



# Timber Mat Program - Fiscal Year 2025

## DCR Cost-Share Application

Funded through the Forests as Climate Solutions Initiative

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 cost-share payments.** The name and address submitted on the [IRS Form W-9](#) are to whom and where the reimbursement check will be issued.

⇒ **Submit application and W-9 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.**

APPLICANT INFORMATION	
Name:	Business Name:
Mailing Address (number, street, city, state, zip):	
Phone # (incl. area code):	E-mail:
ELIGIBILITY	
<b>YES</b>	<b>NO</b>
<b>Applications will be evaluated using the pass/fail questions below</b>	
<input type="checkbox"/>	<input type="checkbox"/> Are you a commercial timber harvesting business owner with an active Timber Harvester License in good standing with DCR? If yes, provide your Massachusetts Timber Harvester License number:
<input type="checkbox"/>	<input type="checkbox"/> Are you a commercial timber harvesting business owner that employs/contracts licensed harvesters in good standing with DCR? If yes, provide their Massachusetts Timber Harvester License number(s):
<input type="checkbox"/>	<input type="checkbox"/> Are you a commercial sawmill business owner?
<input type="checkbox"/>	<input type="checkbox"/> 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?
<input type="checkbox"/>	<input type="checkbox"/> Are you a Massachusetts resident?
<input type="checkbox"/>	<input type="checkbox"/> Do you or your business own forestland in Massachusetts?
<input type="checkbox"/>	<input type="checkbox"/> 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 yes, provide the following information below. File number can be found on the top right corner on the front page of the cutting plan. Cutting Plan File Number: <input type="checkbox"/> Currently harvesting <input type="checkbox"/> Harvested within the last 12 months
<input type="checkbox"/>	<input type="checkbox"/> Will the mats you intend to purchase be minimum 16' long, 4' wide, and 8" in height and constructed of durable hardwood timbers?
<input type="checkbox"/>	<input type="checkbox"/> Will the mats you intend to purchase be new and not previously used?
<input type="checkbox"/>	<input type="checkbox"/> Will the mats you intend to purchase be delivered to your harvest site or place of business before January 30, 2025?
TIMBER MAT INFORMATION	
Number of mats requested for cost-share:	Mat Supplier Business Name:
Mat Supplier Address (number, street, city, state, zip):	
ADDITIONAL INFORMATION – OPTIONAL	
Do you currently have timber mats? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you do, where do you use them? <input type="checkbox"/> Landings <input type="checkbox"/> Access Roads <input type="checkbox"/> Skid Roads <input type="checkbox"/> Stream Crossings <input type="checkbox"/> Wetland Crossings	
Which of the following equipment do you use? <input type="checkbox"/> Harvester <input type="checkbox"/> Skidder <input type="checkbox"/> Forwarder <input type="checkbox"/> Tractor <input type="checkbox"/> Chipper	
If you currently have mats, why do you need more? Answer below	
<input type="checkbox"/> Multiple crews <input type="checkbox"/> One crew - multiple ongoing harvests <input type="checkbox"/> Harvests require more than I own <input type="checkbox"/> Current mats are failing <input type="checkbox"/> Other	
APPLICANT SIGNATURE	
<u>Only applications with completed <a href="#">IRS Form W-9</a> will be processed.</u> The IRS considers cost-share reimbursement payments reportable 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 be issued. <b>You may receive an IRS Form 1099 for cost-share reimbursement payments.</b>	
I acknowledge that I have read and understand the program requirements. I certify that the information provided by me is true and correct.	
Signature:	Date:
FOR DEPARTMENTAL USE ONLY	
<b>Approval</b>	Mats Approved: <input type="checkbox"/> <b>Disapproval</b> <input type="checkbox"/> Ineligible <input type="checkbox"/> No Funds Available (keep on file)
Comments:	
<input type="checkbox"/> I certify that this application meets the eligibility requirements for the Timber Mat Program.	
DCR AUTHORIZING SIGNATURE:	DATE: