



California Salmon Council

Seafood Processors Pandemic Response and Safety (SPRS) Block Grant Program Self-Certification and Assurances

In applying for Federal assistance from the U.S. Department of Agriculture (USDA), through the California Salmon Council (CSC), I certify that the following are true.

(Initial each statement)

_____ I am an eligible recipient of assistance under the Consolidated Appropriations Act (CAA), 2021, Pub. L. 116-260 and that I held a valid California Department of Fish and Wildlife seafood processor or retail business license during the period January 27, 2020 and December 31, 2021.

Processor means the owner, operator, dealer, or agent responsible for any activity that changes the physical condition of a fisheries resource suitable for human consumption, retail sale, industrial uses, or long-term storage, including cooking, canning, smoking, salting, drying, shucking, filleting, freezing, or rendering into meal or oil. Any entity exclusively gutting, gilling, heading, or icing seafood without performing any of the above activities is not considered a processor.

At-sea processor means a vessel or other platform that floats and can be moved from one location to another, whether in State waters or water of the exclusive economic zone, receiving fish, and operating as a processor.

Dealer means an entity that first receives fish by way of purchase and sells directly to restaurants, markets, other dealers, processors, or consumers without substantially altering the product.

_____ I have proper expenditure receipts/records for all protective measures being requested for reimbursement and I will supply such receipts if requested.

_____ This program will not provide financial reimbursement for expenditures that are reimbursed by other sources.

_____ The processor's or dealer's physical business location is a commercially-zoned area.

_____ I am not de-barred from receiving federal funds nor am I on the government "do not pay list".

_____ I am not a minor.

_____ I attest to submitting an application requesting reimbursement from the State of California for this SPRS grant.

_____ I agree to maintain these records for a period of no fewer than three (3) years after the close of the primary grant award to CSC. Records must be made available upon request from the primary grantee, USDA, or CSC.

The above requested amount totals all protective measures purchased from January 27, 2020 through December 31, 2021 in preparing for, preventing exposure to, and responding to the COVID-

19 pandemic as an eligible recipient of assistance under the Consolidated Appropriations Act (CAA), 2021, Pub. L. 116-260.

Should the applicant receive reimbursement to mitigate the financial burden of purchasing protective measures to respond to the novel coronavirus (COVID-19) as allowed under CAA Pub. L. 116-260, any other financial assistance received will not be used to support or fund any portion this SPRS program covers.

Applicants who previously received financial assistance due to lost fishery revenue through the CARES Act (Pub. L. 116-136) and/or CAA Pub. L. 116-260 are eligible to apply to this SPRS program.

The applicant must provide a worksheet of expenditures to verify the reimbursement request. Expenditures that cover periods of time outside of January 27, 2020 through December 31, 2021 will not be considered. Applications must have a completed worksheet accompanying the application by the deadline to be considered.

CSC will determine the maximum award amount for all SPRS approved applicants based on the total amount of federal funds allocated to CSC for this program and the total amount requested by the approved applicants.

The three-page application, and accompanying expenditure worksheet, can be submitted by mail (address at bottom of page, addressed to “California Salmon Council – SPRS Grant”) or email to SPRSgrant@gmail.com. Documents must be postmarked on or before **December 31, 2022** or received electronically by CSC by **December 31, 2022** at 11:59 pm PST. Incomplete applications will not be considered. Applications received outside of the specified application period will not be considered.

By signing this affidavit and applying for assistance as an eligible recipient as allowable under CAA Pub. L. 116-260, the applicant agrees to maintain these records for a period of no fewer than three (3) years after the close of the primary grant award. Records must be made available upon request from the USDA and/or CSC. All CAA Pub. L. 116-260 payments are subject to audit by the USDA or the CSC. CSC may contact the applicant if more information is required.

By signing this affidavit, the applicant declares that they have read and understand the contents of this application. Additionally, the applicant affirms the information they provided on this application is correct to the best of their knowledge. Attempts to obtain federal grant money by attesting to false information may result in civil liability or criminal prosecution under federal or state law. I understand that, at a minimum, I will be required to repay any funds I received through the SPRS program based on false information.

Seafood Processor/Dealer/Authorized Representative Signature _____ Date _____

Last _____ First _____ MI _____
(Please Print)

Applicant Information:

Business Name: _____

California Department of Fish and Wildlife (CDFW)
Fish Dealers or Fishermen's Retail License #:

Employer Identification (EIN) or Social Security
Number:

Phone: _____

Email: _____

Business's Physical Address:

I certify that the contact information I have provided above is accurate.

Please provide, to the nearest dollar, the amount you or your business have spent in preparing for, preventing exposure to, and responding to COVID-19 for the below expenditure categories. Please note that you must supply a completed worksheet of date of expenditures, amounts of receipts, and an explanation of the expense for all items being requested for reimbursement by annotating each allowable cost. Applications must be postmarked or received electronically by **December 31, 2022 at 11:59 pm PST.**

If you have questions, please email SPRSgrant@gmail.com or call CSC at 916-933-7050.

Expenditure Category <i>Use the SPRS Expense Worksheet provided to assist in completing the information below.</i>	Requested Reimbursement (\$)
Workplace Safety Measures Examples: personal protective equipment (PPE), sanitizer, hand washing stations, air filters, thermometers, cleaning supplies, or similar items.	\$ _____
Market Pivots Examples: transition to virtual/online sales costs (online platform development and fees, online marketing, credit card processing fees), supplies, new signage.	\$ _____
Facility Retrofitting Examples: retrofitting harvester vessels for onboard vessel processing to maximize open-air activities, plexiglass, walk up windows, heat lamps, fans, tents, propane, weights, tables, chairs.	\$ _____
Transportation Examples: Additional transportation costs incurred to maintain social distancing, new transportation routes.	\$ _____
Worker Housing Examples: Additional worker housing costs incurred to maintain social distancing or to allow for quarantining of new or exposed employees.	\$ _____
Medical Examples: Unreimbursed costs associated with providing or enabling vaccinations, testing, or healthcare treatment of infected employees, including any paid leave.	\$ _____
Total Requested Reimbursement <i>(CSC will determine the maximum amount an approved grantee may receive.)</i>	\$ _____

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts as set forth in the SPRS Worksheet are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise. (US Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Print Name

Signature

Date

You must provide the SPRS Expense Worksheet.