



ASPIRING IAMS/IAMS/NAMS BENCHMARK REPORT



The Main Street Evaluation Framework defines what it means to be a strong, high-performing Main Street program and provides a clear pathway for growth and development for emerging programs. Based on a program's achievements, scores, and level of maturity, it will be designated as either Fit for Indiana or an Accredited Main Street community

After reviewing the Community Self-Assessment Tool document, use this worksheet to score community progress and determine the appropriate designation status. All scores will be averaged and automatically populated at the end.

BASELINE REQUIREMENTS

As outlined in the tool, indicators serve as essential baseline requirements for a program to qualify for Indiana Main Street Accreditation. Please indicate whether each community meets these baseline requirements by selecting **Yes or No**.

	BASELINE REQUIREMENT FOR ASPIRING, IAMS, AND NAMS	LP	CP
1	A Board of Directors formed by a representative base of the district stakeholders and community members, dedicated to leading the district's Main Street program.	Yes No ☐ ☐	Yes No ☐ ☐
2	Detailed work plans that outline programming across the Main Street Four Points.	Yes No ☐ ☐	Yes No ☐ ☐
3	A dedicated budget for the district's revitalization programming and the Main Street program's operations.	Yes No ☐ ☐	Yes No ☐ ☐
4	Demonstrated support from municipality for the Main Street program. This can include leadership participation, funding, in-kind and philosophical support.	Yes No ☐ ☐	Yes No ☐ ☐
5	Ability to report reinvestment statistics reported as required by coordinating program (quarterly and annually).	Yes No ☐ ☐	Yes No ☐ ☐
6	Active nonprofit tax filing status.	Yes No ☐ ☐	Yes No ☐ ☐
7	Be a member in good standing with Main Street America and Indiana Main Street with use of the Main Street America logo and Indiana Main Street logo on it's webpage and/or social media.	Yes No ☐ ☐	Yes No ☐ ☐
	ADDITIONAL BASELINE REQUIREMENT FOR NAMS	LP	CP
1	Communities over 5,000 in population must employ a FTE program director. Communities under 5,000 in population must employ a 20-hour minimum per week program director.	Yes No ☐ ☐	Yes No ☐ ☐
2	Identified Transformation Strategy to direct the work of the program, based on community input and market understanding	Yes No ☐ ☐	Yes No ☐ ☐
3	Detailed work plans aligned with the selected Transformation Strategy	Yes No ☐ ☐	Yes No ☐ ☐
4	Annual reporting completed and submitted in annual reporting to the coordinating program and published to local community	Yes No ☐ ☐	Yes No ☐ ☐



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To determine where a community falls on the path to accreditation, use the following section of the worksheet to score the community on the Indicators listed under each of the six standards. Assign a score from 1 to 5, where each number represents the following:

1	2	3	4	5
Not being addressed.	Minimal work but needs more effort.	Evidence of satisfactory progress.	Has achieved success within this indicator.	Outstanding achievement. One that other programs could replicate.

Communities must provide justification for each score (a separate sheet may be used) to help the Coordinating Program understand the reasoning behind the rating.

To qualify for the Aspiring or IAMS level, communities must achieve an average score of 2 for each standard.
To qualify for the NAMS level of accreditation, communities must achieve an average score of 3 for each standard.

STANDARD I: BROAD-BASED COMMUNITY COMMITMENT TO REVITALIZATION

PARTNERSHIPS AND COLLABORATION

LP CP

INDICATOR 1

☐ ☐

DISTRICT AND COMMUNITY OUTREACH

INDICATOR 1

☐ ☐

COMMUNICATIONS AND PUBLIC RELATIONS

INDICATOR 1

☐ ☐

INDICATOR 2

☐ ☐

STANDARD ONE AVERAGE:

(OFFICE USE ONLY)

☐ ☐

LP = LOCAL PROGRAM
CP = COORDINATING PROGRAM

JUSTIFICATION STANDARD I:



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STANDARD II: INCLUSIVE LEADERSHIP AND ORGANIZATIONAL CAPACITY

INCLUSIVE ORGANIZATIONAL CULTURE AND DIVERSE VOLUNTEER ENGAGEMENT

LP CP

INDICATOR 1

INDICATOR 2

INDICATOR 3

ACTIVE BOARD LEADERSHIP AND SUPPORTING VOLUNTEER BASE

INDICATOR 1: **REQUIRED**

INDICATOR 2

INDICATOR 3

PROFESSIONAL STAFF MANAGEMENT

INDICATOR 1: **REQUIRED**

INDICATOR 2

EFFECTIVE OPERATIONAL STRUCTURE

INDICATOR 1: **REQUIRED**

STANDARD TWO AVERAGE:

(OFFICE USE ONLY)

JUSTIFICATION STANDARD II:

STANDARD III: DIVERSIFIED FUNDING AND SUSTAINABLE PROGRAM OPERATIONS

BALANCED FUNDING STRUCTURE

LP CP

INDICATOR 1

STRATEGIC REVENUE DEVELOPMENT AND FUNDRAISING

INDICATOR 1:

BUDGET AND WORK PLAN ALIGNMENT

INDICATOR 1

FINANCIAL MANAGEMENT & BEST PRACTICES

INDICATOR 1

INDICATOR 2

STANDARD THREE AVERAGE:

(OFFICE USE ONLY)

JUSTIFICATION STANDARD III:



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STANDARD IV: STRATEGY-DRIVEN PROGRAMMING

PLANNING GUIDED BY INCLUSIVE COMMUNITY AND MARKET INFORMED INPUTS

LP CP

INDICATOR 1

DEFINING DIRECTION THROUGH TRANSFORMATION STRATEGY IDENTIFICATION AND DEVELOPMENT

INDICATOR 1

STRATEGY-ALIGNED COMPREHENSIVE WORK PLANNING & IMPLEMENTATION ACROSS ALL FOUR POINTS

INDICATOR 1

STANDARD FOUR AVERAGE:
(OFFICE USE ONLY)

JUSTIFICATION STANDARD IV:

STANDARD V: PRESERVATION-BASED ECONOMIC DEVELOPMENT

PRESERVATION ETHICS AND EDUCATION ON HISTORIC AND CULTURAL ASSETS

LP CP

INDICATOR 1

INDICATOR 2

STANDARDS AND BEST PRACTICES FOR PLACE-BASED, PEOPLE- FOCUSED DESIGN

INDICATOR 1

PROMOTION OF HISTORIC, HERITAGE, AND CULTURAL ASSETS

INDICATOR 1

STANDARD FIVE AVERAGE:
(OFFICE USE ONLY)

JUSTIFICATION STANDARD V:

STANDARD VI: DEMONSTRATED IMPACT AND RESULTS**DEMONSTRATING THE VALUE OF MAIN STREET****LP****CP**

INDICATOR 1

**MEASURING AND PACKAGING QUANTITATIVE & QUALITATIVE OUTCOMES**

INDICATOR 1



INDICATOR 2

**PROMOTING PROGRESS AND DEMONSTRATING IMPACT AND RESULTS**

INDICATOR 1

**STANDARD SIX AVERAGE:**

(OFFICE USE ONLY)

**JUSTIFICATION
STANDARD VI:****CUMULATIVE AVERAGE SCORES****LP****CP**

Standard I

BROAD-BASED COMMUNITY COMMITMENT TO REVITALIZATION

Standard II

INCLUSIVE LEADERSHIP AND ORGANIZATIONAL CAPACITY

Standard III

DIVERSIFIED FUNDING AND SUSTAINABLE PROGRAM OPERATIONS

Standard IV

STRATEGY-DRIVEN PROGRAMMING

Standard V

PRESERVATION-BASED ECONOMIC DEVELOPMENT

Standard VI

DEMONSTRATED IMPACT AND RESULTS

LOCAL PROGRAM

PROGRAM NAME: _____

REVIEWER: _____ TITLE: _____ DATE: _____

COORDINATING PROGRAM

REVIEWER: _____ TITLE: _____ DATE: _____