

1. Applicant Name & Address (including City, State and Zip Code)		2.	HOME Project Number	
		3.	Target Number of Households Assisted:	
		4.	Date of this Marketing Plan	
5. Participating Jurisdiction (PJ):		1		
Contact: PJ Name:	Address:			
6. Phone # Email:				
7. Person Responsible for marketing plan and	d marketing oversight:			
Contact: Company:	Address			
Phone # Email:				
B. Marketing Target Area City/Town List Name: County/Counties List County/Counties: STOP!! FILL OUT WORKSHEET 1 PRIOR TO COI	☐ MSA List Nam ☐ Other List Inform MPLETING SECTION 9.			
9. Targeted Marketing Activity Indicate demogr				
area that are least likely to apply for rental assistance without special outreach efforts. (check all that apply)      White   Black/African American     Hispanic/Latino   Asian     American Indian/Alaska Native   Native Hawaiian/Other Pacific Islander     Persons with Disabilities   Families with Children     Other:   (Specify demographic group not on this form.)				
<b>10. Marketing Program: Commercial Media</b> Check the type of media to be used to advertise the availability of Tenant Based Rental Assistance. <b>Attach ad copies and brochures to this plan.</b>				
Newspaper/Publications Radio		Other		
Name of Newspaper, Publication, Radio or TV Station	Identify Group Targeted b Advertisement/Audience?		Duration and Dates of Ads	
<b>11.</b> Marketing Program: Brochures and HUD Fair Housing Poster Will brochures, letters, or handouts be used to advertise? Yes No If "yes" attach a copy of each document.				
HUD's Fair Housing Poster must be conspicuously displayed. Where will one or more poster(s) be located?				



<b>12.</b> AFHMP/Fair Housing Act Staff Instruction/Training: Please describe AFHM/Fair Housing Act staff training, already provided or to be provided, to whom it was/will be provided, content of training, and the dates of past and anticipated training. Please attach copies of any AFHM/Fair Housing staff training materials.			
Description:			
<b>13.</b> How will you annually assess the success of your Affirmative Marketi	ng efforts?		
Please explain:			
<b>14.</b> What corrective action will be taken where the Affirmative Fair Housing efforts are not met?			
Please explain:			
<b>15. Tenant Selection:</b> What staff positions are/will be responsible for tenant b	based rental assistance selection?		
List Name(s) & Title(s):			
<b>16. Additional Considerations:</b> Is there anything else you would like to tell us about your AFHMP to help ensure that your program is marketed to those least likely to apply for tenant based rental assistance?			
Explain:			
17. Implementation and Review: By signing this form, the respondent agrees to implement its AFHMP, and to review and update its AFHMP to ensure continued compliance with HUD's Affirmative Fair Housing Marketing Regulations (see 24 CFR Part 200, Subpart M).			
NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.			
Signature and Date of Person Submitting this Plan:			
Name & Title	Date		
Iowa Finance Authority ONLY - Reviewed and Approved by:			
Name & Title	Date		



## WORKSHEET 1 - DETERMINING DEMOGRAPHIC GROUPS LEAST LIKELY TO APPLY

**Demographic** Census Housing Market **Expanded Housing Characteristics** Tract **Market Area** Area % White % Black or African American % Hispanic or Latino % Asian % American Indian or Alaskan Native % Native Hawaiian or Pacific Islander % Persons with Disabilities % Families with Children under the age of 18 Other (specify)

Reference the IFA HOME AFHMP Guide for instructions on how to pull census data.



## WORKSHEET 2 – PROPOSED MARKETING ACTIVITY – COMMUNITY CONTACTS

For each targeted demographic group identified in Section 9:

- Identify at least one community contact organization for every group checked you will use to facilitate outreach and identify group targeted.
- Provide name, full address, their telephone number and email.
- Specify the contact's previous and on-going experience working with the group listed in the first column

Targeted Demographic Group(s) (based on Section 9 checked demographic groups)	Community Contact(s) – FOLLOW DIRECTIONS ABOVE.
	Organization/Company: Contact Name and Title: Address: City, State, Zip: Phone: Email: Describe previous and ongoing experience working with targeted demographic in column on left:
	Organization/Company: Contact Name and Title: Address: City, State, Zip: Phone: Email Describe previous and ongoing experience working with targeted demographic in column on left:
	Organization/Company: Contact Name and Title: Address: City, State, Zip: Phone: Email: Describe previous and ongoing experience working with targeted demographic in column on left:
	Organization/Company: Contact Name and Title: Address: City, State, Zip: Phone: Email: Describe previous and ongoing experience working with targeted demographic in column on left:
	Organization/Company: Contact Name and Title: Address: City, State, Zip: Phone: Email: Describe previous and ongoing experience working with targeted demographic in column on left:
	Organization/Company: Contact Name and Title: Address: City, State, Zip: Phone: Email: Describe previous and ongoing experience working with targeted demographic in column on left: