

OKLAHOMA ASSOCIATE MAIN STREET PROGRAM APPLICATION

Application Identification

(Please check one)

- Small Town Population Less than 5,000 or
- Mid-Size Town Population 5,000 - 50,000
- Urban Population over 50,000

City		Date	
City Manager		Phone	
Contact Person		Phone	
Title			
Address			
Email			

Local Assurance and Authorization

As the representative of the city of _____, I hereby certify that the information in this Application is accurate. I also authorize this application to be submitted to the Oklahoma Department of Commerce for consideration in the Associate Program for Oklahoma Main Street Program.

Name		Title	
Signature		Date	

Note: The official applicant to the program is limited to city government. However, the city applicant must indicate a commitment to having a private, non-profit partner to develop policy and implement the program.

Private, Non-profit Partner (proposed or existing organization)

Contact Person	
Occupation	
Address	
Phone (day)	
Email	

Goals and Objectives

1. What does your community expect to achieve by participating in the Main Street program and why do you think your community would be a successful Main Street community?

Revitalization Efforts

1. Describe past or present efforts by the **public and private sector** aimed at revitalizing the historic central business district. **Note:** If the community was a previous Main Street organization designated by the Oklahoma Department of Commerce and subsequently ceased being such, please explain why the organization ceased operations and what's different today.

Funding/Public Awareness

1. What are the source, amount and intended purpose of any *public* sector funds?
 Are the commitments for 1 & 2 years? (**mark * for cash or ** for in-kind support**)

Revenue from *Public* Sources

Source	Year 1 (\$)	Year 2 (\$)	Intended Purpose
Subtotal cash	\$ _____	\$ _____	
Total	\$ _____	\$ _____	

* **Cash**
 ** **In-kind**

2. What are the source, amount and intended purpose of any private sector funds?
 Are the commitments for 1 and 2 years? (mark * for cash or ** for in-kind support)

Revenue from *Private* Sources

Source	Year 1 (\$)	Year 2 (\$)	Intended Purpose

Subtotal cash \$ _____ \$ _____

Total \$ _____ \$ _____

* **Cash**
 ** **In-kind**

(Attach additional sheets in same format if necessary.)

3. Provide a proposed budget* for the first two years of the program based on the following suggestions. Remember to include a dollar amount for any in-kind donations.

		<u>Year 1</u>		<u>Year 2</u>	
		Cash(\$)	\$ Value In-Kind	Cash(\$)	\$ Value In-Kind
Personnel:	Base Salary		N/A		N/A
	Taxes		N/A		N/A
	Insurance (Medical/Life)		N/A		N/A
Office Expenses:	Rent				
	Utilities				
	Equipment				
	Office Supplies				
	Telephone/ Internet				
	Insurance				
	Car Allowance				
	Contingency				
	Secretarial Services				
Professional Development:	Travel				
	Printing & Publications				
Other Expenses:	Promotion & advertising				
	Postage				
	Accounting				
	Executive Committee				
Committee Expenses:	Fundraising/ Membership				
	Promotion				
	Design				
	Economic Restructuring				
Total Expenses:					

*The average local operating cash budget for mid-size and urban Associated Main Street programs is \$35,000/year and \$20,000 for small towns. The program budget shall address at least the following: salary and benefits for the part-time (at least 20 hours per week) Main Street Director and allowance for office rent, telephone, utilities, office supplies, secretarial services, promotions, car allowance and travel.

The salary range for part-time Main Street Directors in Oklahoma is \$15,000 to \$30,000. The travel budget should allow the Director to travel to Director Training and Meetings, plus travel to at least the two in-state trainings annually.

State Government Profile:

1. List your state legislators:

Senator(s)	Home Address	Capitol Address	Capitol Telephone	District	D or R

Representative(s)	Home Address	Capitol Address	Capitol Telephone	District	D or R

2. List your U.S. senators and representatives:

Senators	Okla. Address	Capitol Address	Capitol Telephone	District	D or R
				N/A	
				N/A	

Congressmen	Okla. Address	Capitol Address	Capitol Telephone	District	D or R

City Government Profile:

1. Does your community have a:
 - a. Planning and zoning commission? _____
Full-time city planner? _____
 - b. Community development
or redevelopment commission? _____
 - c. Public housing agency? _____
 - d. Building inspector? _____
 - e. Building code? _____
 - f. Housing code? _____
 - g. Comprehensive plan? _____
 - h. Zoning ordinance? _____
 - i. Sign control ordinance? _____
 - j. Historic district ordinance? _____

2. Does the city have a Historic Business District plan? _____
Date approved _____
Has the city made any efforts to implement the plan? _____
Describe these efforts:

3. Has the city received grants or transfers of funds relating to downtown revitalization from other governmental units in the past three years?

4. If so, what? How have they been used?

5. Does the city have any bonds or other available funds that could be used for Main Street program redevelopment?

Built Environment:

1. What is the approximate age of the building stock in the historic central business district area?

Pre-1900	_____	%	1920-1940	_____	%
1900-1920	_____	%	1940-1967	_____	%
			Post 1967	_____	%

a. Predominant architectural style of buildings in the historic central business district:
(Please call the Oklahoma Main Street Office or State Historic Preservation Office for guidance if needed.)

b. Discuss the characteristics that make the Associate Main Street program area a cohesive and recognizable district having clearly defined boundaries and architectural character.

c. For the buildings in your downtown area, what percentage would you consider to be:

Excellent _____ Good _____ Fair _____ Poor _____