



**UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF PLANNING AND NATURAL RESOURCES
DIVISION OF FISH & WILDLIFE
APPLICATION**



NOAA/DPNR-USVI FISHERIES DISASTER ASSISTANCE PROGRAM

DIRECTIONS AND INFORMATION NEEDED TO COMPLETE THIS APPLICATION

IMPORTANT NOTE: Thank you for taking the time to complete this U.S. Virgin Islands (USVI) Fisheries Disaster Assistance Program Application. Please remember to read this application in its entirety, including the first (1st) page which includes all directions and information needed to prepare you for completing this application fully so that there are no delays in the timely processing of your USVI Fisheries Disaster Assistance Program monies.

SPECIAL NOTE: ALL ITEMS BELOW FOLLOWED BY THREE (3) ASTERISKS IN RED *** = MANDATORY

PLEASE USE THE BELOW CHECKLIST TO ASSIST YOU IN GATHERING YOUR INFORMATION AHEAD OF APPLYING

- **FULL NAME *****
 - FIRST NAME
 - MIDDLE NAME/ INITIAL (IF APPLICABLE)
 - LAST NAME
- **PRIMARY PHONE NUMBER *****
- **SECONDARY PHONE NUMBER**
- **EMAIL ADDRESS *****
- **FULL PHYSICAL ADDRESS *****
- **FULL MAILING ADDRESS *****
- **USVI DISTRICT DESIGNATION *****
- **WORK STATUS DESIGNATION (FULL-TIME OR PART-TIME) *****
- **FULL BUSINESS NAME (IF APPLICABLE) *****
- **2019 OR 2020 USVI W-9 DOCUMENT *****
- **USVI VENDOR NUMBER (IF APPLICABLE) *****
 - THIS NUMBER IS OBTAINED THROUGH THE USVI DEPARTMENT OF PROPERTY AND PROCUREMENT
- **2017 USVI BUSINESS LICENSE & NUMBER *****
 - **ONLY APPLICABLE TO CLASSIFICATIONS: 1) COMMERCIAL FISHER- OWNERS, 2) CHARTER FISHING OWNERS & 3) FISHING DEPENDENT BUSINESSES**
- **D.U.N.S. NUMBER (DUN & BRADSTREET'S (D&B) "DATA UNIVERSAL NUMBERING SYSTEM") *****
 - WWW.FEDGOV.DNB.COM/WEBFORM/
 - **WHAT INFORMATION IS NECESSARY TO COMPLETE THE DUNS REQUEST?**
 - NAME OF YOUR ORGANIZATION OR COMPANY (USE YOUR FULL NAME IF YOU ARE NOT ORGANIZED UNDER A COMPANY)
 - MAILING ADDRESS OF YOUR ORGANIZATION OR COMPANY
 - NAME OF THE CHIEF EXECUTIVE OFFICER, CEO
 - LEGAL STRUCTURE OF YOUR ORGANIZATION OR COMPANY (E.G., CORPORATION, PARTNERSHIP, PROPRIETORSHIP)
 - STARTING DATE OF YOUR ORGANIZATION OR COMPANY
 - NUMBER OF EMPLOYEES
 - **A MINIMUM OF TWO (2) ***** of the below documents will have to be provided to DPNR to be copied and digitally scanned for local and federal record retention purposes to substantiate your claim:
 - MOST CURRENT USVI BUSINESS LICENSE
 - MOST CURRENT UTILITY BILL FROM WAPA OR ANOTHER UTILITY
 - MOST CURRENT VEHICLE TITLE
 - MOST CURRENT LEASE
 - MOST CURRENT PROPERTY DEED
- **S.A.M. NUMBER (SYSTEM FOR AWARD MANAGEMENT) *****
 - WWW.SAM.GOV

*****FOR OFFICIAL USE ONLY / DO NOT WRITE BELOW*****

DPNR APPLICANT RECORD LOCATOR INFORMATION

FULL NAME:

DISTRICT:

DPNR RECORD LOCATOR #:



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1. DATE:

Applicant/ Non-Applciant: *** Applicant's Initials: _____ Non-Applciant's Initials: _____
 YES/ NO DPNR Interviewer: *** IF YES: DPNR Rep's Name: _____
 DPNR Pre- Populated Application: *** YES/ NO

2. APPLICANT'S INFORMATION: ***

First Name: *** _____
 Middle Name or Initial: *** _____
 Last Name: *** _____
 Phone1: *** _____
 Phone2: _____
 Email Address1: *** _____
 Email Address2: _____
 Physical Address1: *** _____
 Physical Address2: _____
 City: *** _____
 State: *** _____
 Zip Code: *** _____
 Mailing Address1: *** _____
 Mailing Address2: _____
 City: *** _____
 State: *** _____
 Zip Code: *** _____
 USVI District: *** _____
 Work Status (Full-Time or Part-Time): *** _____
 Full Business Name (If applicable): *** _____
 2019 or 2020 USVI W-9 Document: *** _____
 2017 USVI Business License Number or S-S-N Number: *** _____
 D.U.N.S. Number: *** _____
 S.A.M. Number: *** _____
 USVI Vendor Number: *** _____
 Vessel Name(s): *** _____



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3. CLASSIFICATION & PAYMENT AMOUNT DESIGNATION INFORMATION: ***

SPECIAL NOTES:

- 1) Only the below classification designations have award amounts above **BASE PAYMENTS** but not to exceed the **MAXIMUM PAYMENT** amounts, with stipulations that must be carefully followed.
 - a) **COMMERCIAL FISHERS – OWNER(S)**
 - b) **FISHING CHARTER – OWNER(S)**
- 2) Along with additional stipulations, applicants must provide actual documentation, pictures, etc. to substantiate their claim

PAYMENT CLASSIFICATION TABLE			
CLASSIFICATION	BASE PAYMENT	MAXIMUM PAYMENT	MAX. PAYMENT STIPULATIONS
COMMERCIAL FISHERS – OWNER(S)	\$5,000.00	\$75,000.00	<p><u>VESSEL DAMAGES:</u> Vessel Name(s), Vessel #(s) Insurance Policy #(s), Insurance Company Name Proof of Vessel Damages (Pictures, Documentation, Receipts)</p> <p><u>GEAR LOSSES & OTHER GEAR DAMAGES:</u> Gear Type Insurance Policy #(s), Insurance Company Name Proof of Gear Damages (Pictures, Documentation, Receipts)</p> <p><u>BUILDING AND/ OR OTHER FACILITY DAMAGES:</u> Physical Address of Building Insurance Policy #(s), Insurance Company Name Proof of Building Damages (Pictures, Documentation, Receipts)</p>
FISHING CHARTER – OWNER(S)	\$5,000.00	\$75,000.00	<p><u>VESSEL DAMAGES:</u> Vessel Name(s), Vessel #(s) Insurance Policy #(s), Insurance Company Name Proof of Vessel Damages (Pictures, Documentation, Receipts)</p> <p><u>GEAR LOSSES & OTHER GEAR DAMAGES:</u> Gear Type Insurance Policy #(s), Insurance Company Name Proof of Gear Damages (Pictures, Documentation, Receipts)</p> <p><u>BUILDING AND/ OR OTHER FACILITY DAMAGES:</u> Physical Address of Building Insurance Policy #(s), Insurance Company Name Proof of Building Damages (Pictures, Documentation, Receipts)</p>
COMMERCIAL FISHERS - HELPERS	\$2,500.00	N/A	N/A
FISHING CHARTER – CAPTAIN/ CREW	\$2,500.00	N/A	N/A
FISHING DEPENDENT BUSINESS – OWNER(S)	\$2,500.00	N/A	N/A



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4. CERTIFICATION OF ELIGIBILITY FOR FEDERAL GRANT AWARDS

*****MANDATORY FOR ALL APPLICANTS*****

SPECIAL NOTE: The USVI Department of Planning & Natural Resources is required to ensure that all grantees are neither excluded nor disqualified under the suspension and debarment rules. This certification is required for grant awards up to and including \$5,000.00 by the regulations implementing Executive Order 12549, Debarment and Suspension (2 CFR 200.212 Suspension and Debarment).

A. APPLICANT/ OWNER/ ENTITY INFORMATION ***

Last Name: ***
First Name: ***
Middle Name or Initial: ***
Full Business Name (If applicable): ***
Business License Number or S-S-N Number: ***
Mailing Address1: ***
Mailing Address2:
City: ***
State: ***
Zip Code: ***
Primary Phone Number: ***
Email Address: ***
USVI District Designation: ***

B. CERTIFICATIONS ***

I CERTIFY THAT MY CLASSIFICATION FALLS UNDER THE HEADING OF: *** [PLEASE CHOOSE ONE (1) BELOW]

- COMMERCIAL FISHERS - OWNER(S)
COMMERCIAL FISHERS - HELPERS
FISHING CHARTER - OWNER(S)
FISHING CHARTER - CAPTAIN/ CREW
FISHING DEPENDENT BUSINESS - OWNER(S)
PRE-POPULATED CLASSIFICATION:

I CERTIFY THAT NEITHER I, NOR MY BUSINESS, ARE RECEIVING (OR INTEND TO RECEIVE) ANY ADDITIONAL FEDERALLY FUNDED DISASTER RELATED MONIES FOR ANY DAMAGES OR LOSSES UNDER MY ABOVE IDENTIFIED CLASSIFICATION DUE TO HURRICANES IRMA/ MARIA FROM ANY OF THE BELOW FEDERAL AGENCIES: ***

- FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) - Public Assistance Program (PA)
HOUSING AND URBAN DEVELOPMENT (HUD) - Community Development Block Grant - Disaster Recovery Program (CDBG-DR)
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION (NOAA)

I FURTHER CERTIFY THAT I AM APPLYING FOR PAYMENT TYPE: *** [PLEASE CHOOSE ONE (1) BELOW]

- BASE PAYMENT
ABOVE BASE PAYMENT, NOT TO EXCEED MAXIMUM PAYMENT AMOUNT

C. SIGNATURE ***

I hereby declare and certify under penalty of perjury that this application and all information submitted as part of this application is true and accurate to the best of my knowledge. I also agree to provide, upon request, any and all documentation to support the above-mentioned declarations.

GRANTEE'S PRINTED NAME

X GRANTEE'S SIGNATURE DATE PHONE NUMBER



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5. VESSEL DAMAGES: ***

APPLICABLE TO ONLY: 1) COMMERCIAL FISHERS – OWNER(S) 2) FISHING CHARTER – OWNER(S)

WERE YOUR VESSEL(S) DAMAGED BY HURRICANES IRMA/ MARIA?: YES/ NO

IF NO, PLEASE PROCEED TO SECTION 6.:

IF YES, PLEASE RECORD ESTIMATED DAMAGES AND INSURANCE COVERAGE FOR ALL VESSELS BELOW.

TOTAL NUMBER OF COMMERCIAL FISHING VESSELS DAMAGED: _____

(IF UNABLE TO PROVIDE \$ AMOUNTS, PLEASE PROVIDE A % PERCENTAGE OF DAMAGES (50% DAMAGED / TOTALED/ 100% DAMAGED))

VESSEL 1

VESSEL NAME: _____
 VESSEL NUMBER (U.S. COAST GUARD NUMBER): _____
 DPNR VESSEL NUMBER: _____
 INSURANCE COMPANY & POLICY NUMBER: _____
 EST. DAMAGES IN \$\$\$'S: _____ **IF NO \$\$\$'S PLEASE GO TO NEXT ROW**
 EST. DAMAGE % & INS. COVERAGE %: **DAMAGE % (1-100):** _____ **INSURANCE % (1-100):** _____
DO YOU HAVE ALL DOCUMENTS TO SUBSTANTIATE YOUR CLAIM (RECEIPTS, DOCUMENTS, PHOTOS, ETC.?)

VESSEL 2

VESSEL NAME: _____
 VESSEL NUMBER (U.S. COAST GUARD NUMBER): _____
 DPNR VESSEL NUMBER: _____
 INSURANCE COMPANY & POLICY NUMBER: _____
 EST. DAMAGES IN \$\$\$'S: _____ **IF NO \$\$\$'S PLEASE GO TO NEXT ROW**
 EST. DAMAGE % & INS. COVERAGE %: **DAMAGE % (1-100):** _____ **INSURANCE % (1-100):** _____
DO YOU HAVE ALL DOCUMENTS TO SUBSTANTIATE YOUR CLAIM (RECEIPTS, DOCUMENTS, PHOTOS, ETC.?)

VESSEL 3

VESSEL NAME: _____
 VESSEL NUMBER (U.S. COAST GUARD NUMBER): _____
 DPNR VESSEL NUMBER: _____
 INSURANCE COMPANY & POLICY NUMBER: _____
 EST. DAMAGES IN \$\$\$'S: _____ **IF NO \$\$\$'S PLEASE GO TO NEXT ROW**
 EST. DAMAGE % & INS. COVERAGE %: **DAMAGE % (1-100):** _____ **INSURANCE % (1-100):** _____
DO YOU HAVE ALL DOCUMENTS TO SUBSTANTIATE YOUR CLAIM (RECEIPTS, DOCUMENTS, PHOTOS, ETC.?)

VESSEL 4

VESSEL NAME: _____
 VESSEL NUMBER (U.S. COAST GUARD NUMBER): _____
 DPNR VESSEL NUMBER: _____
 INSURANCE COMPANY & POLICY NUMBER: _____
 EST. DAMAGES IN \$\$\$'S: _____ **IF NO \$\$\$'S PLEASE GO TO NEXT ROW**
 EST. DAMAGE % & INS. COVERAGE %: **DAMAGE % (1-100):** _____ **INSURANCE % (1-100):** _____
DO YOU HAVE ALL DOCUMENTS TO SUBSTANTIATE YOUR CLAIM (RECEIPTS, DOCUMENTS, PHOTOS, ETC.?)



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6. GEAR LOSS & OTHER GEAR DAMAGES: ***

APPLICABLE TO ONLY: 1) COMMERCIAL FISHERS – OWNER(S) 2) FISHING CHARTER – OWNER(S)

DID YOU HAVE ANY GEAR LOSS/ DAMAGES DUE TO HURRICANES IRMA/ MARIA? YES/ NO

IF NO, PLEASE PROCEED TO SECTION 7:

IF YES, PLEASE RECORD ESTIMATED DAMAGES AND INSURANCE COVERAGE FOR ALL GEAR LOST/ DAMAGED.

TOTAL NUMBER OF ALL GEAR LOST/ DAMAGED: _____

(IF UNABLE TO PROVIDE \$ AMOUNTS, PLEASE PROVIDE A % PERCENTAGE OF DAMAGES (50% DAMAGED/ TOTALED/ 100% DAMAGED))

GEAR 1

GEAR TYPE: _____

EST. COST OF GEAR (NEW): _____

EST. DAMAGES IN \$\$\$'S: _____ **IF NO \$\$\$'S PLEASE GO TO NEXT ROW**

INSURANCE COMPANY & POLICY NUMBER: _____

EST. DAMAGE % & INS. COVERAGE %: **DAMAGE % (1-100):** _____ **INSURANCE % (1-100):** _____

DO YOU HAVE ALL DOCUMENTS TO SUBSTANTIATE YOUR CLAIM (RECEIPTS, DOCUMENTS, PHOTOS, ETC.?)

GEAR 2

GEAR TYPE: _____

EST. COST OF GEAR (NEW): _____

EST. DAMAGES IN \$\$\$'S: _____ **IF NO \$\$\$'S PLEASE GO TO NEXT ROW**

INSURANCE COMPANY & POLICY NUMBER: _____

EST. DAMAGE % & INS. COVERAGE %: **DAMAGE % (1-100):** _____ **INSURANCE % (1-100):** _____

DO YOU HAVE ALL DOCUMENTS TO SUBSTANTIATE YOUR CLAIM (RECEIPTS, DOCUMENTS, PHOTOS, ETC.?)

GEAR 3

GEAR TYPE: _____

EST. COST OF GEAR (NEW): _____

EST. DAMAGES IN \$\$\$'S: _____ **IF NO \$\$\$'S PLEASE GO TO NEXT ROW**

INSURANCE COMPANY & POLICY NUMBER: _____

EST. DAMAGE % & INS. COVERAGE %: **DAMAGE % (1-100):** _____ **INSURANCE % (1-100):** _____

DO YOU HAVE ALL DOCUMENTS TO SUBSTANTIATE YOUR CLAIM (RECEIPTS, DOCUMENTS, PHOTOS, ETC.?)

GEAR 4

GEAR TYPE: _____

EST. COST OF GEAR (NEW): _____

EST. DAMAGES IN \$\$\$'S: _____ **IF NO \$\$\$'S PLEASE GO TO NEXT ROW**

INSURANCE COMPANY & POLICY NUMBER: _____

EST. DAMAGE % & INS. COVERAGE %: **DAMAGE % (1-100):** _____ **INSURANCE % (1-100):** _____

DO YOU HAVE ALL DOCUMENTS TO SUBSTANTIATE YOUR CLAIM (RECEIPTS, DOCUMENTS, PHOTOS, ETC.?)



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7. BUILDING AND/ OR OTHER FACILITY DAMAGES: ***

APPLICABLE TO ONLY: 1) COMMERCIAL FISHERS – OWNER(S) 2) FISHING CHARTER – OWNER(S)

WERE ANY OF YOUR OWNED OR LEASED BUILDINGS AND/OR FACILITIES, USED SOLELY FOR FISHING RELATED PURPOSES, DAMAGED DURING HURRICANES IRMA/ MARIA? * YES/ NO**

IF NO, PLEASE PROCEED TO SECTION 8.:

IF YES, PLEASE RECORD ESTIMATED DAMAGES AND INSURANCE COVERAGE FOR ALL BUILDING DAMAGES.

TOTAL NUMBER OF ALL BUILDINGS DAMAGED: _____

(IF UNABLE TO PROVIDE \$ AMOUNTS, PLEASE PROVIDE A % PERCENTAGE OF DAMAGES (50% DAMAGED/ TOTALED/ 100% DAMAGED))

BUILDING 1

BUILDING PHYSICAL ADDRESS _____

DID YOU OWN OR LEASE THIS BUILDING? * OWNER LEASED**

IF INSURED, DID YOUR POLICY COVER: * CONTENTS BUILDING BOTH**

EST. DAMAGES IN \$\$\$'S: _____ IF NO \$\$\$'S PLEASE GO TO NEXT ROW

INSURANCE COMPANY & POLICY NUMBER: _____

EST. DAMAGE % & INS. COVERAGE %: DAMAGE % (1-100): _____ INSURANCE % (1-100): _____

DO YOU HAVE ALL DOCUMENTS TO SUBSTANTIATE YOUR CLAIM (RECEIPTS, DOCUMENTS, PHOTOS, ETC.?)

BUILDING 2

BUILDING PHYSICAL ADDRESS _____

DID YOU OWN OR LEASE THIS BUILDING? * OWNER LEASED**

IF INSURED, DID YOUR POLICY COVER: * CONTENTS BUILDING BOTH**

EST. DAMAGES IN \$\$\$'S _____ IF NO \$\$\$'S PLEASE GO TO NEXT ROW

INSURANCE COMPANY & POLICY NUMBER: _____

EST. DAMAGE % & INS. COVERAGE %: DAMAGE % (1-100): _____ INSURANCE % (1-100): _____

DO YOU HAVE ALL DOCUMENTS TO SUBSTANTIATE YOUR CLAIM (RECEIPTS, DOCUMENTS, PHOTOS, ETC.?)

8. FISHING / OPERATING STATUS (POST HURRICANES IRMA/ MARIA): ***

SINCE HURRICANES IRMA/ MARIA, ARE YOU BACK TO FISHING/ CHARTERING: * YES/ NO**

IF YES, WHAT DATE DID YOU START BACK TO FISHING?: _____

IF NO, HOW LONG DO YOU THINK IT WILL BE UNTIL YOU WILL BE ABLE TO RETURN TO FISHING?

(PLEASE COMPLETE ONE (1) BELOW)

OF DAYS: _____ # OF WEEKS: _____ # OF YEARS: _____

WHAT PREVENTED YOU FROM CONTINUING TO FISH? (CHECK ALL THAT APPLY BELOW)

DAMAGED VESSEL/ GEAR ACCESS TO: FUEL BAIT ICE OTHER: _____

TOTAL NUMBER OF ALL BUILDINGS DAMAGED: _____

RELATIVE TO 2017, HOW MUCH FISHING REVENUE HAVE YOU LOST BECAUSE OF IRMA/MARIA?



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9. APPLICANT'S SIGNATURE: ***

APPLICANT'S PRINTED NAME

X _____ DATE _____ PHONE NUMBER _____
APPLICANT'S SIGNATURE

****** NOTARY BLOCK – PLEASE DO NOT WRITE BELOW ******

****** DPNR INTERNAL FINANCIAL PORTION – PLEASE DO NOT WRITE BELOW ******

APPLICANT'S FULL NAME: _____
 APPLICANT'S USVI VENDOR NUMBER: _____
 APPLICANT'S USVI DISTRICT: _____
 APPLICANT'S CLASSIFICATION: _____
 APPROVED BASE AWARD AMOUNT: _____
 APPROVED ABOVE BASE AWARD AMOUNT (IF APPLICABLE): _____
 TOTAL AWARD AMOUNT: _____

Dianne O'Garro
 Director of Business & Administrative Services, DPNR
 Date: _____

Dr. Nicole F. Angeli
 Director of the Division of Fish & Wildlife, DPNR
 Date: _____

Hon. Jean-Pierre L. Oriol
 Commissioner, Department of Planning and Natural Resources (DPNR)
 Date: _____