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 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 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

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| **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** |
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| --- | --- |
|  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: |