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C-SIP 1-4

Fiscal Year 2025 Application

Please review eligibility and required documents before submitting your application. Cost-share reimbursement payments are considered reportable by the IRS and must be reported on your income tax returns. ***You will receive an IRS Form 1099 for this cost-share payment.*** The name and address submitted on the IRS Form W-9 are to whom and where the reimbursement check will be issued.

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| **CONTACT INFORMATION** | | | | |
| Landowner Name(s): Click or tap here to enter text. | | | | Plan Preparer Name: Click or tap here to enter text. |
| Landowner Mailing Address (street, city, state, zip): Click or tap here to enter text. | | | | |
| Landowner Telephone Number (including area code): Click or tap here to enter text. | | | | Landowner E-mail: Click or tap here to enter text. |
| **PROPERTY INFORMATION** | | | | |
| Total Property Acres: Click or tap here to enter text.  Acres to be covered by Plan: Click or tap here to enter text. | | | Town: Click or tap here to enter text.  County: Click or tap here to enter text. | Road: Click or tap here to enter text. |
| Does the property have any of the following? (check all that apply)  Chapter 132 Forest Cutting Plan  Forest Management or Stewardship Plan (M.G.L. CH61/61A/61B) | | | Forest Cutting Plan File Number (if known): Click or tap here to enter text.  Forest Management or Stewardship Climate Plan Case No if applicable: Click or tap here to enter text. | |
| **GENERAL ELIGIBILITY** | | | | |
| **Yes** | **No** | Applications will be evaluated using the pass/fail-based questions below. Details can be found in Section 5 of the C-SIP Manual (2025). | | |
|  |  | Is the applicant the property owner and do you hereby certify that I (we) have the legal authority to carry out C-SIP practices under a “Long-term” designated Forest Cutting Plan? | | |
|  |  | Is the applicant applying for C-SIP practices that are to be carried out on 1 acre or more? | | |
|  |  | Are there any rare, threatened, or endangered species on the property? | | |
|  |  | Is the proposed project going to receive supporting funds from another Massachusetts or Federal assistance program for the same activities as those being proposed? | | |
|  |  | Does the application submission include a Cutting Plan Stand Map (Project Location Map)? Please refer to Section 5 of the C-SIP manual for further Instructions. | | |
|  |  | Will the project be completed within the Fiscal Year 2025 Time frame? (Practice completion deadline of May 31, 2025) | | |
|  |  | Do you allow access to project area(s) by a DCR Service Forester for a field visit as part of the application evaluation? | | |
|  |  | Does the application submission include a C-SIP Work Plan? | | |
| **LANDOWNER SIGNATURE** | | | | |
| I (we) hereby certify that I (we) are the owners of record and have the legal authority to have the property listed above evaluated by the Massachusetts Private Forester of our choice and that the Climate Stewardship Incentive Practices for which I (we) are applying will address my (our) goals for the long-term management of the forest land, prepared to the standards outlined in the Service Forestry C-SIP Manual, and the receipt of cost-share funding.  Landowner Name (print): Click or tap here to enter text. Landowner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **CONTACT INFORMATION** | | | | | | | |
| Landowner Name(s): Click or tap here to enter text.  Property Town: Click or tap here to enter text.  Property Road: Click or tap here to enter text. | | | Application Date: Click or tap here to enter text. | MA Licensed Consulting Forester Name: Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone Number: Click or tap here to enter text. | | | |
| **CLIMATE STEWARDSHIP INCENTIVE PRACTICES REQUESTED** | | | | | | | |
| **Practices** | **Practice Requested** | | | | | **Cost-Share Rate** | **Total Request** |
| C-SIP 1  Harvest Layout | Harvest Layout Design | 1 to 50 acres | | |  | Up to 4 hrs. ($120/hr.) | \_\_\_\_\_\_\_ hours |
| 51 to 100 acres | | |  | Up to 8 hrs. ($120/hr.) | \_\_\_\_\_\_\_ hours |
| Over 101 acres | | |  | Up to 12 hrs. ($120/hr.) | \_\_\_\_\_\_\_ hours |
| Marking/Flagging Wetland Resource Boundaries | | | |  | Up to $0.15/ linear foot | \_\_\_\_\_\_\_ ft |
| C-SIP 1-Specific Application Requirements:  C-SIP Work Plan  C-SIP Forest Cutting Plan Stand Map | | | | | | |
| C-SIP 2  Legacy Tree Retention | Individual Legacy Tree Retention (marking) | | | |  | $30/tree. Up to 10 trees/ac | \_\_\_\_\_\_\_ trees |
| Patch Legacy Tree Retention (marking) | | | |  | $0.25/linear foot. | \_\_\_\_\_\_\_ linear feet |
| C-SIP 2-Specific Application Requirements:  Forest Stewardship Climate Plan Location of Legacy Trees and the perimeter of Patch Retention Area (GPS,KML, GPX, .shp)  Legacy Trees are marked with an “L” on both sides | | | | | | |
| C-SIP3  Tree Marking  Increasing Future Adapted  Species and Structural Diversity | Marking Cut Trees | | | |  | Up to 1hr./acre ($120/hr.) | \_\_\_\_\_\_\_ ac |
| Marking Leave Trees | | | |  | Up to 1hr./acre ($60/hr.) | \_\_\_\_\_\_\_ ac |
| C-SIP 3-Specific Application Requirements:  Forest Stewardship Climate Plan  Please select one:  Tree Marking for Resistance  Tree Marking for Resilience  Tree Marking for Transition | | | | | | |
| C-SIP 4  Invasive Species Control | Light Mechanical: conditions are appropriate for removal | | | |  | $474/acre | \_\_\_\_\_\_\_ ac |
| Light: 10% to 25% of the of the treatment area is occupied by target species | | | |  | $309/acre | \_\_\_\_\_\_\_ ac |
| Moderate: 26% to 66% of the treatment area is occupied by target species | | | |  | $543/acre | \_\_\_\_\_\_\_ ac |
| Heavy: Greater than 67% of the treatment area is occupied by target species | | | |  | $1,193/acre | \_\_\_\_\_\_\_ ac |
| C-SIP 4-Specific Application Requirements:  Approved Ch. 132 Forest Cutting Plan  C-SIP Work Plan  C-SIP Forest Cutting Plan Stand Map  MA Licensed Pesticide Applicator Information (if know at time of C-SIP Application) Name: Click or tap here to enter text. License #: Click or tap here to enter text. | | | | | | |
| **C-SIP 1-4: GENERAL APPLICATION REQUIREMENTS**  Forest Cutting Plan (or intent to submit one within 20 days of C-SIP Cost-Share application submission) C-SIP Forest Cutting Plan Stand Map (Project Location Map) C-SIP Work Plan W-9 | | | | | | | |
| **LANDOWNER SIGNATURE** | | | | | | | |
| **Please check the one that applies:**  I (we), the applicant, authorize all cost-share funds for the above-outlined practice **(C-SIP \_\_\_\_\_)** to be **paid directly to Consulting Forester.**  I (we), the applicant, authorize all cost-share funds for the above-outlined practice **(C-SIP \_\_\_\_)** to be **paid directly to MA Licensed Timber Harvester.**  I (we), the applicant, request that a check for all cost-share funds for the above-outlined practice **(C-SIP \_\_\_\_ )** be **sent to my, the landowner’s, mailing address**.  Only applications with completed IRS Form W-9 will be processed. Cost-share reimbursement payments are considered reportable by the IRS and must be reported on your income tax returns. The name and address submitted on the IRS Form W-9 are to whom and where the reimbursement check will be issued. Please contact the Forest Stewardship Office within thirty (30) days of application submission if you (the applicant) determine the information on the application to be incorrect or desire to withdraw your application. If you decide at any point to not implement approved C-SIP Practices, you must notify the Massachusetts Forest Stewardship Program.  Landowner Name (print): Click or tap here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.  Consulting Forester (print): Click or tap here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.  MA Licensed Timber Harvester (print): Click or tap here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date. | | | | | | | |

**C-SIP 1- 4 Fiscal Year 2025 Application**