

# Affirmative Marketing Plan - Programs

District of Columbia



**D.C. Department of Housing and Community Development**  
Office of Program Monitoring - Fair Housing and Equal Opportunity

1a. Applicant's Name, Address (including city, state & zip code) & phone number	1c. Project/application number	1d. Target population & age group
	1e. Type of program i.e., recreational, educational, skills building, after school, adult literacy, other (explain)	
	1f. Neighborhood or citywide program (Name of neighborhood targeted)	
	1g. Approximate starting dates (mm/dd/yy) of advertising	

1b. Project's name, location (include Census tract, ANC, EZ/EC, PPA, or other special target designation associated with project location)  Census Tract: _____ ANC: _____	1h. Facility/Program market area (Ward & Neighborhood)	1i. Census tract (s) of targeted outreach areas
	1j. Program Director/Facility Manager name & address (City, state, ward and zip code)	

<p><b>2. Type of Affirmative Marketing Plan</b> <i>(check all that apply)</i></p> <p>a. Project Plan: <input type="checkbox"/> New <input type="checkbox"/> Updated</p> <p>b. Annual Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> White (non-minority) Area</p> <p><input type="checkbox"/> Minority Area</p> <p><input type="checkbox"/> Mixed Area (with _____ % minority residents)</p>	<p><b>3. Direction of Marketing Activity</b> (Indicate which group(s) in the District of Columbia program/facility market area are <b>LEAST LIKELY TO APPLY</b> for the program/service because of its location and other factors <i>without special outreach</i> efforts)</p> <p><input type="checkbox"/> White <input type="checkbox"/> Families with Children <input type="checkbox"/> African - Ethiopian</p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Asian - Vietnamese <input type="checkbox"/> Asian - Chinese</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other _____</p>
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4a. **Marketing Program: Commercial Media** (Check the type of media, if any, to be used to advertise the availability of this program to the target group(s) under Q #3)

Newspapers/Publications  Radio  TV/Billboards  E-mail/Website  Other (specify) \_\_\_\_\_

\* Provide a separate list of commercial media to be used in your marketing campaign to the mainstream/general population.

Name of Newspaper, Radio, TV Station, or Website	Group Identification of Readers/Audience	Size/Duration of Advertising

4b. **Marketing Program: Brochures, Signs, and the D.C. Office of Human Rights (OHR) "Non-Discrimination" Clause.**

(1) Will brochures, letters, flyers, or handouts be used to advertise? Yes  No

If "Yes", attach a copy of material(s) or indicate date when copy of material(s) will be sent to DHCD Fair Housing Division (mm/dd/yy):

(2) Project Site Sign: indicate size  X ; Indicate EO logo type size  X  Attach a photograph of project sign or indicate date to be submitted to DHCD- Fair Housing Division. Date (mm/dd/yy):

(3) OHR's "**Non-Discrimination**" clause must be conspicuously displayed at facility or wherever program services take place. OHR language will be displayed in the  Management Office  Training Room  Facility waiting area  Other (specify) \_\_\_\_\_

4c. **Community Contacts.** To further inform- the GROUP(S) LEAST LIKELY TO APPLY- and to know about the availability of the Facility/Program, the applicant agrees to establish and maintain contacts with the groups/organizations listed below that are located in the program market area. Applicant MUST provide all requested information. Attach a copy of correspondence to be mailed to these groups/ organizations; if none available provide date when it will be sent to the community contact and send copy to DHCD/FHEO Division. Attach additional information, if needed. Submit to DHCD/FHEO any contact changes to this list.

Name of Organization	Group Identification Primary ethnic group(s) served	Approximate date of marketing	Person Contacted to provide marketing assistance (name, e-mail address)
Address & Phone Number	Method of Contact		Indicate the specific function the Group/Organization will undertake in implementing the marketing program

4d. **Community Contacts -Tracking of Referrals-** If assistance by above listed groups is to make referrals and disseminate marketing information on behalf of Applicant; then applicant must state how they will keep track of: (1) marketing activities by the community group and (2) candidates referred by these organizations.

5. Future Marketing Activities Mark the box(s) that best describe marketing activities to promote new programs after current programs have been initiated.

Newspapers/Publications     Radio     TV

Brochures/Leaflets/Handouts     Internet / fax blast (circle one)

Site Signs     Community Contacts     Other (Specify)

6. Experience and Staff Instructions (See instructions)  Check if completed

6a. On separate sheets, indicate staff **experience with affirmative marketing techniques** to groups identified under Question #3 as least likely to apply for services at Facility or attend programs offered by Applicant.

6b. On a separate sheet, indicate previous training or training to be provided to staff (approximate dates) on the Federal, State and local FHEO laws and regulations, as well as this AMP. Attach a copy of your instructions to staff regarding accessibility, fair housing and equal opportunity.

7. **Additional Considerations** Attach additional sheets as needed.

8. **NOTICE of Intent to Begin Marketing.** Notice will be submitted to DHCD/OPM/Fair Housing Division on (mm/dd/yy):

9. **Review and Update** By signing this form, the applicant agrees to follow this Affirmative Marketing Plan and update as needed to ensure continued compliance with federal and local equal opportunity regulations and DHCD's affirmative marketing policies.

Signature of person submitting this Plan:

Date:

Name (type or print)

Title & Name of Company

**For DHCD- Office of Program Monitoring/ Fair Housing Division Use Only**

Approval By	Disapproval By
Signature & Date	Signature & Date
Name of Officer or Designee	Name of Officer or Designee
Title:	Title