Nunatsiavut Government Commercial Fishery Designation Application

For more Information, contact Todd Broomfield, Director of Renewable Resources, at (709) 923-2365 ext. 227

Assessment of Eligibility, Experience, & Past Performance

Name:	Beneficiary Number:
Tel. Number:	Email Address:
Mailing Address:	
Residential	
Address (if	
different than .	
mailing address):	
Do you currently have	Northern Labrador Core Status? Yes / No
If yes, what year did y	ou receive your Northern Labrador Core Status:
Do you have Marine B	Basic First Aid? Yes / No Expiry Date:
Do you hold a Profess	ional Fish Harvester Certification? Yes/ No
If yes, what certification	on do you hold? Apprentice / Level I / Level II
f no, do you plan on a	acquiring Professional Fish Harvester Certification? Yes/ No
f yes , please outline o	letails of your plan to obtain certification, what level of certification you
	e estimated date of completion:
ease attach copies of vo	our Marine Basic First Aid and Professional Fish Harvester certificates.

How many years have you participated in the inshore or offshore commercial fishery?	
How many years have you relied on the inshore or offshore commercial fishery as your primary source of income?	s
How many years have you been designated to harvest under one of the Nunatsiavut Government's quotas or licenses?	
When was the first year you received a Designation?	
What species have you harvested most recently? Where? And with whom? If more space is needed, attach additional pages as required.	
Please attach copies of your Annual Reports for the previous 5-year Designation Cycle, inc for the year just completed (for the inaugural multiyear application or if you are a new Ap Annual Reports are expected to be provided).	cluding the one oplicant, no
Have you ever had a Designation revoked by the Director of Renewable Resources?	Yes/ No
Did you transfer a portion of your Designation for medical cause at any time in the previous year?	Yes/ No
If yes, have you received an approved Medical Certificate of Seafarer Fitness? Please attach a copy of this certificate (if applicable).	Yes/ No

Designation Request

Under which Nunatsiavut Government license or licenses are you applying to harvest? Mark X on all that apply and indicate how much quota you are requesting (in pounds).

		X	Requested Quota (lbs)15
1.	Area 2HJN snow crab		()
2.	Area 2J South snow crab		
3.	Area 2H Exploratory crab		
4.	Area SFA ²⁰ 4 shrimp	++	
5.	Area SFA 5 shrimp		
6.	Area 2+3K Competitive Greenland halibut:		
7.	Area 2 Communal Greenland halibut allocation:		
8.	Area 1 Competitive scallop ²¹		

¹⁹ There is no guarantee that an Applicant will receive the exact amount of their requested poundage. ²⁰ Shrimp Fishing Area

²¹ This policy is not intended to cover the Competitive Scallop Fishery as it stands in 2019, given the logistics of the fishery. Over the second cycle of the policy we will review how the Competitive Scallop Fishery will be integrated into Multiyear Designations. Applications for the Competitive Scallop Fishery are also due in March.

Harvesting Plan

Please make an X in the box next to the harvesting structure that describes how you plan to fish.

Vessel ownership Labrador Inuit Settlement Area (LISA)-resident Beneficiary harvester	
Vessel ownership non–LISA-resident Beneficiary harvester	
Lease-to-Own Arrangement with LISA- resident Beneficiary harvester	
Lease-to-Own Arrangement with non-LISA- Beneficiary harvester	
Lease-to-Own Arrangement with non- Beneficiary harvester	
Shareholding venture between LISA- resident Beneficiary harvester and non- Beneficiary harvester	
Shareholding venture between non-LISA- resident Beneficiary harvester and non- Beneficiary harvester	
Shareholding venture between LISA- resident Beneficiary harvester and non– LISA-resident Beneficiary harvester	
Cooperative Arrangement with LISA- resident Beneficiary harvester	
Cooperative Arrangement with non-LISA- resident Beneficiary harvester	
Cooperative Arrangement with non- Beneficiary harvester	
Annual Lease-to-Own or Cooperative Arrangement (for Annual Designation)	
f your arrangement is something other han those listed above, please attach a heet explaining said arrangement.	

If your arrangement is something other than those listed above, please attach a sheet to explain. In cases that do not fit into these categories, the Fishery Review Committee (FRC) may come to a consensus on an appropriate score for unique applications
Describe this harvesting structure in more detail including who owns the vessel and their contact information, and other relevant details. If more space is needed, attach additional pages as required.

Describe the vessel that will harvest the Designation by completing the table below.

If more than one vessel will be used, attach additional pages as required.

Vessel Name Vessel Owner Registration Number **Home Port** Year Built Last Transport Canada Inspection (Year) Length (specify metres or feet) Hull Construction Material (e.g., steel, fiberglass) Engine Description (e.g., diesel) Engine Horsepower **Number of Engines** Maximum Speed (knots) Crew Size Number of Berths Rigged For

Hold Capacity		
Other Relevant Details (e.g., presence of Refrigerated Sea Water system)		

Describe your fishing plan for the requested Designation by filling out the table below using your best estimation.

Use one table per species, attach additional tables as required.

Species and Fishing Area	
Fishing Start Date (your start date – not the fishing season)	
Fishing End Date (your finishing end date – not the fishing season)	
Number of Trips	
Length of Each Trip	
Type and Amount of Gear Used (e.g., 10 traps, 10 tubs of longline hooks, and so on)	
Bait Type	
Estimated Catch Per Trip (lbs)	
Total Catch for Fishing Season (lbs)	
Landing Location	
Other Relevant Details	

Business Plan

Describe the expectations of your Business Plan by filling out the table below.

Use these expectations to calculate your Business Plan's financial projections to your best possible estimation.

Fill out only the species and areas you have requested Designations for. Fill out all operating costs.

Species	Area	Amount Requested (lbs)	Number of Trips	Catch Per Trip (lbs)	Price Per Ib
Snow crab	2 HJN				
Snow crab	2J South				
Shrimp	SFA 4				
Shrimp	SFA 5				
Greenland halibut	2+3K Competitive				
Greenland halibut	Communal				
Competitive scallop	Area 1				

Operating Cost	Amount Required (in lbs or liters)	Cost Per Quantity (per lbs or liters)	Total Cost
Bait			
Fuel			
Inflation Rate/Year			

Fill out the Business Plan Template (available as a Microsoft Excel file from the Department of Lands and Natural Resources) to simplify calculations. Attach completed Business Plan Template as your financial projections.

Provide the financia provide the financia	ng terms of your vessel ownership loan below. If this is not a literms of your Lease, Shareholding, or Cooperative Arrang	applicable,
If more space is neede	ed, attach additional pages as required.	ement below.
1-		

Benefits Plan

Provide the number of crew positions for Beneficiaries that will be created each year of the Multiyear Designation. Also indicate what percentage of the total crew positions will be Beneficiaries. Do not include yourself in these numbers.

	Year 1	Year 2	Year 3	Year 4	Year 5
Number of Labrador Inuit Settlement Area (LISA)-resident Beneficiary crew positions					
Percentage of LISA- resident Beneficiary crew positions relative to total crew size ²²					
Number of non-LISA- resident Beneficiary crew positions					
Percentage of non– LISA-resident Beneficiary crew					

²² To calculate a percentage, divide the subset by the total number then multiply by 100. For example, number of LISA-resident Beneficiaries by the total number of crew members. If the total crew is 10 people and the number of LISA-resident Beneficiaries within the crew is 3, divide 3 by 10 (3/10) = $0.3 \times 100 = 30$ so the percentage of LISA-resident Beneficiaries is 30 percent.

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ut Commercial Fisheries Fund
It of this Designation. ²³ Provide

²³ Investment is broadly considered here to mean any of the following but not limited to: formal mentorship of crew members, providing/attending additional training, fisheries research and development efforts (e.g. quality improvement projects, gear technology research, emerging fisheries), charitable contributions to Nunatsiavut-based programs from revenue generated by Designations; or participation in fisheries consultations (such as those held by Fisheries and Oceans Canada, the Nunatsiavut Government, or Torngat Fish Producers Co-op).

Please note that applications will be assessed based on the necessary supporting documents provided prior to, or by the deadline, of this application.

Completed applications must be returned by February 28 Annually

Allocation Requested

Indicate the level of allocation requested (in pounds) per species and area per year.

	SFA 5	Shrimp
	SFA 4	Shrimp
	2J South	Snow Crab
	2J North/H South	Snow Crab
Requested		op control
Amount	Area	Species

Fishing Plan

Indicate the approximate number of trips and catch per trip (in pounds) for each species an allocation has been requested.

		Communal	Greenland Halibut
		2+3K Competitive	Greenland Halibut
		SFA 5	Shrimp
		SFA 4	Shrimp
		2J South	Snow Crab
		2J North/H South	Snow Crab
trip	Trips		
Catch per	Number of Catch per	Area	Species

Business Plan

Provide information on projected costs and revenues for the five years for the appropriate headings.

Greenland Halibut Communal	Greenland Halibut 2+3K	Shrimp Area 5	Shrimp Area 4	Snow Crab 2J South	Snow Crab 2J North/H South	Species

TOTAL INCOME

						Price Pounds
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	YEAR 1 TOTAL

				Price Pounds
\$	\$ \$	\$ \$	\$ -	YEAR 2 TOTAL

Business Plan - Continued

YEAR 3 TOTAL \$ - \$ -	\$						Pounds	Price
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	YEAR 3 IOTAL	VI AD

						Price Pounds
r.	\$ -	\$ -	\$ -	\$ -	\$ -	YEAR 4 TOTAL

				Pounds	Price
\$ \$ -	\$ \$ -	\$ -	\$ -	TEAN 3 TOTAL	VEAD E TOTAL

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Operating Expenses

Total Expenses NET INCOME	NCFF Fee	Vessel Charter Fee	Principle Payments	Interest Financing	Insurance	Miscellaneous Fee	Repair and Maintenance	Bait	Fuel	Crew Share	EXPENSE ITEM	
S											Year 1	
⋄											Year 2	

\$.		Year 3
\$		Operating Expenses - Continued Year 4
\$		Year 5