

2019 Emergency Transfer Grant



APPLICATION

The E-T Grant Program provides grants to eligible residents to help them obtain an emergency transfer of a limited entry salmon fishing permit.
 Please review the [Emergency Transfer Grant Fact Sheet](#) for program information.

Participant Name: _____

Address: _____

Email Address: _____
 Date of Birth: _____

Social Security Number: _____

Home Phone: _____

Cell Phone: _____

What kind of permit are you looking for?

Set Drift

Do you already have a permit in mind?

Yes No

Please describe your fishing experience (if any): _____

Why did you apply for this program and how will it assist you? _____

Have you received any Emergency Transfer Grants in the past? Yes No

If yes, when did you receive the grant(s)? _____

Please note: Applicants in default in any BBEDC programs are no longer eligible to participate in additional BBEDC programs or services until fully compliant.

Some items below reference additional material that must be provided in order for the application to be considered by BBEDC.

- A complete BBEDC Residency Form with required additional information is attached that demonstrates applicant residency in one of the 17 BBEDC Communities.
- BBEDC Relationship Disclosure Form is attached.
- I have demonstrated that I meet the Emergency Transfer Grant Program eligibility requirements by attaching documentation regarding one of the following:
 - A. Meet income requirements as demonstrated by attaching a complete copy of my IRS Tax Return for the most current preceding year; AND/OR
 - B. A written statement is attached with any necessary supporting information. The applicant MUST demonstrate that income they will earn from commercial salmon fishing is a critical part of their

overall household income and that the applicant may experience significant financial hardship or be prevented from participating in commercial fishing without the assistance provided by the Emergency Transfer Grant Program.

- I do not currently own or hold a Bristol Bay limited entry permit.
- I provided a written confirmation from a processor/buyer who has committed to purchase the fish harvested under the subject limited entry permit or a copy of an agreement with a permit holder captain who has committed to "stack" my permit for the current fishing season.
- I have attached proof that the vessel that I will fish is owned and/or operated by a resident of one of the Bristol Bay watershed communities. Attach proof of the vessel's status and connection of my permit to the vessel.
- I do not have unresolved financial or legal issues that will put the emergency transfer grant payment at risk such as unresolved Child Support debts, IRS tax obligations or similar claims or liens.
- I understand that if approved, I am required to participate in financial counseling and sign a grant agreement. Financial counseling may include a requirement to obtain/provide a credit report before this application can be approved.
- I understand that a Resident may receive no more than three (3) Emergency Transfer Grants. An exception may be made when the Participant can demonstrate progress on a plan to attain limited entry permit ownership and that a grant is necessary for additional years in order to facilitate accomplishment of the plan.
- I do not have any current demerits or have attached a written explanation of demerits.
- I understand that a participant that has been determined not eligible to hold a limited entry permit by the CFEC will not be eligible for a grant.
- I understand that being approved for a grant does not guarantee that a permit is available and, if approved, only one grant is available each year. A grant shall not be paid until a permit is available and approved for emergency transfer.
- I am at least 18 years of age and physically capable of actively participating in the fishery and have reasonable access to the necessary vessel and gear.
- I understand that I must participate in interviews and/or meetings necessary to process the application.

How did you learn about this program?

Liaison
 Website
 BBEDC Staff
 Program Directory
 Other
 Describe Other

Application Certification and Authorization

My signature below indicates that the information contained in this application is true and accurate to the best of my knowledge. I acknowledge that providing false or misleading information may result in my disqualification from this and other BBEDC programs.

Applicant Signature

Date

Applications must be signed and complete when submitted to BBEDC.