



**MONTANA  
MAIN STREET**  
MONTANA DEPARTMENT OF COMMERCE

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## **Member Community 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.

Membership provides communities with access to the resources and services of the Montana Main Street Program. Please refer to the MMS Program Guidelines for more information about the benefits and requirements of becoming a Montana Main Street Community. If you have any questions regarding the application and/or selection process, please contact Micky Zurcher, Montana Main Street Program Coordinator, at (406) 841-2863 or [micky.zurcher@mt.gov](mailto:micky.zurcher@mt.gov). Completed applications may be submitted [micky.zurcher@mt.gov](mailto:micky.zurcher@mt.gov)

**Applicant Information**

<b><u>City/Town</u></b>	
<b><u>Population</u></b>	
<b><u>Lead Organization Name</u></b>	
<b><u>Number of Businesses Downtown</u></b>	
<b><u>Date of Main Street Community Visit</u></b>	

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

***Contact No. 1***

***Contact No. 2***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title/Affiliation

\_\_\_\_\_  
Title/Affiliation

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone/Fax

\_\_\_\_\_  
Phone/Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

**Mayor**

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone/Fax

\_\_\_\_\_  
Email

## **Community Application**

Please use a word document to answer the following questions.

1. What is your interest in becoming a Montana Main Street Community?
2. What does your community intend to accomplish as a member of the Montana Main Street program?
3. Briefly list and describe any community downtown revitalization efforts and projects recently completed.
4. Describe the level of interest in your community for this program. This should include an assessment of current/potential volunteer sources, as well as participation by local government, economic development organizations, downtown associations & chambers of commerce, cultural and historical organizations, small businesses, non-profits, etc. It is important to provide a detailed list of all interested community organizations. Letters of support for membership are strongly encouraged.
5. Describe the general condition of your downtown buildings and their historical/cultural significance. Are any listed on the National Register of Historic Places?
6. Briefly explain how your community would employ the Main Street Center Four Point Approach™ in your downtown revitalization efforts.
7. What will the funding structure be for the local coordinating program?
8. Who will be responsible for completing quarterly reports and other Main Street requirements?
9. Who from your organization will be the main contact for MMS?
10. Does your organization have an MOU in place with the local government entity?

**CERTIFICATION**

The Mayor 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: \_\_\_\_\_