New Mexico MainStreet Historic Theaters Initiative
Application for Technical Assistance

Each box checked represents a single technical assistance service, some of which may require multiple site visits. The number of services provided will depend upon availability of consultant and progress displayed in regard to previous Technical Assistance requested.

**REQUESTING ENTITY:**
MainStreet/ Arts & Cultural District Organization: ______________________________ Date:____________

Signature of Board President or Chair:___________________________________________

**CHECK TYPE OF ASSISTANCE REQUIRED:**

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<th>Assessment &amp; Evaluation</th>
<th>LEDA Application &amp; Compliance</th>
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<tr>
<td>Site Inspection &amp; Building Assessment</td>
<td>Historic Preservation Evaluation</td>
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<tr>
<td>Planning &amp; Financing</td>
<td>Theater Systems (check all that apply)</td>
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<tr>
<td>Building Rehabilitation Plan</td>
<td>Projector</td>
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<td>Project Financing</td>
<td>Sound</td>
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<td>Pro Forma Development (construction)</td>
<td>Auditorium &amp; Stage</td>
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<td>Concessions</td>
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<td>HVAC</td>
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<td>LEDA Ordinance Assistance</td>
<td>Programming &amp; Operations</td>
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<td>Business Planning</td>
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<td>Operations Budget &amp; Plan</td>
<td>Film Licensing &amp; Booking</td>
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<td>Theater Marketing &amp; Promoting</td>
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<td>Other (specify):</td>
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PROJECT SCOPE AND ASSISTANCE REQUEST:
Please describe the overall scope of your historic theater project as well as the specific assistance being requested with this form.

BASIS FOR REQUEST
Does this request relate to a project on your annual work plan? YES NO
Does this request relate to a project on your Master Plan?
If yes, please attach a copy of the relevant page(s) of your work plan. If no, please provide a justification for requesting services that are not on your work plan.

Other Planning Documents: Identify any other planning documents to which this request relates:
- Annual Assessment Report
- Resource Team Report
- LEDA Business Plan
- ICIP Plan/Priority Listing
- Metropolitan Redevelopment (MRA) Plan
- Theater Assessment Report
- Economic Development Plan
- Other (specify):

Please attach a copy of the relevant page(s) from each of the document(s) checked above.

ORGANIZATIONAL CAPACITY
Please describe how your organization will address the need for added capacity (staff/volunteer time, funding, planning, etc.) with this project. Also describe any areas of your organization that are lacking in capacity and will need additional development.

CONTRIBUTION TO DISTRICT VITALITY & ECONOMY:
Please provide a brief narrative describing how the historic theater project for which you seek assistance supports the economic goals of your organization and how it contributes to growing your district’s economy.

Please describe how the historic theater project will be leveraged to produce additional projects and activities, as well as support business and entrepreneurial development in the district.

METRICS AND INDICATORS:
How will your organization measure economic impact or success of the project?
TIME FRAME:
Indicate when you would like assistance (date): _____________________________

Provide an estimate of when the project will be complete: _____________________________

Communities with urgent need should contact Daniel Gutierrez, New Mexico MainStreet Assistant Director (505-827-0168, daniel.gutierrez2@state.nm.us). Please note that staff or professional consultants may not be able to schedule an immediate on-site visit.

SUBMISSION:
Please complete all elements in the application. Scan and submit completed application via email to Julie.blanke@state.nm.us with cc to daniel.gutierrez2@state.nm.us. You can also submit via fax to: (505) 827–0407.

Requests may also be mailed to:
Economic Development Department
New Mexico MainStreet Program Director
Need to replace with PO Box Address
Santa Fe, NM 87505–4147

PLEASE SAVE/MAINTAIN COPIES FOR YOUR RECORDS

FOR STATE USE ONLY

Approved by the NMMS Asst. Director
Yes □ No □