Shape

Description automatically generated with low confidenceReview 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 may receive an IRS Form 1099 for this cost-share payment.*** The name and address submitted on the IRS Form [W-9](https://www.mass.gov/doc/w-9-form-6/download) are to whom and where the reimbursement check will be issued. Submit application by email to: [DCR.Forestry@mass.gov](mailto:DCR.Forestry@mass.gov) with ‘Timber Mat Program Application’ in the subject line or by mail to: DCR Amherst Field Office, P.O. Box 484, Amherst, MA 01004.

Timber Mat Pilot Program Fiscal Year 2024 Application

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | |
| Name: | | | Business Name: |
| Mailing Address (number, street, city, state, zip): | | | |
| Telephone Number (including area code): | | | E-mail: |
| **GENERAL ELIGIBILITY** | | | |
| **Yes** | **No** | Applications will be evaluated using the pass/fail-based questions below. | |
|  |  | Are you a commercial timber harvesting business owner with an active Massachusetts Timber Harvester License in good standing with the Department of Conservation and Recreation? | |
| If you answered **yes** above, provide your Massachusetts Timber Harvester License number: | | | |
|  |  | Are you a commercial timber harvesting business owner that employs or contracts licensed timber harvesters in good standing with the Department of Conservation and Recreation? | |
| If you answered **yes** above, provide the Massachusetts Timber Harvester License numbers of your employees or contractors: | | | |
|  |  | Are you a commercial sawmill business owner? | |
|  |  | Are you a timberland owner in the primary business of forest management demonstrated with an average of at least two forest cutting plans per year? | |
|  |  | Are you a Massachusetts resident? | |
|  |  | Do you or your business own forestland in Massachusetts? | |
|  |  | Are you, an employee, or contractor currently harvesting under a forest cutting plan or harvested under a forest cutting plan within the last 12 months? | |
| If you answered **yes** above, provide the file number to the forest cutting plan: | | | |
|  |  | Are the mats you will purchase at least 16’ long, 4’ wide, and 8” in height? Cost-share can be applied to hardwood mats that exceed these dimensions. | |
|  |  | Are the mats you will purchase constructed from durable hardwood timbers that are secured by steel rods? | |
|  |  | Are the mats you will purchase new and not previously used? | |
|  |  | Will the mats you purchase be delivered to your harvest site or place of business before May 30, 2024? | |
| **TIMBER MAT INFORMATION** | | | |
| |  |  | | --- | --- | | Number of mats requested for cost-share: | Mat Business Name: | | Mat Business Mailing Address (number, street, city, state, zip): | | | Mat Business Telephone Number (including area code): | | | | | |
| **SIGNATURE** | | | |
| 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. You may receive an IRS Form 1099 for this payment. Please contact DCR.Forestry@mass.gov as soon as possible if you determine the information on the application to be incorrect or desire to withdraw your application.  I acknowledge that I have read and understand the program requirements. I hereby certify that the information provided by me is true and correct.  Name (print): \_\_\_\_\_\_ \_\_\_\_\_\_ Signature: \_\_\_\_\_\_ \_\_\_\_\_\_ Date: \_\_\_\_\_\_ \_\_\_\_\_\_ | | | |
| **FOR DEPARTMENTAL USE ONLY** | | | |
| **Approval:** Mats Approved:  **Disapproval:** ☐ Ineligible ☐ No Funds Available (keep on file)  ☐ I certify that this application meets the eligibility requirements for the Timber Mat Program.  DCR AUTHORIZING SIGNATURE: DATE: | | | |