

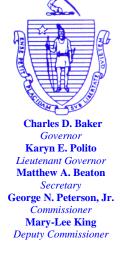
Commonwealth of Massachusetts

Division of Marine Fisheries

251 Causeway Street, Suite 400 Boston, Massachusetts 02114 (617)626-1520 fax (617)626-1509

March 10, 2015

Crew Member Name Address City, State Zip Code



RE: Phase 2 Massachusetts Groundfish Disaster Economic Assistance Application

Dear Fishing Industry Participant:

You are receiving this mailing because you (or a third party) identified yourself as a crew member or lumper/longshoreman in the groundfish fishery and provided contact information to the Division of Marine Fisheries (DMF) for purposes of following-up on the 2012 Groundfish Disaster Economic Assistance Program.

On May 28, 2014, NOAA announced a consensus framework to distribute \$32.8-million in federal disaster aid to the New England groundfish industry. Funds have been apportioned between: (1) direct assistance to federal commercial groundfish fishermen; (2) individual state programs; and (3) buyout (or buyback) development. The Commonwealth of Massachusetts, having nearly completed distribution of \$6.3-million to pre-qualified federal commercial groundfishermen (Phase 1), is now implementing a Phase 2 program whereby the state will distribute \$8.3 million for additional assistance to the Commonwealth's groundfish industry and communities.

On February 5, 2015 NOAA approved the Commonwealth of Massachusetts' Phase 2 grant application. Subsequently DMF notified permit holders of their eligibility for disaster aid payments in a February 6, 2015 mailing. Crew members who fished aboard and lumpers/longshoremen who were paid by eligible commercial and for-hire vessels during the qualification period are also eligible for assistance, but will need to apply to DMF. For your reference, a list of vessels qualified to receive groundfish disaster aid payment by the Commonwealth of Massachusetts is enclosed.

Groundfish crew members, including owner operators, and lumpers/longshoremen may be eligible for a prorated payment based on the number of years within the qualification period (2009-2013 commercial; 2010-2013 for-hire) they can verify:

- (1) they were a crew member aboard or lumper/longshoreman paid by a commercial or for-hire groundfish vessel that was qualified to receive aid from DMF under Phase 1 or Phase 2 of the 2012 Groundfish Disaster Economic Assistance Program;
- (2) 50% of their total annual income is from commercial or for-hire fishing activity (income can be from more than one vessel); and
- (3) they earned a minimum of \$5,000 in annual income from commercial or for-hire fishing activity (income can be from more than one vessel)

To complete an application for crew-based groundfish disaster assistance please fill in the fields on the enclosed application form as thoroughly as possible. In addition to this application, <u>crew members are required to verify they meet the income criteria by providing appropriate Department of Revenue, Internal Revenue Service form(s) as noted in the application.</u> Applications are also available online by going to

www.mass.gov/marinefisheries and clicking on the link for the "Groundfish Disaster Economic Assistance Program".

All crew member applications must be received or postmarked by April 24, 2015 to be considered for aid. Applications will only be accepted at the Division of Marine Fisheries Boston Office (c/o Samantha Andrews, 251 Causeway St., Suite 400, Boston, MA 02114). Following a review by DMF of all received applications, crew members will be notified of their approval or denial for direct aid.

Should you have any questions about this application please contact Samantha Andrews, DMF Program Coordinator, by phone at (617) 626-1564 or by email at Samantha.n.andrews@state.ma.us.

Sincerely,

Melanie Griffin

Fishery Policy Analyst

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GROUNDFISH DISASTER AID APPLICATION FOR FISHING CREW AND LUMPERS/LONGSHOREMEN

APPLICATION DEADLINE: April 24, 2015

Charles D. Baker
Governor
Karyn E. Polito
Lieutenant Governor
Matthew A. Beaton
Secretary
George N. Peterson, Jr.
Commissioner
Mary-Lee King
Deputy Commissioner

First Name:	Last Name:	
Mailing Address:		
City, State, Zip Code:		
Phone Number:		
	Date of	
Last 4 Digits of SSN:	Birth:	

 \square Owner/Operator \square Non-owner Crew \square L

1. **PERSONAL INFORMATION** (Fill in all blank spaces)

☐ Lumper/ Longshoreman

2. VESSEL AND INCOME INFORMATION (Fill in all blank spaces)

Provide information only for crew work aboard and/or lumper/longshoreman work paid by a qualified commercial or for-hire vessel (see enclosed list; also a list of qualified vessels is available online by going to www.mass.gov/marinefisheries and clicking on the "Groundfish Disaster Economic Assistance Program" link).

Regardless of the number of qualified groundfish vessels worked for, crew and lumpers/longshoremen will only be eligible for a single qualification per year. Approved payments will be prorated by the number of years in which an eligible crew member or lumper/longshoreman qualified.

REMEMBER TO INCLUDE COPIES OF INCOME TAX RETURNS (IRS FORM 1040) AND W2s/1099s FOR EACH YEAR IN WHICH YOU ARE CLAIMING YOU QUALIFY FOR ASSISTANCE. ONLY THOSE W2s/1099s FROM VESSELS YOU LIST BELOW AND/ OR THAT VERIFY FISHING ANNUAL INCOME DURING THE ELIGIBLITY PERIOD ARE REQUIRED¹.

Vessel Name: Homeport:		Name of Ves	ssel Owner:				
		Commercial or For-hire?					
	2	Calendar Year					
	2009 ²	2010	2011	2012	2013		
Fished aboard named vessel							
as crew or were paid by named vessel as lumper /							
longshoreman: (Yes/No)							
Tongstrot email (1 es/1 (e)							
Fishing income reported ³							
Total income reported ⁴							
Vessel Name:		Nama of Vac	agal Ournam				
vessei Name:		Name of Vessel Owner:					
Homeport:	Commercial or For-hire?						
		Calendar Year					
	2009 ²	2010	2011	2012	2013		
Fished aboard named vessel	2007	2010	2011	2012	2013		
as crew or were paid by							
named vessel as lumper /							
longshoreman: (Yes/No)							
Fishing income reported ³							
Total income reported ⁴							
To list additional vessels, attach p	ages as 1	needed.					
APPLICANT AFFIDAVIT (Fill ompleted applications along with a corms W-2) and Forms 1040 for all resplication packets will only be acceptatews 251 Causeway St., Suite 400 py of this form for their records.	copy of l elevant y pted at tl	Internal Rever years must be jone MA DMF I	postmarked b Boston Office	y April 24, 2 c (c/o Saman	2015 . tha		
(print name)		, crew 1	nember aboai	rd or			
mper/longshoremen paid by the fish					rtify unde		
e pains and penalties of perjury that st of my knowledge and belief.			ded is comple				