1. Applicant Name & Address (including City, State and Zip Code)

2. HOME Project Number

3. Person Responsible for marketing plan and marketing oversight:
Contact Name:

Job Title:

Address:

Email:

4. Housing Marketing Target Area and Expanded Marketing Target Area

City/Town - List Name(s):

County/Counties - List County/Counties:

Coordinated Entry Region - List Name:

MSA - List MSA:

5. Targeted Marketing Activity Indicate demographic group(s)that are present in the housing marketing target area or expanded market targeting area that are least likely to apply for rental assistance without special outreach efforts. (check all that apply)

- ☐ White
- ☐ Hispanic/Latino
- ☐ American Indian/Alaska Native
- ☐ Persons with Disabilities
- ☐ Black/African American
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Families with Children
- ☐ Other: (Specify demographic group not on this form.)

Email Bern Beck to get Census data for your project to complete this section.

6. Marketing Program Check the type of media to be used to advertise the availability of this project. Attach marketing materials and social media post copies to this plan.

- ☐ Program Website
- ☐ Social Media Posts
- ☐ Flyers/Brochures
- ☐ Other:

7. HUD Fair Housing Poster

HUD's Fair Housing Poster must be conspicuously displayed. Where will one or more poster(s) be located?

8. 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.

Description:

9. How will you assess the success of your Affirmative Marketing efforts?

Please explain:

10. What action will be taken if the Affirmative Fair Housing efforts are not met?

Please explain:

11. Additional Considerations: 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 this program?

Explain:

12. 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 of Person Submitting this Plan **Date Submitted**

_____

Name & Title

Iowa Finance Authority ONLY - Reviewed and Accepted by:

_____ _____

Name & Title **Date**

WORKSHEET 1 - DETERMINING DEMOGRAPHIC GROUPS LEAST LIKELY TO APPLY

WORKSHEET 1

PROJECT #
PROJECT NAME:

In the boxes below, list the cities/counties/service areas used for the Housing Marketing Area and the Expanded Housing Marketing Areas. For each demographic, state **Yes** or **No** if the targeted population will be affirmatively marketed to in either the HMA or EHMA based on Census Data.

The majority population listed in the project's Census data does not need to be included on this worksheet for Affirmative Marketing.

Reach out to Bernadette Beck with IFA if you have questions about how to complete this worksheet.

Demographic Characteristics	Housing Marketing Area(s)	Expanded Housing Marketing Area(s)
White	Majority Population – no need for affirmative marketing	Majority Population – no need for affirmative marketing
Black/African American		
American Indian/Alaska Native		
Asian		
Native Hawaiian/Pacific Islander		
Hispanic/Latino		
Persons with Disabilities	Yes	Yes
Families with Children Under the Age of 18		

WORKSHEET 2 – PROPOSED MARKETING ACTIVITY – COMMUNITY CONTACTS

WORKSHEET 2 • 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 ongoing experience working with the group listed in the first column.	
Targeted Demographic Group(s)	**Community Contact(s)**
Persons with Disabilities	Organization/Company: Contact Name and Title: Address: Phone: Email: Describe previous and ongoing experience working with targeted demographic in column on left:
	Organization/Company: Contact Name and Title: Address: Phone: Email: Describe previous and ongoing experience working with targeted demographic in column on left:
	Organization/Company: Contact Name and Title: Address: Phone: Email: Describe previous and ongoing experience working with targeted demographic in column on left:

	Organization/Company: Contact Name and Title: Address: Phone: Email: Describe previous and ongoing experience working with targeted demographic in column on left:
	Organization/Company: Contact Name and Title: Address: Phone: Email: Describe previous and ongoing experience working with targeted demographic in column on left: