

# Affirmative Fair Housing Marketing (AFMP) Public Services



COMMUNITY DEVELOPMENT AGENCY  
HOUSING AND FEDERAL GRANTS DIVISION

---

**1a. Application Contact Name, Address (Including City, State & Zip Code) & Phone Number**

---

**1b. Project Name, Location (Including City, State & Zip Code)**

---

**1c. Entity Responsible for Marketing**

Contact Name & Address (Including City, State & Zip Code)

---

**1d. To whom should approval and other correspondence concerning this AFMP be sent?**

Name, Address (Including City, State and Zip Code), Telephone Number & E-mail Address.

---

**2a. Affirmative Marketing Plan**

Plan Type, Choose One:  First Submittal  Update  Revision Based on County Comments

If Applicable, Date of the First Approved Affirmative Marketing Plan:

### 3a. Demographics of Project Market Area

In the respective columns below, indicate the percentage of demographic groups among the project's users, census tract, and countywide demographic characteristics. If you are providing a new service and do not have project applicant data, only report information for census tract. The purpose of this information is to identify any under-representation of certain demographic groups in terms of race, color, national origin, religion, sex, familial status, or disability. If there is significant under-representation of any demographic group among project users in relation to the census tract, then targeted outreach and marketing should be directed towards these individuals least likely to apply. Please indicate under-represented groups in Block 3b of the AFMP.

| Ethnic Category                           | Project Users | <i><b>Project Users Identifying as Hispanic</b></i> | Countywide Census (2017) |
|---|---------------|---|--------------------------|
| American Indian or Alaskan Native         |               |   | 00.1%<br><b>00.11%</b>   |
| Asian                                     |               |   | 6%<br><b>00.06%</b>      |
| Black or African American                 |               |   | 2%<br><b>00.11%</b>      |
| Native Hawaiian or Other Pacific Islander |               |   | 00.10%<br><b>00.07%</b>  |
| White                                     |               |   | 71%<br><b>7%</b>         |
| Multi-Racial                              |               |   | 4%<br><b>1%</b>          |
| Disabled                                  |               |   | 9%<br><b>6%</b>          |
| Families with Children Under 18           |               |   | 29%<br><b>N/A</b>        |

**3b. Targeted Marketing Activity**

Based on your completion of 3A, indicate which demographic group(s) in the market area is/are least likely to apply for the service without special outreach efforts. (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native         | <input type="checkbox"/> White                            | <input type="checkbox"/> American Indian <i>and</i> Black |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> American Indian <i>and</i> White | <input type="checkbox"/> Multi-Racial                     |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Asian <i>and</i> White           | <input type="checkbox"/> Disabled                         |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Black <i>and</i> White           | <input type="checkbox"/> Families with Children Under 18  |
| <input type="checkbox"/> Other (Specify):                          | <input style="width: 400px; height: 20px;" type="text"/>  |   |

**4a. Proposed Marketing Activities: Community Contacts**

Based on the information above, indicate which demographic group(s) in the market area is/are least likely to apply for the service without special outreach efforts below.

For each targeted marketing population designated as least likely to apply in Block 3b, identify at least one community contact organization you will use to facilitate outreach to the particular population group. This could be a social service agency, religious body, advocacy group, community center, etc. State the names of contact persons, their addresses, their telephone numbers, their previous experience of the person or agency with the target population, the approximate date contact was/will be initiated, and the specific role they will play in assisting with the affirmative marketing. Please attach additional pages if necessary.

| Targeted Population (s) | Project Users |
|-------------------------|---------------|
|                         |               |
|                         |               |
|                         |               |
|                         |               |
|                         |               |
|                         |               |

**4b. Proposed Marketing Activities: Methods of Advertising**

Complete the following table by identifying your targeted marketing population(s), as indicated in Block 3b, as well as the methods of advertising that will be used to market to that population. For each targeted population, state the means of advertising that you will use as applicable to that group and the reason for choosing this media. In each block, in addition to specifying the media that will be used (e.g., name of newspaper, television station, website, location of bulletin board, etc.) state any language(s) in which the material will be provided, identify any alternative format(s) to be used (e.g. Braille, large print, etc.), and specify the logo(s) (as well as size) that will appear on the various materials. Attach additional pages, if necessary, for further explanation. Please attach a copy of the advertising or marketing material.

| Targeted Population(s) →<br>Methods of Advertising ↓ | Targeted Population: | Targeted Population: | Targeted Population: |
|--|----------------------|----------------------|----------------------|
| <b>Newspaper(s)</b>                                  |                      |                      |                      |
| <b>Radio Station(s)</b>                              |                      |                      |                      |
| <b>TV Station(s)</b>                                 |                      |                      |                      |
| <b>Electronic Media</b>                              |                      |                      |                      |
| <b>Bulletin Boards</b>                               |                      |                      |                      |
| <b>Brochures, Notices, Flyers</b>                    |                      |                      |                      |
| <b>Others (Specify)</b>                              |                      |                      |                      |

**4c. Marketing Program: Brochures and Signs**

1. Will brochures, letters, or handouts be used to advertise?  Yes  No

If "Yes", attach a copy or submit when available.

2. For signs, indicate sign size \_\_\_\_ x \_\_\_\_ ; Logo type size \_\_\_\_ x \_\_\_\_ .

Attach a photograph of sign or submit when available.

**5. Evaluation of Marketing Activities**

Explain the evaluation process you will use to determine whether your marketing activities have been successful in attracting individuals least likely to apply, how often you will make this determination, and how you will make decisions about future marketing based on the evaluation process.

**6a. Marketing Staff**

What staff positions are/will be responsible for affirmative marketing?

**6b. Staff Training and Assessment: AFMP**

(1) Has staff been trained on the AFMP?  Yes  No

(2) Has staff been instructed in writing and orally on nondiscrimination and fair housing policies as required by 24 CFR 200.620(c)?  Yes  No

(3) If yes, who provides instruction on the AFMP and Fair Housing Act, and how frequently?

The County of Marin will work with your organization to offer trainings for the AFMP and Fair Housing Act. By signing this, the applicant/respondent agrees to periodically assess staff skills and attend trainings when required.

---

**Additional Consideration:** Is there anything else you would like to tell us about your AFMP to help ensure that your program is marketed to those least likely to apply for your services? Please attach additional sheets, as needed.

By signing this form, the applicant/respondent agrees to implement its AFMP, and to review and update its AFMP in accordance with the instructions to item 9 of this form in order to ensure continued compliance with HUD's Affirmative Fair Housing Marketing Regulations (see 24 CFR Part 200, Subpart M). I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (See 18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

---

Signature of person submitting this Plan & Date of Submission (mm/dd/yyyy)

---

Name (type or print)

---

Title & Name of Organization

---

**For Housing and Federal Grants Use Only**

**Approved** \_\_\_\_                      **Disapproved** \_\_\_\_ (Check one)

---

Signature & Date (mm/dd/yyyy)

---

Name (type or print)

---

Title