

## **CITY OF HAHIRA Main Street Board**

In 2018, the City of Hahira and the Department of Community Affairs (DCA) entered a Memorandum of Understanding (MOU) to join the Georgia Main Street Program as an Affiliate. Currently there are three (3) tiers for communities to participate in, which include Downtown Affiliate Network, Classic Main Street Program and Georgia's Exceptional Main Streets.

Communities that participate in the Georgia Main Street Program are locally driven programs that focus on implementing the nationally recognized Main Street Approach in their historic commercial districts. Each community is responsible for providing the necessary resources to develop the framework from which the program will be implemented, which includes staff to execute the program, a board to assist with directing the program and developing partnerships to secure the long-term viability of the program. As a testament to the success of the Main Street Approach, these programs have led the country in historic preservation, job creation, and private-public investment in historic downtowns, while also providing local empowerment, pedestrian-friendly environments and a sense of community.

A key component for establishing a Main Street Program is the creation of a Board. The City of Hahira is currently seeking applications to assemble a group of creative and action-oriented people to serve in this capacity. The Main Street Board will meet once per month on an annual basis, unless otherwise stated.

The minimum requirements for appointment to the Hahira Main Street Board include:

1. Must be at least 18 years of age;
2. Reside, own OR work for a business within the city limits of Hahira;
3. Interest in the continued success and revitalization of Hahira's historic commercial downtown;
4. Interests in education, historic preservation and community involvement;
5. Serve a minimum of two (2) years on the Board;
6. Attend regularly scheduled monthly Board meetings;
7. Participate in pre-approved training annually;
8. Assist with the development and execution of an annual work plan;
9. Volunteer a minimum of five (5) hours of time to Hahira Main Street events each year (does not include Board meetings or training).

If you are interested in serving, please complete the application and submit by email at [jprice@hahiraga.gov](mailto:jprice@hahiraga.gov) or by mail to:

City of Hahira  
Attn: Jennifer Price  
102 S Church Street  
Hahira, Georgia 31632

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CITY OF HAHIRA  
MAIN STREET BOARD APPLICATION FOR APPOINTMENT**

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**ARE YOU A CITY OF HAHIRA RESIDENT (CIRCLE):** YES or NO **IF YES, HOW LONG?** \_\_\_\_\_

**DO YOU HAVE A HAHIRA BUSINESS (CIRCLE):** YES or NO **IF YES, NAME?** \_\_\_\_\_

**HAHIRA CITY COUNCIL DISTRICT (CIRCLE):** 1 2 3 4 N/A

**PLEASE LIST ANY CURRENT MEMBERSHIP(S) YOU HAVE ON ANY CITY OF HAHIRA BOARD, COMMISSION, AUTHORITY, OR COMMITTEE:** \_\_\_\_\_

\_\_\_\_\_

**HOW LONG HAVE YOU SERVED ON THE ABOVE LISTED ENTITY?** \_\_\_\_\_

**NAME & ADDRESS OF EMPLOYER:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

\_\_\_\_\_

**PROFESSIONAL EXPERIENCE:**

\_\_\_\_\_

**COMMUNITY SERVICE & CIVIC ORGANIZATION AFFILIATIONS:**

\_\_\_\_\_

**IN WHAT WAYS DO YOU THINK YOU CAN CONTRIBUTE TO THE BOARD TO WHICH YOU ARE REQUESTING TO BE APPOINTED?**

\_\_\_\_\_

**WHAT SPECIFIC SKILLS, KNOWLEDGE, AND ABILITIES DO YOU POSSESS THAT WOULD CONTRIBUTE TO THE BOARD TO WHICH YOU ARE REQUESTING TO BE APPOINTED?**

**CITY OF HAHIRA  
MAIN STREET BOARD APPLICATION FOR APPOINTMENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**WHY ARE YOU SEEKING THIS APPOINTMENT?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**DO YOU AGREE TO ABIDE BY THE ATTENDANCE POLICY OF THE BOARD TO WHICH YOU ARE APPLYING? IN THE EVENT THAT THE BOARD DOES NOT HAVE AN ATTENDANCE POLICY, DO YOU AGREE TO ABIDE BY THE ATTENDANCE POLICY LISTED BELOW (CIRCLE): YES or NO**

*ATTENDANCE POLICY: IF ANY MEMBER FAILS TO ATTEND TWO (2) OF THREE (3) SUCCESSIVE MEETINGS WITHOUT CAUSE AND WITHOUT PRIOR APPROVAL OF THE CHAIRPERSON, THE BOARD SHALL DECLARE THE MEMBER'S SEAT VACANT, AND THE MAYOR AND COUNCIL SHALL PROMPTLY APPOINT A REPLACEMENT.*

**HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE AGAINST THE LAW WITHIN THE LAST TEN (10) YEARS OR ARE YOU NOW UNDER CHARGES FOR ANY OFFENSE AGAINST THE LAW, EITHER A FELONY OR A MISDEMEANOR (CIRCLE): YES or NO IF YES, PROVIDE DETAILS BELOW.**

<b>Criminal Record: (felonies, misdemeanors)</b>			
Charge	Date	Location	Disposition

*NOTE: A CONVICTION WILL NOT NECESSARILY DISQUALIFY A PERSON FROM APPOINTMENT. EACH CONVICTION WILL BE JUDGED ON ITS' OWN MERIT WITH RESPECT TO TIME, CIRCUMSTANCE AND SERIOUSNESS RELATED TO THE APPOINTMENT APPLIED FOR.*

**I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR APPOINTMENT AS MAY BE NECESSARY IN ARRIVING AT A DECISION FOR APPOINTMENT TO THE MAIN STREET BOARD. I UNDERSTAND THAT FALSE INFORMATION GIVEN IN MY APPLICATION WILL RESULT IN DISQUALIFICATION FROM CONSIDERATION. YOUR SIGNATURE ON THIS FORM CONFIRMS THAT YOU HAVE READ AND ACKNOWLEDGE ALL OF THE ENCLOSED INFORMATION, AND THAT YOU ARE WILLING TO COMMIT THE TIME REQUIRED TO FULFILL THE RESPONSIBILITIES OF THE APPOINTMENT YOU ARE REQUESTING. YOUR SIGNATURE ALSO ACKNOWLEDGES THAT YOU AUTHORIZE THE CITY TO CONDUCT A CRIMINAL HISTORY BACKGROUND CHECK AND YOU UNDERSTAND THE PURPOSE AND RESPONSIBILITIES OF THE ORGANIZATION IN WHICH YOU ARE APPLYING FOR APPOINTMENT.**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**