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DELAWARE SEAFOOD PROCESSORS PANDEMIC RESPONSE AND SAFETY BLOCK GRANT PROGRAM APPLICATION

The Delaware Seafood Processors Pandemic Response and Safety (SPRS) Block Grant Program will reimburse eligible seafood processors and wholesale dealers for certain expenses related to COVID-19 that were incurred between January 27, 2020, and December 31, 2021.

APPLICANT INFORMATION (*EACH INDIVIDUAL ANIMAL REQUIRES A SEPARATE PERMIT)

Name: (Last, First, Middle)			Birthdate (mm/dd/yy):
Business Name:		Type of Seafood Processor	Business:
Federal Employer Identification Number (FEIN) or Social Security #		☐Copies of all D	ONREC Certifications DE Business Licenses
Business Address:		City, State, Zip C	ode:
Mailing Address: (If different)		City, State, Zip C	ode:
Daytime Phone:		Evening Phone:	
Email:			
DDA Office Use Only:	☐ Date Received ☐ Permits, Certifications, Business	☐ Date Proc	

REQUESTED AMOUNT (USE EXPENDITURE CATEGORIES TO FILL IN THE INFORMATION BELOW)

The amount requested below 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. Please note that you must supply expenditure receipts/records for all items being requested for reimbursement by annotating each allowable cost.

REQUESTED AMOUNT: \$		
REQUESTED AMOUNT. 3		

EXPENDITURE CATEGORIES

Category 1: Workplace Safety Measures

List and describe expenses incurred during the period of January 27, 2020, and December 31, 2021, where workplace safety measures were implemented in order to prepare for, prevent exposure to, and respond to COVID-19. (Examples: personal protective equipment (PPE), thermometers, cleaning supplies, hand washing stations, air filters, new signage related to COVID-19)

Description of Expense	Date Range of Expense	Total Cost (\$)	Documentation Attached
тоти	AL AMOUNT REQUESTED CATEGORY 1:		,

Category 2: Market Pivots

List and describe expenses incurred during the period of January 27, 2020, and December 31, 2021, where market pivots were implemented in order to prepare for, prevent exposure to, and respond to COVID-19. (Examples: transition to virtual/online sales costs (online platform development and fees, online marketing, credit card processing fees), supplies, new signage to communicate market pivots)

Description of Expense	Date Range of Expense	Total Cost (\$)	Documentation Attached
TOTA	AL AMOUNT REQUESTED CATEGORY 2:		

Category 3: Retrofitting Facilities

List and describe expenses incurred during the period of January 27, 2020, and December 31, 2021, where retrofitting facilities for worker and consumer safety were implemented in order to prepare for, prevent exposure to, and respond to COVID-19. (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)

Description of Expense	Date Range of Expense	Total Cost (\$)	Documentation Attached
TOT	AL AMOUNT REQUESTED CATEGORY 3:		

Category 4: Transportation

List and describe expenses incurred during January 27, 2020, and December 31, 2021, to provide additional transportation options to maintain social distancing and worker and consumer safety to prepare for, prevent exposure to, and respond to COVID-19. (Examples: additional transportation costs incurred to maintain social distancing, new transportation routes)

Description of Expense	Date Range of Expense	Total Cost (\$)	Documentation Attached
ТОТА	AL AMOUNT REQUESTED CATEGORY 4:		

Category 5: Worker Housing

List and describe expenses incurred during the period of January 27, 2020, and December 31, 2021, to provide worker housing that served to prepare for, prevent exposure to, and respond to COVID-19. (Examples: additional worker housing costs incurred to maintain social distancing or to allow for quarantining of new or exposed employees)

Description of Expense	Date Range of Expense	Total Cost (\$)	Documentation Attached
TOTA	AL AMOUNT REQUESTED CATEGORY 5:		

Category 6: Medical

List and describe expenses incurred during January 27, 2020, and December 31, 2021, that provided health services to prepare for, prevent exposure to, and respond to COVID-19. (Examples: unreimbursed costs associated with providing or enabling vaccinations, testing, or healthcare treatment of infected employees, including any paid leave)

Description of Expense	Date Range of Expense	Total Cost (\$)	Documentation Attached
тота	L AMOUNT REQUESTED CATEGORY 6:		

APPLICANT ELIGIBILITY, SELF-CERTIFICATION, AND ASSURANCES

The 2023 Seafood Processors Pandemic Response and Safety (SPRS) Block Grant Program, part of the Consolidated Appropriations Act of 2021, signed into law on December 27, 2020, authorized the U.S. Secretary of Commerce to provide \$50 million to eligible state agencies to provide relief to seafood dealers and seafood processors. To qualify for SPRS reimbursement, applicants must participate in a Delaware-based seafood dealing/wholesaling/processing business.

In applying for Federal assistance from the U.S. Department of Agriculture (USDA) through the Delaware Department of Agriculture (DDA), I certify that the following statements are true.

(APPLICANT INITIAL)	I am an eligible recipient of assistance under the Consolidated Appropriations Act (CAA), 2021, Pub. L. 116-260. Processor means that 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. Dealer means any 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.
(APPLICANT INITIAL)	I have proper expenditure receipts/records for all protective measures being requested for reimbursement and am supplying such with this application. I have annotated which costs I am asking to be considered for reimbursement on the receipts (e.g., highlight the applicable line items).
(APPLICANT INITIAL)	I am not debarred from receiving federal funds, nor am I on the federal government's "do not pay list."
(APPLICANT INITIAL)	I am 18 years of age or older.
(APPLICANT INITIAL)	I attest to only submitting an application requesting reimbursement from the State of Delaware for the SPRS grant. However, if I have facilities located in multiple states, and I have not submitted a request for reimbursement for the Delaware facility with other applications, provide the name of the State, Tribe, or Territory where an application was submitted for SPRS:
(APPLICANT INITIAL)	I have completed my online W-9 form at https://esupplier.erp.delaware.gov/ . My Supplier ID Number (different from the Registration Number) is:
(APPLICANT INITIAL)	I agree to maintain these documents/records for a period of no less than 3 years after the close of the primary grant award from the USDA. I understand that documents and records must be
	made available upon request from the State of Delaware, USDA, or the Office of the Inspector General.

Should the applicant receive reimbursement to mitigate the financial burden of purchasing protective measures to respond to 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. This program will not provide financial reimbursement for expenditures that are reimbursed by other sources. 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 expenditure receipts/records 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 that do not have accompanying expenditure receipts/records at the time of the application deadline will not be considered.

DDA will determine the maximum award amount for all SPRS-approved applicants based on the total amount of federal funding allocated to DDA for this program and the total number of approved applicants.

This six-page application and accompanying expenditure receipts/records can be submitted by mail to Delaware Department of Agriculture, Attn: Marketing - SPRS Grant, Dover, DE 19901, or email to DDA.Marketing@delaware.gov. Documents must be postmarked on or before November 30, 2023, or received electronically-by-DDA-by-November 30, 2023, at 11:59 p.m. EST. 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 less than three (3) years after the close of the primary grant award from the USDA. I understand that documents and records must be made available upon request from the State of Delaware, USDA, or the Office of the Inspector General. All CAA Pub. L. 116-260 payments are subject to audit by DDA. DDA 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 true and 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 receive through the SPRS program based on false information.

Seafood Processor/Dealer/Authorize	ed Representative Signature	Date
Last Name (Please Print)	First Name (Please Print)	Middle Initial (Please Print)