



**MONTANA
MAIN STREET**
MONTANA DEPARTMENT OF COMMERCE

Tier Advancement Application

The Montana Main Street (MMS) program is dedicated to bettering the economic, historic, and cultural vitality of downtowns through community development, revitalization, and historic preservation. MMS will foster grassroots efforts through coordination and technical assistance focused on a comprehensive approach to restoring healthy community commercial districts and preserving the historic structures that contribute to Montana's unique sense of place.

The goal of the Montana Main Street Program is to enable and support local community efforts to engage in long-range planning and downtown revitalization. A new affiliate member community in the Montana Main Street Program should be working toward both organizational and planning benchmarks. An affiliate community interested in advancing in the tier system must complete a Tier Advancement Application. Communities may only apply to advance to the next tier in the program succession. While there is no set timeline for advancement, an affiliate community must consult with program staff and successfully demonstrate having reached the following advancement benchmarks before applying. Please refer to the MMS Program Guidelines for more information about the benefits of designated membership and tier advancement benchmarks. If you have any questions regarding the application and/or selection process, please contact Montana Main Street Program staff, at (406) 841-2770 or docmtmainstreet@mt.gov. Completed applications may be submitted by mail or via email using the address below:

Montana Department of Commerce
Montana Main Street Program
PO Box 200523
Helena, MT 59620-0523
DOCMTMainStreet@mt.gov

Tier Advancement Benchmarks

1. An adopted growth policy and downtown master plan in place; other beneficial planning documents are encouraged;
2. An organizational structure with at least one paid staff member to oversee the local program;
3. An established Board of Directors and Main Street committee(s);
4. A developed community work plan, updated annually, to include prioritizations of projects, working project timelines, and local division of project responsibilities;
5. An established volunteer base and ability to demonstrate volunteer contribution to downtown efforts in quarterly reinvestment statistics;
6. Demonstrated and practiced application of the Main Street Four Point Approach;
7. Proven success in obtaining, administering and completing Montana Main Street grant application project(s);
8. Consistent and timely reporting of quarterly reinvestment statistics;
9. Local membership with the National Main Street Center.

Applicant Information

City/Town

Organization Name (if different than city):

Designated Contacts (one contact must be affiliated with local government):

Primary Contact

Name

Title/Affiliation

Address

Phone/Fax

Email

Secondary Contact

Name

Title/Affiliation

Address

Phone/Fax

Email

Additional Contact

Name

Title/Affiliation

Address

Phone/Fax

Email

Mayor

Name of Mayor (Mayor must certify/sign application page 5):

Address

Phone/Fax

Email

Community/Downtown Information

Date entered Montana Main Street Program:

Date entered membership with National Main Street Center (membership must be current):

Overview

Answer each of the following completely; use separate sheets as needed.

1. Please describe the community/downtown planning documents adopted during affiliate membership in the program and your success in implementing such long range plans (Please attach a copy of the final document/s).
2. Please detail your community success in obtaining, administering, and completing Montana Main Street grant application projects within the past three years. Please identify and describe any other grants secured or leveraged that are relevant to your downtown revitalization plans and projects within the same timeframe.
3. Briefly describe your organizational structure, including mention of your paid staff member/s, Board of Directors, and committees. Please include the names and affiliations of all members and attach meeting minutes from the last three meetings.
4. Please attach a copy of your current developed community work plan (the work plan must include an implementation schedule showing project prioritization, timelines for completion, and division of task responsibilities). Discuss three work plan items that have been completed in the last year of affiliate membership.
5. Designated membership will require some additional reporting requirements. Please indicate your approach to gathering consistent and timely quarterly reinvestment statistics as an affiliate member. Using your compiled community quarterly reinvestment statistics, discuss your established volunteer base and volunteer contribution to downtown efforts.
6. Please explain how your community has applied and implemented the Main Street Four Point Approach as an affiliate member.

CERTIFICATION

The chief city official or executive director of the applicant community must sign to certify that to the best of the official's knowledge and belief, the information provided in the application and the attached documents is true and correct.

CERTIFICATION

To the best of my knowledge and belief, the information provided in this application and in the attached documents is true and correct.

Name: _____

Title: _____

Organization: _____

Signature: _____ Date: _____