



## Application Package for the 2007 Ice Compensation Program

### PROGRAM DESCRIPTION AND ELIGIBILITY CRITERIA

This program is meant to provide grants to commercial fish harvesters whose fishing activities have been prevented or delayed by severe ice conditions in the spring of 2007, and for whom Employment Insurance Fishing Benefits have expired.

The dates of program coverage vary according to the persistence of ice in different areas. Please consult the table below to determine your period of eligibility. End dates are tentative for Labrador north of Cape St. Charles, due to ongoing ice coverage. Please call the toll free number at the end of this information sheet to obtain final dates.

#### TO BE ELIGIBLE FOR THIS PROGRAM, YOU MUST MEET FOUR CRITERIA:

1. You must have received Employment Insurance (EI) Fishing Benefits in both 2005 and 2006.
2. Your benefits from your most recent 2006/2007 EI Fishing Benefits claim must have expired.
3. You must reside within one of the following ice affected areas OR you must fish on a vessel operating predominantly in one of these areas:

Eligible Ice-Affected Areas	Program Period (Tentative if marked **)
▪ Trinity Bay (Grates Cove to Cape Bonavista)	May 6 to June 2 (4 weeks)
▪ Bonavista Bay (Cape Bonavista to Cape Freels)	May 6 to June 2 (4 weeks)
▪ Notre Dame Bay/Fogo (Cape Freels to New Bay Head)	May 6 to June 2 (4 weeks)
▪ Green Bay (New Bay Head to Cape St. John)	May 6 to June 9 (5 weeks)
▪ White Bay - North (Cape St. John to Cape Bauld)	May 6 to June 23 (7 weeks)
▪ Northern Peninsula - North (Cape Bauld to Ferrole Point)	May 6 to June 9 (5 weeks)
▪ Labrador Straits (Blanc Sablon to Cape St. Charles)	May 6 to June 9 (5 weeks)
▪ Labrador <sup>1</sup> (North of Cape St. Charles)	May 27 to July 14 (7 weeks) **
▪ Quebec – Lower North Shore (Blanc Sablon to Kegaska)	May 6 to June 9 (5 weeks)

<sup>1</sup> Geographic boundaries and program period for Labrador (North of Cape St. Charles) are subject to further monitoring of ice conditions and fishing activity after June 23, 2007.

4. You must complete and sign the attached application form. Part B of the form is your personal attestation (or declaration) that you have been adversely affected by ice conditions.

### GRANT PAYMENTS

- If your application is successful, your grant payment will be up to \$377 per week. You will become eligible to receive ice compensation benefits two weeks following your final 2006/2007 EI Fishing Benefit payment, or the start date of the program, whichever is later.
- Beginning with the week in which you start earning fishing income, your grant payment for the remaining weeks will be reduced dollar-for-dollar by the cumulative amount you earned from fishing (including sealing).
- Any payment you receive under this program is taxable; however, income tax will not be deducted at source from these grants. A tax information slip will be issued in February 2008 and the amount of the grant must be reported on your income tax return for 2007.
- Any payment you receive under this program is not insurable and cannot be used for a future Employment Insurance claim.
- Any payment that you receive in error, or as a result of misleading statements or inaccurate information, is recoverable by the Government of Canada as a debt to the Crown.



### INFORMATION ABOUT SUBMITTING YOUR APPLICATION

- You can apply after June 23, 2007. Applications will not be accepted after August 4, 2007.
- Your completed application should be sent to:  

Gander Service Canada Centre  
1 Markham Place  
McCurdy Complex, 3<sup>rd</sup> Floor  
Gander, NL A1V 1W7
- Alternatively, you can submit your application in person to your local Service Canada Centre. To find the Service Canada Centre nearest you, call 1 800 O-Canada.
- Fish harvesters in Labrador (North of Cape St. Charles) may be required to submit a supplementary Report of Fishing Income if ice persists and eligibility is extended beyond June 23, 2007. The supplementary report will be available at the DFO web site below, at your local Service Canada Centre, and at Fisheries and Oceans offices.
- Incomplete applications will not be processed, and will be returned to you at the mailing address you provide on the application form.
- If your application is rejected, you will be notified in writing at the mailing address you provide on the application form.

### CONTACT INFORMATION

Please contact Fisheries and Oceans Canada at the number below if you require assistance completing this application form, if you wish to inquire about the status of your application, or if you have any other questions related to this program.

**1 866 266-6603**

Information and application forms are also available on the Fisheries and Oceans Canada web site at <http://www.dfo-mpo.gc.ca> . Look in the sidebar called "Find Info On ..."



APPLICATION FORM: 2007 ICE COMPENSATION PROGRAM

Before completing this form, please read the eligibility criteria on the attached information page. If you require additional information, call 1 866 266-6603.

Please retain the attached information page, as it contains valuable information for future reference.

A. APPLICANT INFORMATION			
1. FAMILY NAME		4. SOCIAL INSURANCE NUMBER	
2. GIVEN NAME	3. INITIALS (if any)	5. FISHER IDENTIFICATION NUMBER (if any)	
6. TELEPHONE NO. (     )	7. ALTERNATE PHONE (if any) (     )	8. DATE OF BIRTH ( DD / MM / YYYY )	
9. HOME ADDRESS			
9a. NUMBER AND STREET (APT.NO., P.O. BOX, OTHER)			
9b. CITY/TOWN			
9c. PROVINCE		9d. POSTAL CODE	
10. MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)			
10a. NUMBER AND STREET (APT. NO., LOT, CONCESSION, P.O. BOX, OTHER)			
10b. CITY/TOWN			
10c. PROVINCE		10d. POSTAL CODE	
B. PERSONAL ATTESTATION (legal declaration)			
11. <input type="checkbox"/> I reside in one of the eligible ice affected areas (see information page for eligible areas). <input type="checkbox"/> I do not reside in one of the eligible ice affected areas, but I fish on a vessel operating predominantly in an eligible area.			
12. Due to ice conditions in early 2007, I was prevented from fishing during all or part of the period covered by this program (see information page for eligible program period in your area). <input type="checkbox"/> yes <input type="checkbox"/> no			
13. I am primarily: <input type="checkbox"/> an enterprise owner / skipper <input type="checkbox"/> a crew member			
14. <b>Crew members</b> , please provide the following information about the ice-affected enterprise on which you fish:  Enterprise Owner's Name: _____  Enterprise Owner's Commercial Fishing Vessel (CFV) Number:  _ _ _ _ _ _ _ _ _ _			
<b>Crew members please note that Fisheries and Oceans Canada may be required to contact the enterprise owner you name here, or fish buyers, to verify your employment and/or earnings.</b>			



APPLICANT'S SOCIAL INSURANCE NUMBER \_\_\_\_\_

**C. REPORT OF FISHING INCOME DURING THE PERIOD OF PROGRAM COVERAGE**

Report your "net" weekly earnings from fishing and seal hunting. Fishing earnings are considered to have been earned during the week in which the catch was landed.

For **enterprise owners**, "net" weekly earnings is defined as gross weekly fishing revenue - less amount paid to crew (crew share) - less 25% of gross earnings.

For **crew members**, "net" weekly earnings is defined as gross weekly crew share amount - less any fishing expenses paid by the crew member.

15a. May 6 - May 12, 2007	\$ <input type="text"/>	15e. June 3 - June 9, 2007	\$ <input type="text"/>
15b. May 13 - May 19, 2007	\$ <input type="text"/>	15f. June 10 - June 16, 2007	\$ <input type="text"/>
15c. May 20 - May 26, 2007	\$ <input type="text"/>	15g. June 17- June 23, 2007	\$ <input type="text"/>
15d. May 27 - June 2, 2007	\$ <input type="text"/>		

**Fish harvesters in Labrador (North of Cape St. Charles) may be required to submit a supplementary Report of Fishing Income for the period after June 23, 2007 should ice conditions persist in this area.**

**D. DECLARATION / CONSENT / SIGNATURE**

- I declare that to the best of my knowledge, the information provided on this application is true and complete in every respect. I understand that it is a criminal offence to knowingly make false statements.
- I consent to the use and exchange of employment insurance information and the information in this application between the Department of Human Resources and Skills Development Canada / Service Canada and the Department of Fisheries and Oceans Canada for the purpose of administering and auditing this program.
- I understand that any grant payments I receive under this program are taxable.
- I agree that the Government of Canada may recover any payment I receive for which I am not eligible, as a debt due to the Crown.
- **Applies to crew members only:** I agree to allow Fisheries and Oceans Canada to contact the enterprise owner I have named on this application, or fish buyers, to verify my employment and/or earnings.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Send your completed application to:

Gander Service Canada Centre, 1Markham Place, McCurdy Complex, 3<sup>rd</sup> Floor, Gander, NL A1V 1W7.

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU AT THE MAILING ADDRESS YOU HAVE PROVIDED**

**Approval of your application by Fisheries and Oceans Canada constitutes a grant agreement. Your cheque will be your notification that a grant agreement is in place.**

The information you provide on this form is collected under the authority of the Department of Fisheries and Oceans Act, the Atlantic Fisheries Restructuring Act, the Department of Human Resources and Skills Development Act, and the Department of Social Development Act for the purpose of determining your eligibility for the 2007 Ice Compensation Program.

Completion of this form is voluntary. However, failure to complete this form will mean that you will not be considered for the grant. By signing and submitting this form, you agree to allow the Department of Human Resources and Skills Development Canada (Service Canada) to share your personal information, including your Social Insurance Number, with the Department of Fisheries and Oceans Canada for the purposes of administering this program. Fisheries and Oceans will not retain your SIN information, and processed applications will be returned to Service Canada. Information may also be transmitted to the Canada Revenue Agency for administration and enforcement of the Income Tax Act.



APPLICANT'S SOCIAL INSURANCE NUMBER \_\_\_\_\_

The information you provide will be retained in a Personal Information Bank which is currently under development for this program. Under the provisions of the Privacy Act, the Department of Human Resources and Skills Development Act, and the Department of Social Development Act, individuals have the right to the protection of, and access to, their personal information. Instructions for obtaining this information are outlined in the government publication entitled *Info Source*, a copy of which can be obtained at your local Service Canada Centre. *Info Source* is also available on the web at <http://infosource.gc.ca>.

**FOR OFFICE USE ONLY**

Initial Screening:		YES	NO	DFO Assessment:	
Received fishing benefits in 2005:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Accept based on initial screen	<input type="checkbox"/> Reject based on initial screen
Received fishing benefits in 2006:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fishes on enterprise in ice-affected area. Confirmed: _____	
2006/2007 benefits have expired:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Further assessment required -- DFO File ID: _____	
Waiting period served:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Resides in eligible area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Date sent to DFO:	_____			Date returned to Service Canada:	_____

**Payment Calculation:**

_____ 21		22	_____ 28		29	_____ 5		6	_____ 12		13	_____ 19		20	_____ 26		27	_____ 2		3	_____ 9		10	_____ 16		17	_____ 23		24	_____
April				May				June																						

# eligible weeks before any fishing income: \_\_\_\_\_ wks x \$377 = \_\_\_\_\_ (1)

# eligible weeks after fishing commenced: \_\_\_\_\_ wks x \$377 = \_\_\_\_\_ (2)

total deductible fishing income \_\_\_\_\_ (3)

line (2) minus line (3) (enter zero if negative) \_\_\_\_\_ (4)

**Amount Payable:** line (1) plus line (4) \_\_\_\_\_

Service Canada: _____ signature of SC assessor	Approved <input type="checkbox"/>	_____
Date: _____	Denied <input type="checkbox"/>	signature of DFO representative
	Date: _____	