



# Affiliate Community Application

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*The Affiliate option is for communities that are exploring downtown revitalization, that are preparing for designation or that may not be eligible for designation. It provides access to all Virginia Main Street training and limited on-site assistance, as resources permit. The applicant may be the local government, or a partnership of local government and a private sector organization. Please see the **Program Guidelines** for more information.*

## Submission Instructions

**Applications for DHCD Commercial District Affiliate status may be submitted at any time**, and should be submitted on the forms provided by the Department of Housing and Community Development. All questions must be answered in the space provided.

Applications should be typed.

Please fold attachments, including maps, to fit within the 8 1/2" x 11" application.

**One copy** of the completed application including all attachments should be submitted.

If you have questions, please contact:

Jeff Sadler  
Program Manager  
Virginia Main Street Program  
Department of Housing and Community Development  
(804) 371-7040

## Applications Should Be Submitted To:

Virginia Main Street Program  
Virginia Department of Housing & Community Development  
600 East Main Street, Suite 300  
Richmond, Virginia 23219  
804-371-7030

▪ **Applicant Information**

Community:

Population:

Private Sector Organization (if applicable):

Designated Contact Person:

(include name, title/affiliation, address, phone, fax and e-mail)

Date:

▪ **Affiliate Commitment Statement**

\_\_\_\_\_ agrees to meet the requirements of a DHCD Commercial  
(Community/Organization)

District Affiliate as outlined in the **Program Guidelines** and will be eligible to receive Affiliate services from Virginia Main Street as long as the requirements are met. *(Attach a resolution adopted by the local government -- and by the private sector partner organization, if applicable -- authorizing this application)*

\_\_\_\_\_  
Signature of Authorizing Agent from Local Government (please print name and title)

\_\_\_\_\_  
Signature of Authorizing Agent from Private Sector Organization, if applicable (please print name and title)

- **Briefly describe the economic and physical characteristics of your downtown or commercial district** (attach an 8½" X 11" map with building footprints showing district boundaries; include an aerial photo, if available).

- **Briefly describe the structure of your organization** (attach list(s) of Board or committee members)

- **Briefly outline the efforts made to improve the downtown or commercial district over the past five years.**

- **Briefly describe what you hope to achieve by participating as an Affiliate.**