DCR Massachusetts Department of Conservation and Recreation

Fiscal Year 2027

DCR Cost-Share Application — Print/Handwritten Form

Forest Stewardship • Foresters for the Birds • Climate Forestry

APPLICATION MUST BE APPROVED BY DCR BEFORE PLAN, ASSESSMENT, OR TECHNICAL-ASSISTANCE WORK BEGINS.

Complete in ink and print clearly. Submit this application with a completed IRS Form W-9. Complete Section 4 only when applying for CR Plan Renewal. Optional demographic questions may be skipped.

1. APPLICANT CONTACT INFORMATION

Applicant/Landowner name(s) or entity:	**Applicant type:**
Mailing address (street, city, state, ZIP):	**Primary contact email:**
Telephone:	**Consulting forester, if selected:**

2. PROPERTY INFORMATION

Property town:	**County:**
Street/Road or nearest address:	**Total property acres:**
Acres covered by plan/assessment:	**Approximate acquisition date (optional):**

3. COST-SHARE ASSISTANCE REQUESTED

☐ Conservation Restriction Plan Renewal cost-share
☐ New Forest Stewardship Plan
☐ Bird Habitat Assessment — Foresters for the Birds
☐ Climate Forestry Plan/Assessment
☐ Up to 4 hours of pre-plan Climate Forestry technical assistance
☐ Up to 2 hours of completed Climate Forestry plan review

4. CONSERVATION RESTRICTION INFORMATION - REQUIRED FOR CR PLAN RENEWAL FUNDING

Complete only when applying for CR Plan Renewal. Funding is available only for qualifying state-held CR/WPR properties.

Conservation Restriction Holder:	**Registry District where CR is recorded:**
CR Book:	**CR Page:**

5. EXISTING PLAN AND OWNERSHIP STATUS

☐ Existing Chapter 61, 61A, or 61B management plan
☐ Existing Forest Stewardship Plan
☐ New owner of property with an existing plan
☐ No existing Forest Stewardship or Chapter 61/61A/61B plan
☐ Not sure — please contact me

Existing plan expiration/recertification date, if known:	**Existing plan preparer, if known:**

6. OPTIONAL DEMOGRAPHIC AND PROGRAM ACCESS INFORMATION

DCR uses these responses for program evaluation, reporting, and efforts to improve equitable access. You may skip any question or choose "Prefer not to answer."

Primary residence ZIP code	**Gender (optional)**
Tribal affiliation (optional)	

Veteran status:	☐ Yes ☐ No ☐ Prefer not to answer
Beginning Forest Land Steward:	☐ Yes ☐ No ☐ Not sure/contact me ☐ Prefer not to answer
Age:	☐ 18–29 ☐ 30–39 ☐ 40–49 ☐ 50–59 ☐ 60+ ☐ Prefer not to answer
Are you a Forest Land Steward living in an Environmental Justice area?: Use the Massachusetts 2020 Environmental Justice Populations Tool (at URL t.ly/xStiF) to determine whether your home address falls within a census tract that is overburdened.	☐ Yes ☐ No ☐ Not sure/contact me ☐ Prefer not to answer
Are you a Limited Resource Forest Land Steward (Producer)?: Please visit Limited Resource Farmer/Rancher - Determination Tool (at URL t.ly/gKmua)	☐ Yes ☐ No ☐ Not sure/contact me ☐ Prefer not to answer
Has a DCR Service Forester conducted a woods walk on your property?:	☐ Past 3 months ☐ Past year ☐ More than a year ☐ No
Have you ever attended a Service Forestry outreach or educational event?:	☐ Past 3 months ☐ Past year ☐ More than a year ☐ No
Race and ethnicity — select all that apply:	☐ American Indian or Alaska Native ☐ Asian Indian ☐ Black or African American ☐ Chamorro ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Native Hawaiian ☐ Samoan ☐ Vietnamese ☐ White ☐ Another race or ethnicity ☐ Prefer not to answer

7. CERTIFICATION AND SIGNATURE

☐ I certify that the information provided is accurate and understand that DCR approval is required before reimbursable work begins.

☐ A completed IRS Form W-9 is included or will be submitted with this application.

Applicant/Landowner signature: _____ Date: _____

Submit to: Massachusetts Forest Stewardship Program, 355 West Boylston Street, Clinton, MA 01510 | michael.downey@mass.gov

8. DCR REVIEW AND AUTHORIZATION — DEPARTMENTAL USE ONLY

Status: ☐ Approved ☐ Disapproved—Ineligible ☐ No Funds Available—Keep on File ☐ Pending Information

Date received: _____ Acres approved: _____ Reimbursement approved: $_____

Comments/conditions:

_____

_____

_____

☐ I certify that this application meets applicable ForestsWork Initiative and Massachusetts Forest Stewardship Program requirements.

DCR authorizing signature: _____ Date: _____

INTERNAL PROCESSING CHECKLIST

☐ W-9 received and reviewed

☐ Eligibility verified

☐ CR/WPR information verified, if applicable

☐ Cost-share rate verified

☐ Applicant/payee information matches W-9

☐ Approval/disapproval notice issued