

# 2021 RSW Support Application

## Bristol Bay Economic Development Corporation

Box 1464 Dillingham, AK 99576 907-842-4370 or 1-800-478-4370 Fax 907-842-4336 or 1-888-325-4336



BBEDC community residents whose salmon fishing vessels are equipped with Refrigerated Sea Water (RSW) systems are eligible for financial assistance under the RSW Support Program for initial and annual start-ups, maintenance, winterization and technical consultation services for RSW systems. Applications will be accepted *until **June 4, 2021.*** After the work is complete, BBEDC will reimburse for the services provided upon receipt of invoices for parts and labor and any needed travel costs up to but not exceeding \$1,000 per applicant. Please type or print your information neatly. **Applicants in default in any BBEDC programs are no longer eligible to participate in additional BBEDC programs or services until fully compliant.**

### RSW Support Program Requirements

*Make sure your application is complete. Any missing information will delay processing of your application.*

Current BBEDC Community Affidavit of Residency and Relationship Disclosure Form on file with BBEDC.

Proof of ownership of a vessel equipped with a mechanical fish chilling system or a commitment to install one using BBEDC's Vessel Upgrade or RSW Purchase programs. *Coast Guard Certificate of Documentation, Title, Bill of Sale, receipt or other evidence of ownership.*

Proof of ownership of an Alaskan CFEC Bristol Bay salmon permit *or* a written contract with a Bristol Bay salmon permit holder who is a watershed resident as defined by BBEDC. *Permit holder must file a BBEDC Affidavit of Residency.*

### Applicant Information

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

Address: \_\_\_\_\_ Community: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

CFEC Permit Holder: \_\_\_\_\_ CFEC Permit No.: \_\_\_\_\_

*If the permit holder is not the boat owner, the permit holder must also have an Affidavit of Residency on file with BBEDC.*

Boat Name: \_\_\_\_\_ ADF&G or AK No. \_\_\_\_\_

Where is your vessel located? \_\_\_\_\_

What type and size of RSW unit? \_\_\_\_\_

Explain what services you are seeking, and why you need BBEDC's assistance: \_\_\_\_\_

How did you learn about this program?

Liaison

Website

BBEDC Staff

Program  
Directory

Other

Describe Other

**APPLICATIONS MUST BE COMPLETE BEFORE SUBMITTING TO BBEDC**