



Affirmative Marketing Plan



1 a. Sponsor's Name, Address (including City, State & Zip Code) & Phone Number:

1 b. Program's Name, Location, City, State, Zip Code

1 c. Approximate Advertising Starting and Ending Dates (mm/dd/yyyy):

to

1 d. Census Tract or area targeted (attach information if needed)

2. Type of Affirmative Marketing Plan (check ALL that apply)

- New Updated
- White Area (non-minority) Minority Area
- Mixed Area (with _____% minority residents)

3. Direction of Marketing Activity (Indicate which group(s) in the market area are least likely to apply for this program because of its location or other factors without special outreach efforts)

- White American Indian/Alaskan Native Hispanic/Latino
- Black or African American Native Hawaiian/Other Pacific Islander
- Asian Persons with Disabilities Families w/Children

4 a. Marketing Program: Commercial Media (Check the type of media to be used to advertise this program)

- Newspapers or Publications Radio TV Billboards Other (specify) _____

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

4 b. Marketing Program: Brochures, Signs, and Applicant Notification

(1) Will brochures, letters, or handouts be used to advertise? Yes No If "Yes", attach a copy or submit when available.

(2) For program site signs, indicate sign size _____ x _____ Logotype size _____ x _____ Attach a photograph of program sign or submit when available.



4 c. **Community Contacts.** To further inform the group(s) least likely to apply for this program, the applicant agrees to establish and maintain contact with the groups/organizations listed below that are located in the area. If more space is needed, attach an additional sheet. **Notify the CITY OF SALEM of any changes in this list.** Attach a copy of correspondence to be mailed to these groups/organizations.

Name of Group/Organization	Group Identification	Approximate Date (mm/dd/yyyy)	Person Contacted or to be Contacted

Group/Organization Address & Phone Number	Method of Contact	Indicate the specific function the Sponsor will undertake in implementing the Affirmative Marketing Plan

5. **Future Marketing Activities:** Mark the box(s) that best describe marketing activities to fill vacancies as they occur after the program has initially began or for future programs offered.

- Newspapers/Publications Radio TV
 Brochures/Leaflets/Handouts Signs
 Community Contacts Other (specify) _____

6. **Experience and Staff Instructions** (See instructions)

6a. Staff has experience.
 Yes No

6b. On separate sheets, indicate training to be provided to staff on Federal, State and local marketing laws and regulations, as well as this Affirmative Marketing Plan. Attach a copy of the instructions to staff regarding fair marketing.

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

8. **Review and Update:** By signing this form, the applicant agrees, after appropriate consultation with **CITY OF SALEM**, to change any part of the plan to ensure continued compliance with Affirmative Fair Marketing Regulations

Signature of person submitting this Plan	Date of Submission (mm/dd/yyyy)
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Name (type or print)

Title & Name of Company

For OFFICIAL use Only: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	Signature & date
	Name (Print) & Title

Sign and Mail to CITY OF SALEM (see instructions pages)



The Affirmative Marketing Plan (AMP) is needed to ensure that Sponsors are taking necessary steps to eliminate discriminatory practices involving Federal laws. No program subsidized under the Department of Housing and Urban Development's (HUD) Community Development Block Grant (CDBG) program can be funded without an approved AMP (See the "Applicability" section in the instructions below.) The form contains no questions of a confidential nature.

Applicability: This form is to be completed by all sponsors with programs funded by CDBG funds. Sponsors agree to make records available to CITY OF SALEM and/or HUD upon request

Each applicant is required to carry out an affirmative marketing program to attract prospective program attendees of all minority and non-minority groups in the market area regardless of their race, color, religion, sex, national origin, disability, or familial status. Racial groups include White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander. Other groups in the market area who may be subject to discrimination include, but are not limited to, Hispanic or Latino, persons with disabilities, or families with children. The applicant shall describe in the AMP the proposed activities to be carried out during advance marketing. The AMP should ensure that any group(s) of persons ordinarily **not** likely to apply for this program without special outreach (See Part 3), know about the program, feel welcome to apply and have the opportunity to attend the program.

INSTRUCTIONS

**Send completed form (with applicable attachments) to:
CITY OF SALEM – 350 Commercial Street NE, Salem, OR 97301**

Part 1-Applicant and Project Identification. Blocks 1a through 1b-Self-Explanatory. Block 1c-the applicant should specify the approximate dates for starting and ending the marketing activities to the groups targeted for special outreach. Block 1d.-the applicant may obtain census tract location information from local planning agencies, public libraries and other sources of census data (www.census.gov/)

Part 2-Type of Affirmative Marketing Plan. Applicants should indicate the status of the AMP, e.g. new or update. All Plans should indicate the racial composition of the market area in which the program will be (is) located by checking one of the three choices.

Part 3-Direction of Marketing Activity. Indicate which group(s) the applicant believes are least likely to apply for this program without special outreach. Consider factors such as racial/ethnic characteristics of market area in which program will be (is) located, disability or familial status of eligible population, public transportation routes, etc.

Part 4-Marketing Program. The applicant shall describe the marketing program to be used to attract all segments of the eligible population, especially those groups designated in Part 3 of this AMP as least likely to apply. The applicant shall state: the type of media to be used, the names of newspaper/call letters of radio or TV stations; the identity of the circulation or audience of the media identified in the AMP (e.g., White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Hispanic or Latino, persons with disabilities, and families with children) and the size or duration of newspaper advertising or length and frequency of broadcast advertising.

Community contacts include individuals or organizations that are well known in the market area or the locality, that can influence persons within groups considered least likely to apply. Such contacts may include, but need not be limited to: neighborhood, minority and women's organizations, grass root faith-based or other community-based organizations, labor unions, employers, public and private agencies, disability advocates, schools and individuals who are connected with these organizations and/or are well known in the community.

All written advertising shall display the Equal Employment Opportunity language. **Applicants should notify CITY OF SALEM** of any changes to the list in Part 4c of this AMP.

Part 5-Future Marketing Activities. Self-Explanatory.

Part 6-Experience and Staff Instructions.

- 6a. The applicant should indicate whether staff have had previous experience in marketing programs to group(s) identified as least likely to apply.
- 6b. Describe the instructions and training provided or to be provided to staff. This guidance to staff must include information regarding Federal, State and local marketing laws and this AMP.

Copies of any written materials should be submitted with the AMP, if such materials are available. All records must be maintained for at least five years after a tenant has vacated.

Part 7-Additional Considerations. In this section describe other groups to which the program may be marketed and efforts not previously mentioned which are planned to attract persons least likely to apply for the program. Such efforts may include outreach activities to grass root faith-based or community-based organizations, and other ethnic groups with limited English proficiency (LEP).

Part 8-Review and Update. By signing, the applicant assumes full responsibility for the AMP implementation and required reviews and updates. With respect to the treatment of applicants, this company and staff will not discriminate against any individual or family because of race, color, national or origin, religion, gender, disability, familial status or presence of children in a household. The attached Non Discrimination Employee certification form must be completed for each staff member and filed in an Affirmative Action folder.

Reasonable accommodations will be offered to all disabled persons who request accommodations due to disability at any time during the duration of the program. Management will always attempt to reasonably accommodate the request of someone with a disability. **CITY OF SALEM** will monitor the implementation of this AMP at any time and request modification in its format or content, where deemed necessary.

Non Discrimination Employee Certification and Training

I, _____, have read and understand:

In this policy, the management of _____ philosophy and practice has continued to be a non-discriminatory policy, and in so far as we are aware, are in compliance with all laws and specifications and will not discriminate regardless of race, color, religion, sex, national origin, disability, or familial status.

Project Name: _____

Employee Signature: _____

Manager: _____

Date: _____

