholesaler License Number (if applicable) *: _____

**You must supply either a dealer license number or a wholesaler license number, or both.*

If processing occurs at sea, please provide vessel information below. The applicant should be the individual or business that owns the vessel.

Vessel Name: _____

Vessel Owner: _____

State/Coast Guard Registration #: _____

Federal Permit (if applicable): _____

RI Commercial Fishing License Number: _____

RI Commercial Fisherman Name: _____

If you have more than one vessel, please provide the same materials for additional vessels at the end of this application.

Eligibility – Participant Status

I self-certify and attest that (initial each statement below):

_____ I am a resident of the State of Rhode Island.

_____ I am 18 years of age or older.

_____ I am the owner of a seafood dealer or processing business that has incurred expenses in response to the COVID-19 pandemic relating to qualifying activities defined by the USDA: workplace safety measures, market pivots, and retrofitting facilities.

Please check the corresponding boxes below that qualify your expenses (*you may check more than one*):

workplace safety measures

market pivots

retrofitting

_____ I have on file and can produce, upon request, valid records/ documentation (e.g., receipts, invoices, purchase orders) verifying the eligible expenses.

_____ I am not debarred from receiving federal funds.

_____ I am not on the federal government’s “do not pay” list.

Eligibility – Applicable Expenses

Eligibility pertains solely to your eligible expenses to respond to the COVID-19 pandemic during the reference period (January 27, 2020 and December 31, 2021).

I self-certify and attest that during the reference period, I incurred eligible expenses in response to the COVID -19 pandemic, as defined in [250-RICR-90-00-20](#).

_____ (initial)

Section 2

Quantification of Applicable Expenses

Quantification of eligible expenses should be an itemized list of expenses during the reference period (January 27, 2020 and December 31, 2021), and a sum of all listed expenses. All listed expenses should include a description of the purchase, the date of the purchase, cost, and which of the three categories (workplace safety measures, market pivots, and retrofitting facilities) the expense falls under. Each individual purchase should have a separate row in the table of expenses.

The table below provides an example of how data should be summarized and provided with this application. An Excel spreadsheet is also available for download on the RIDEM Marine Fisheries – Fisheries Relief Assistance Programs webpage at:

<http://www.dem.ri.gov/programs/marine-fisheries/Fisheries-CARES-Act.php#USDA>

Description of expense/purchase	Date of purchase	Cost (\$)	Category (workplace safety measures, market pivots, or retrofitting facilities)	Documented and verifiable data available (e.g., receipt, invoice)
<i>Example: Installation of plexiglass barriers</i>	<i>7/20/2020</i>	<i>\$2500</i>	<i>Workplace safety measures</i>	<i>Receipt</i>
<i>Example: Website development for online ordering</i>	<i>9/23/2020</i>	<i>\$5000</i>	<i>Market pivots</i>	<i>Purchase order</i>
Total	----	\$7500	----	----

Documented and Verifiable Basis for Applicable Expenses

Data used to calculate total expenses must be documented and verifiable. Documented means that you have your records on hand. Verifiable means that your records, upon request and examination by the State of Rhode Island, USDA, or the Office of the Inspector General, comport with your described expenses, as set forth above in Section 2. Such data includes receipts, purchase orders, invoices, etc.

Only a summary of documented and verifiable data (as described above) must be submitted with this application. However, for any application subject to audit all documented and verifiable data would need to be provided to RIDEM upon request, as described in [250-RICR-90-00-20](#).

Section 3

Amount of Claim

A. The claim amount should be equal to the sum of all applicable expenses documented, as set forth in Section 2.

Claim amount: _____

Section 4

Comments

Please use the space below to provide any comments relative to your application.

Section 5

Notification

RIDEM will notify all applicants regarding the Department's decision regarding their application. That notification will be in the form of a Letter of Eligibility. Upon receipt of that letter, applicants will have a firm 15-day period during which they may appeal the Department's decision. Given the importance of timely notification, select one of the following three options for how you wish to be notified (*initial your preferred option*):

_____ Notify me via certified mail.

_____ Call me when my letter is ready. I will pick it up within three (3) days at RIDEM's Division of Coastal Resources, 301 Great Island Road, Narragansett, RI during regular business hours (M-F 8:30 am - 4:00 pm).

_____ Call me when my letter is ready. I will pick it up within three (3) days at RIDEM's Division of Marine Fisheries, 3 Fort Wetherill Road, Jamestown, RI during regular business hours (M-F 8:30 am - 4:00 pm).

Section 6

Confidentiality

Information provided to RIDEM via this application process will be kept confidential, except for any information that may be subject to public disclosure, upon request, pursuant to the RI Public Records Act. Information or documentation pertaining to social security numbers, income and landings is not subject to such public disclosure.

Information pertaining to specific award amounts, along with information specific to the applicant and revenue-related information set forth in this application by the applicant, and only this specific information, will be made available to the Rhode Island Department of Revenue, Division of Taxation for the purpose of verifying compliance with state tax obligations.

Information pertaining to final award amounts, along with names, addresses, and social security numbers, and only this specific information, will be provided to the Atlantic States Marine Fisheries Commission for issuance of payments, which will be accompanied by 1099 forms.

Section 7

Certification and Consent

By completing, initialing, and signing this affidavit and applying for assistance as allowable under the USDA Seafood Processors Pandemic Response and Safety Block Grant Program I:

- A. Certify and attest that the sole purpose of the assistance is to respond to COVID-19, including for workplace safety measures, market pivots, and retrofitting facilities.
- B. Certify and attest to having the documentation/records to support the expenses recorded on this form, that were used for the basis of eligibility. Further, I agree to maintain these records for a period of no less than three (3) years after the close of the primary grant award from the USDA and agree to make these records available upon request from the State of Rhode Island, USDA, or the Office of the Inspector General.
- C. Certify and attest that I am, and will remain, current and in good standing with respect to the payment of all tax obligations owed to the State of Rhode Island.
- D. Acknowledge and agree that if I am not now, or do not remain, current with my tax obligations to the State of Rhode Island, RIDEM may require the return of funds obtained pursuant to this application.
- E. Certify and attest, under the penalties of perjury, that information and representations set forth in and by this application are true, accurate, and complete.

Applicant Last Name (please print)

First

MI

Applicant Signature

Date

STATE OF RHODE ISLAND

COUNTY OF _____

In _____, on the ____ day of _____ 2022, before me personally appeared _____ to me known and known by me to be the party executing the foregoing Consent Agreement, and they acknowledged said instrument executed by them to be their free act and deed.

Notary Public

My Commission expires: _____

*****For Internal Use Only*****

Date and Time Application Received by RIDEM staff:

Name of RIDEM staff receiving application:

Signature of RIDEM staff receiving application:

Additional Vessel Information

Vessel Name: _____

Vessel Owner: _____

State/Coast Guard Registration #: _____

Federal Permit (if applicable): _____

RI Commercial Fishing License Number: _____

RI Commercial Fisherman Name: _____

Vessel Name: _____

Vessel Owner: _____

State/Coast Guard Registration #: _____

Federal Permit (if applicable): _____

RI Commercial Fishing License Number: _____

RI Commercial Fisherman Name: _____

Vessel Name: _____

Vessel Owner: _____

State/Coast Guard Registration #: _____

Federal Permit (if applicable): _____

RI Commercial Fishing License Number: _____

RI Commercial Fisherman Name: _____