New Mexico MainStreet Service Request Form

Organization

This is an application to receive organizational development technical assistance from the New Mexico MainStreet Program.

- Accelerator process designees have an established set of technical assistance services in the Four Points provided by NMMS during this phase of development, and are not eligible to apply for additional services through this form.

- Main Street America Affiliate programs may receive up to one (1) technical assistance service in each of the Four Points per fiscal year (July 1 – June 30).

- Main Street America Accredited programs may receive up to two (2) technical assistance services in each of the Four Points per fiscal year (July 1 – June 30). Based on the successful implementation of projects, events and activities from a previous service request, additional technical assistance may be considered if the professional consultant has availability.

- Each box checked represents a single technical assistance consultation, some of which may require multiple site visits. Please note that Program Associates may not be able to schedule an immediate on-site visit. Applicant is responsible for costs of reproduction of documents beyond the quantity provided by New Mexico MainStreet. If you have an urgent need, contact the MainStreet Director at (505) 827-0168.

NAME OF ORGANIZATION
MainStreet Organization Name ___________________________ Date ____________

Check the appropriate category of assistance that you require. (Please select one service only.)

<table>
<thead>
<tr>
<th>ORGANIZATION TRAINING</th>
<th>RESOURCES DEVELOPMENT</th>
<th>OUTREACH</th>
<th>VOLUNTEER DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Board Orientation</td>
<td>□ Operational Fund-Raising</td>
<td>□ Public Relations Strategies</td>
<td>□ Team-Building</td>
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<tr>
<td>□ Officer/Committee Chair Training</td>
<td>□ Project Fundraising</td>
<td>□ Brochures (Organizational, Membership)</td>
<td>□ Volunteer Recruitment, Training, Retention and/or Recognition</td>
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<tr>
<td>□ Organization Committee Training</td>
<td>□ Grant Writing Assistance</td>
<td>□ Other Organizational Collateral Materials</td>
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<tr>
<td>□ Staff Orientation/Mentoring</td>
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<td>□ Building Effective Partnerships</td>
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<thead>
<tr>
<th>ORGANIZATION PLANNING</th>
<th>OPERATIONS</th>
<th>ECONOMIC TRANSFORMATION STRATEGY &amp; PROJECT DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Mission and Vision Statements</td>
<td>□ Non-Profit Management</td>
<td>The New Mexico MainStreet program offers organizational development assistance to support the Economic Transformation Strategies (ETS) that spur economic growth and revitalization of MainStreet-designated traditional and/or historic commercial districts. Please list the Economic Transformation Strategy this request relates to.</td>
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<tr>
<td>□ Strategic/Annual Work Plan Facilitation</td>
<td>□ Personnel Hiring/Management</td>
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<tr>
<td>□ Strategic/Annual Work Plan Facilitation</td>
<td>□ Financial Management Consultation</td>
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<td>□ Local Government MOU/Service Contract Support</td>
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<td></td>
<td>□ Compliance Reporting</td>
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</table>

Please provide a description of the project and explain how it supports the chosen Economic Transformation Strategy.

WORK PLAN YES NO
Does this request relate to an activity or project identified in your organization’s ETS-based annual work 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.

Organization Form continued on page 2
OTHER PLANNING DOCUMENTS

Identify any other planning documents to which this request relates:

- District Master Plan
- DPAC
- BBER/Economic Assessment
- Annual Assessment
- Resource Team Report
- MRA Plan
- Cultural Plan
- ICIP
- Design Charrette
- Economic Development Plan
- Cultural Economic Development Plan
- Other ________________________________

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

TIME FRAME

Please indicate when you would like the assistance to take place. ________________________________

When do you estimate the project will be complete? ________________________________

METRICS & INDICATORS

What outcomes do you expect of this project? How will you measure the impact of this project on achieving your organization’s Economic Transformation Strategies?

ADDITIONAL COMMENTS

SIGNATURES

MainStreet Board President  MainStreet Executive Director

Project Leader  Project Leader Phone & Email

PLEASE RETURN THIS FORM TO: (MAKE COPIES AS NEEDED)
Economic Development Department  PO Box 20003  Julie.Blanke@state.nm.us
New Mexico MainStreet Program Director  Santa Fe, NM 87504-5003

FOR STATE USE ONLY
Authorized by State Director  ☐ yes  ☐ no
Comments ________________________________