

KODIAK REGIONAL AQUACULTURE ASSOCIATION
2022 TELROD COVE COST RECOVERY FISHERY
PROPOSAL FORM

GENERAL INFORMATION:

COMPANY NAME: _____ CONTACT NAME: _____

KODIAK ADDRESS: _____ OTHER: _____

TELEPHONE: OFFICE _____ CELL _____

OTHER: _____ FAX: _____

EMAIL #1: _____ EMAIL #2: _____

ADDITIONAL INFORMATION/COMMENTS: _____

PROPOSED HARVEST/PRICE SCENARIO:

PREFERRED POUNDAGE / HARVEST DATES: Please indicate if you propose to take all 300,000 pounds of CRF sockeye salmon, or a portion of the total CRF goal. Also indicate your desired dates of operation, if different than the proposed harvest period of approximately June 28-July 20, 2022 (may be extended through July 31, if necessary).

PREFERRED HARVEST AMOUNT: _____ Pounds

PRICE PER POUND BID:

SOCKEYE SALMON: _____ **per Pound**

PINK SALMON: _____ **per Pound**

CHUM SALMON: _____ **per Pound**

COHO SALMON: _____ **per Pound**

WILL POST-SEASON PRICE ADJUSTMENTS BE OFFERED? _____

DETAILS OR COMMENTS: _____

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COST RECOVERY FISHERY HARVEST:

CATCHER-VESSEL: Please indicate the fishing vessel and crew to be used to harvest CRF sockeye salmon during the 2022 Telrod Cove Cost Recovery Fishery.

CRF FISHING VESSEL(S) AND OPERATOR(S) NAMES: _____

TENDERING/PROCESSING:

PROCESSING LOCATION: _____

CRF TENDER(S) AND OPERATOR(S) NAMES: _____

CRF TENDER(S) FISH TRANSFER/LOADING RATE: _____

ESTIMATED DAILY CRF TENDER CAPACITY: _____

SPECIAL CONDITIONS/CONSIDERATIONS: _____

PROPOSED PAYMENT PROCEDURE/SCHEDULE:

FUNDS WIRED/TRANSFERRED TO KRAA ACCOUNT: _____

FUNDS IN ESCROW ACCOUNTS: _____

COMMENTS/OTHER:

