



**Affirmative Fair Housing Marketing Plan (“AFHMP Long Form”)
Fair and Equitable Housing Office (FEHO)
Affordable Homeownership Opportunity Program**

PREFACE: REQUIRED ATTACHMENTS

Check all attachments included: (Failure to submit necessary documents may result in a delay in obtaining FEHO approval of your marketing Plan)

- Census Demographic Data
- Homebuyer Marketing & Selection Plan (which was reviewed prior to construction closing), clearly documenting any proposed changes made since first review. Must be conformed to HCR policies including assessment of applicants with a history of criminal justice involvement available [here](#). Please see the document AHOP Marketing and Selection Plan Requirements for guidance.
- Referral and/or supportive services agreement for Special Needs Set-Aside Units (if applicable)
- Reasonable Accommodation Plan, Policies and Forms
- Assistance Animal Policy and/or Pet Policy (if standalone documents)
- Copies of advertising/marketing materials to be used:
 - All Advertisements and Marketing Materials, with translations
- Most Recent Fair Housing Training Certificates
- Smoking Policy (if separate or applicable)
- Sample Community Contact Letter for LLA Populations and Persons with Mobility, Hearing and/or Vision Impairment
- Copies of written applications and screenshots of any online application forms (if applicable), along with translations
- Other Attachment (name): [Click here to enter text.](#)
- Other Attachment (name): [Click here to enter text.](#)
- Other Attachment (name): [Click here to enter text.](#)

Space for Relevant Explanation:
[Click here to enter text.](#)



****Please complete all sections****

Please consult HCR's Affirmative Fair Housing Marketing Plan Guide for Managing Agents, Owners, and Developers, located at <https://hcr.ny.gov/fair-housing>, for guidance and requirements in developing your Affirmative Fair Housing Marketing Plan.

Please note that, in order to proceed to sale and occupancy of HCR-funded units, *you are required to obtain HCR approval of an Affirmative Fair Housing Marketing Plan prior to marketing, occupancy and sales.* Further, you must advertise for the duration of the approved marketing period, generally 60 days, as established by New York State Homes and Community Renewal's Fair and Equitable Housing Office (FEHO).

SECTION 1 – PROJECT IDENTIFICATION

- 1a. **Project Name:** [Click here to enter text](#)
Project Address: [Click here to enter text.](#)
HCR Project ID Number: [Click here to enter text.](#)
- 1b. **Developer (Company):** [Click here to enter text.](#)
Name of Contact & Title: [Click here to enter text.](#)
Address: [Click here to enter text.](#)
Phone Number: [Click here to enter text.](#)
Email Address: [Click here to enter text.](#)
- 1c. **Owner (prior to sales):** [Click here to enter text.](#)
Name of Contact & Title: [Click here to enter text.](#)
Address: [Click here to enter text.](#)
Phone Number: [Click here to enter text.](#)
Email Address: [Click here to enter text.](#)
- 1e. **Monitor (for Coops):** [Click here to enter text.](#)
 In house 3rd Party OR Affiliate
Name of Contact: [Click here to enter text.](#)
Address: [Click here to enter text.](#)
Phone Number: [Click here to enter text.](#)
Email Address: [Click here to enter text.](#)
- 1f. **Managing Agent (for Coops and Condos):** [Click here to enter text.](#)
 In house 3rd Party OR Affiliate
Name of Contact: [Click here to enter text.](#)
Address: [Click here to enter text.](#)
Phone Number: [Click here to enter text.](#)
Email Address: [Click here to enter text.](#)

1g. Entity responsible for Affirmative Fair Housing Marketing:

Owner Managing Agent Marketing Agent Monitor Other [Entity Name & contact info](#)

To whom should correspondence concerning this AFHMP be sent? Indicate Name, Address (including City, State & Zip Code), Telephone Number, & Email Address:

[Click here to enter text.](#)

1h. Provide a one-paragraph summary project narrative (Units, AMLs, funding, etc.):

[Click here to enter text.](#)

1i. Total Number of Units in Project: [Click here to enter text.](#)

Number of HCR-funded Units: [Click here to enter text.](#)

Number of Market Rate Units, if applicable: [Click here to enter text.](#)

Number of Other Units, if applicable: [Click here to enter text.](#)

Total Number of Buildings in Project: [Click here to enter text.](#)

1j. Project Type (check all that apply):

New Construction

Occupied Rehabilitation/Coop Conversion (residents in place) [Enter no. of units occupied](#)

Vacant rehabilitation/Adaptive Reuse (no residents in place)

1k. Project Funding Sources (including tax abatements and credits):

HCR: [Click here to enter source & amount](#)

NY State (non-HCR): [Click here to enter source & amount](#)

Federal (for example, Section 8 PBV, HOME, Federal Housing Trust Fund, etc.):
[Click here to enter source of Federal funding](#)

Local government(if HPD/HDC see note below): [Click here to enter source & amount](#)

Private (non-government): [Click here to enter source & amount](#)

Other: [Click here to enter source & amount](#)

NOTE: If project is co-funded by New York City through Housing Preservation and Development (HPD) and/or Housing Development Corporation (HDC), consult with your HCR representative about a different HPD-specific form before continuing.

SECTION 2 – MARKETING PROGRAM & DIRECTION OF MARKETING ACTIVITY

2a. Affirmative Fair Housing Marketing Plan:

(1) Plan Type: [Choose an item.](#)

NOTE: If Amended is selected in question 2a(1), answer questions 2–5 below; if New, proceed to 2b

(2) Date of the first Approved AFHMP (if applicable): [Enter Date](#)

(3) Reason(s) for current update:

[Click here to enter text.](#)

(4) Date of Initial Occupancy: [Enter Date](#)

(5) Are you seeking to remarket the project?

YES. Why? [Choose an item.](#) **OR** [Other -- Explain](#)

a. Number of units seeking to remarket, if applicable: [Enter no.](#)

b. Number of individuals currently on a waiting list: [Enter Text](#)

NO [Enter Explanation](#)

2b. Key Dates

(1) **Estimated Date of Occupancy:** [Enter Date](#)

**If this is a single family or town house development, enter the date you anticipate the first home being available for occupancy*

(2) **Planned fair housing marketing period commencement date:** [Enter Date](#)

*(The marketing must run for at least 60 days before applications start date. The date on which applications will start being accepted (the “Application Start Date”) must be clearly stated in all marketing materials, **This form must be approved by FEHO before marketing activities can commence.***

(3) **Planned application start date:** [Enter Date](#)

*(The application start date is after at least 60 days of affirmative fair housing marketing. It is the date applications will be accepted and homebuyer selection begins. Marketing should continue even during the application acceptance period. **upon which applications will start being accepted is clearly stated.**)*

Space for additional explanation (if necessary):

[Click here to enter text.](#)

2c. Provide name and/or staff position responsible for Affirmative Fair Housing Marketing compliance.

[Click here to enter text.](#)

SECTION 3 – DEMOGRAPHICS OF PROJECT AND HOUSING MARKET AREA

Affirmative fair housing marketing should attract applicants who are underrepresented in the Primary Market Area’s demographics. A good marketing strategy will cast a wide net. HCR requires the use of Primary and Secondary Market Area community-based groups, labor unions, disability advocates, civic, non-profit and religious organizations, Neighborhood and Rural Preservation Companies, and/or other groups and individuals in the community that have direct contact with the project’s Least Likely to Apply (LLA) populations. Outreach should be conducted in the language understood by LLAs.

3a. Housing Market Area:

(1) What is the Primary Housing Market Area (e.g. county, town or city) from which you intend to draw applicants? [Click here to enter text.](#)

(2) What is the Expanded Secondary Housing Market Area (e.g. city, county or state) from which you intend to draw applicants to increase the diversity of individuals reached by your marketing efforts? [Click here to enter text.](#)

3b. Provide the demographic data of the Primary Housing Market Area. (Use the most recent American Community Survey 5-Year Estimates available [here](#)¹ (modified for your Market Area) or for NYC projects, the Community District Profiles available [here](#)²)

Demographic	% in Primary Housing Market Area	% in Expanded Secondary Housing Market Area
White	Enter Percentage %	Enter Percentage %
Black or African American (non-Hispanic)	Enter Percentage %	Enter Percentage %
American Indian or Alaska Native	Enter Percentage %	Enter Percentage %
Asian	Enter Percentage %	Enter Percentage %
Native Hawaiian or Other Pacific Islander	Enter Percentage %	Enter Percentage %
Hispanic or Latino	Enter Percentage %	Enter Percentage %

Printout of demographic data entered in table above is attached to this AFHMP.

3c. Based on demographic data of the Primary Housing Market Area, which populations have you identified as the Least Likely to Apply (LLA) without special outreach efforts? [Click here to enter text.](#)

3d. Proposed Marketing Activities: Community Contacts:

Complete and submit **Worksheet 1** to describe your use of community contacts to market the project to those Least Likely to Apply populations, and, if applicable, individuals with mobility and/or hearing/visual disabilities.

Attach sample community contact letter(s) and email(s) to be used as part of outreach.

¹<https://data.census.gov/cedsci/table?q=United%20States&g=0100000US&tid=ACSDP5Y2018.DP05&vintage=2018>

²<https://communityprofiles.planning.nyc.gov/>

3e. Does your community contacts letter/outreach/email contain the following?

- Total number of affordable units available
- Address
- Number and type of Accessibility Units (as applicable)
- Income, Rent and Occupancy information (approved by HCR)
- Application Deadline
- A copy of the application OR a link to the application online (can be a pdf) in English, Spanish and the language to be understood by the Community Contact's constituencies and/or those Least Likely to Apply populations.
- Date and time of lottery
- Process of lottery (how they can access viewing the lottery)
- Logos: HCR, accessibility, fair housing, smoke free
- Attachments with marketing/advertising materials in English, Spanish and the language that will be understood by the Community Contact's constituencies and/or those Least Likely to Apply populations.

3f. Proposed Marketing Activities: Methods of Advertising:

- Complete and submit **Worksheet 2** to describe your proposed methods of advertising that will be used to market to those Least Likely to Apply.
- Confirm that all advertising and marketing materials are to be produced in English, Spanish and other languages so as to be understood by the Least Likely to Apply populations.
- Attach all copies of advertisements, radio and television scripts, Internet advertisements, websites, and brochures, etc.
- Confirm that Project will use the Standard Ad in English, Spanish and the LLA language, all available here: <https://hcr.ny.gov/marketing-plans-policies#standard-advertisement> adapted for homeownership opportunities, including income and asset limits.
- Confirm that Project will translate the relevant highlighted portions in the foreign-language Standard Ads as well as use the Standard English Ad.

3g. How will outreach efforts to Least Likely to Apply populations be documented? (e.g. call logs and email archives). These must be kept for HCR's site compliance reviews.

[Click here to enter text.](#)

3h. Proposed Marketing Activities: Languages used in advertising to reach Least Likely to Apply populations (other than English):

[Click here to enter text.](#)

SECTION 4 – APPLICATION & HOMEBUYER SELECTION PROCEDURES

5a. Application Procedures

(1) How will applications be made available to prospective homebuyers? (who to contact and where applications may be obtained, including if online and the website url(s)).

[Click here to enter text.](#)

(2) Will applications be made available electronically? YES NO (If Yes, Check all that apply)

By emailed PDF Through an online form

(3) Confirm that the paper application, any electronic applications (if any), and translations for each are attached to this form. (Screenshots or PDFs of online applications are acceptable).

(4) For each format of the applications (paper and electronic), confirm the following:

a. They will be available with the same ease-of-access in English, Spanish and the language(s) used by those Least Likely to Apply.

i. Which languages? [Click here to enter text.](#)

b. That applicants can fill out which home or unit type are applying for. This means that, where applicable, an applicant can apply for more than 1 unit as long as their family meets the occupancy standards and income eligibility, or they have evidence that they can afford a larger home. HDFCs or developers may establish a minimum household size preference

c. They do not include questions with regard to any status that may be protected under fair housing laws (e.g. marital status) that are not necessary to determine eligibility or lottery/waiting list order.

d. That any race/ethnicity questions are optional.

(5) Describe the process by which applications will be received and logged.

[Click here to enter text.](#)

(6) Fees. List any application, background or credit check fees collected for HCR-supported units (Note that certain HCR policies and New York State law limits what fees can be collected): [Click here to enter text.](#)

(7) Confirm that all application forms comply with HCR's AFHMP Guidelines, including its Criminal System, Credit, Reasonable Accommodations Policies.

[Click here to enter text.](#)

5b. Homebuyer Selection Procedures:

Homebuyer Selection Procedures explained in this section must comply with New York State's policies when assessing those with criminal system involvement and negative credit history, available

[here](#). The relevant worksheets, notices and 14-day time periods for additional information must be utilized in any procedures outlined.

- (1) Describe how homebuyer eligibility will be determined (e.g., income certification employment verification, mortgage preapproval, completion of HUD homeownership counseling). Align considerations with HCR's Criminal System Involvement and Credit policies available [here](#).
[Click here to enter text.](#)
- (2) Describe the characteristics that cause an applicant to be rejected from consideration. Include considerations of HCR's Criminal System Involvement and Credit policies.
[Click here to enter text.](#)
- (3) Will you use any screening services like CoreLogic, TurboTenant, RentRedi, any of the services provided by the credit agencies? YES NO
 - a. If YES, provide the name of the service [Click here to enter name of screening service](#)
- (4) Confirm that all applicants who submit an application with missing information will be given an opportunity to cure before being denied.
 - a. How will the applicant be informed of, and a request made for, missing information/documentation on their application?
[Click here to enter text.](#)
 - b. How many days will applicant be provided to respond (specify business or calendar days)? [Click here to enter text.](#)
- (5) Confirm that the application and homebuyer selection procedures DO NOT request or base eligibility on immigration/citizenship information *unless* specifically required by program funding (for example, federal funding such as Section 8 project-based vouchers).
 - a. If requesting immigration/citizenship information, enter the program funding that specifically required this information as a basis for eligibility.
[Click here to enter text.](#)
- (6) Assessing Applicants Directly Impacted by the Criminal Legal System and Credit Check:
 - a. Do you check criminal system history of applicants? (Note that conducting a background check is NOT required by NYSHCR)
: YES NO
 - b. If YES, *before the applicant is denied*,
 - i. Confirm that you will conduct an individualized assessment based on HCR's worksheets for its [Criminal System Involvement](#) policy. Only after failing the individualized assessment can the applicant be denied.
 - ii. Confirm that you will provide 14 business days for applicant to provide additional information so that the individualized assessment can be conducted. A sample Request for Additional Information (with translations) can

be found here: <https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement-assessment-policies>.

Confirm that you will provide the relevant Know Your Rights materials for the criminal system involvement – documents (including translations) are available in link above.

c. Confirm that a credit check is not conducted by the housing provider as long as the Applicant has a mortgage.

6c. Application Denial

(1) How is the applicant notified that they have the right to apply for future available units?
[Click here to enter text.](#)

a. Confirm that all applicants will be provided with HCR's Know Your Rights materials for HCR's criminal system check policy with their notification of denial. Documents (with translations) available [here](#).

SECTION 5 – REASONABLE ACCOMMODATION POLICIES

6a. Does the project have stand-alone reasonable accommodation policies and/or forms?
[Choose an item.](#) *If so, please provide a copy for review.*

(1) Copy of reasonable accommodations policies and forms are attached to this AFHMP (e.g. pet policies, reasonable accommodation request forms, etc.).

6b. Describe the process and timeline for how requests for reasonable accommodations will be handled, including the appeal process, and who will be authorized to approve or deny any such requests.

[Click here to enter text.](#)

(1) Confirm that the reasonable accommodations policy uses the definition of disability under the New York Human Rights Law, in addition to any other definitions. That definition is: “(a) a physical, mental or medical impairment resulting from anatomical, physiological, genetic or neurological conditions which prevents the exercise of a normal bodily function or is demonstrable by medically accepted clinical or laboratory diagnostic techniques or (b) a record of such an impairment or (c) a condition regarded by others as such an impairment.”

(2) Confirm that the reasonable accommodations policy only requires verification or additional information from homebuyer/applicant where the disability is not obvious or otherwise known to the housing provider, and/or the need for the requested accommodation is not readily apparent or known. In most cases, an individual's medical records or detailed information about the nature of a person's disability is not necessary for this inquiry.

- (3) Confirm that the reasonable accommodations policy does not limit verification documentation (if required) to those from medical professionals, but includes and accepts documentation from reliable third party professionals and agencies, including proof of SSI or SSD insurance benefits, a peer support group, a non-medical service agency, and a social worker, among others.
- (4) Confirm that applicants will be notified in writing of their right to request reasonable accommodations and modifications based on their disability, as required by N.Y. Executive Law § 170-d. This notice will be included with the application, and with the lease. Notice requirements and a form notice are available [here](#).

6c. Does the project have a Telecommunication Device for the Deaf (TDD) or an equally effective communication system? NOTE: If project has HUD Section 8 assistance, it is required to have TDD. [Choose an item.](#)

6d. Describe the policy for service animals and assistance animals for people with disabilities. [Click here to enter text.](#)

- (1) Confirm that even if your building has a “no pets policy,” it will allow service and assistance animals in accordance with its reasonable accommodations policies.
- (2) Confirm that your policy does not allow fees to be charged for service and assistance animals.

SECTION 6 – AFHMP AVAILABILITY & RECORD KEEPING

7a. Confirm that following records will be maintained in the following manner:

NOTE: This list is not inclusive of all records required to be kept for a minimum period of 5 years pursuant to HCR and other agency policy, as applicable.

- (1) Advertising: All advertising and records of dates of publication will be kept on file in the project’s management office and/or another location. Specify: [Specify Where](#)
- (2) Marketing Outreach Log: Records of marketing and outreach to community contacts and referral agencies (including dates and method of communication) will be kept in the management office and/or other location for inspection. Specify: [Specify Where](#)
- (3) The Affirmative Fair Housing Marketing Plan: A copy of this AFHMP, and all subsequent or updated versions, will be kept on file and provided to the Managing Agent. It will be made publicly available for inspection in the project’s management office and/or another location. Specify: [Specify Where](#).
- (4) Wait List: All records of the Applicant Wait List will be kept on file for inspection.
- (5) Discrimination Complaints: Records of complaints and resolutions by residents and applicants alleging discrimination and/or improper conduct shall be retained for 5 years.
- (6) Fair Housing Training Certificates: All Fair Housing training certificates and materials shall be kept on file for 5 years and submitted with this submission for review.

- (7) Demographic Data: Voluntary data regarding race, ethnicity, disability and family composition collected shall be kept in the project's file.
- (8) Applications and Associated Records: All applications and associated records must be kept for a minimum of 5 years. Such records include:
- A copy of the original application;
 - A copy of the conviction record, credit history and other material obtained in connection with evaluating the application;
 - Written notification to the applicant that he/she has the right to contest and provide more information in response to justice involvement information and/or credit report;
 - The written evaluation/worksheet detailing the analysis and decision of the housing provider (such as a completed Justice Involvement and/or Credit Worksheet).
- (9) Admissions Information for Applicants with Criminal System Involvement: Records concerning (a) the number of applications received where the applicant had a criminal conviction or pending arrest, and (b) the number of those applicants accepted, denied, waitlisted or still under review. These will be collected by HCR for reporting.

SECTION 7 – EVALUATION OF MARKETING ACTIVITIES

- 8a.** How will you assess the success of your marketing efforts to reach those LLA populations identified?
[Click here to enter text.](#)
- 8b.** Who and/or which staff position will be responsible for conducting this assessment?
[Click here to enter text.](#)
- 8c.** Confirm that this assessment will be conducted annually.
- 8d.** How will you make decisions about future marketing based on the evaluation process?
[Click here to enter text.](#)
- 8e.** Detail what remedial efforts will be taken if LLA populations are insufficiently represented in the project:
[Click here to enter text.](#)

SECTION 8 – FAIR HOUSING TRAINING

9a. Homebuyer Selection Training/Staff:

- (1) Which HUD-certified homeownership counseling agency will be responsible for qualifying potential homebuyers?
[Choose an item.](#)

(2) What staff positions are/will be responsible for overseeing homebuyer selection according to the Homebuyer Selection Plan?

[Click here to enter text.](#)

9b. Has staff received fair housing training within the past 12 months? Choose an item.

(1) Describe Affirmative Fair Housing Marketing and Fair Housing Act staff training that is provided. Identify who provided the training and how frequently it is provided, to whom it was/will be provided, and the dates of past and anticipated trainings:

[Click here to enter text.](#)

(2) Confirm that staff has been trained on HCR's Credit and Criminal System Involvement Policies, available [here: https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement-assessment-policies](https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement-assessment-policies)

(3) Attach copies of any AFHMP/Fair Housing staff training certificates.

(4) If staff has not received fair housing training within the past 12 months, describe AFHMP and Fair Housing Act staff training that will be provided and the dates of anticipated trainings:

[Click here to enter text.](#)

NOTE: Compliance with the fair housing training requirement can be demonstrated by viewing the NYS Fair and Equitable Housing Office Fair Housing Webinar, available here:

<https://youtu.be/7YxdH5vDMlc>

9b. Does the managing agent or Cooperative Monitor periodically assess staff skills on the use of the AFHMP and compliance with the Fair Housing Act and all applicable nondiscrimination requirements? Choose an item.

(1) If YES, how and how often?

[Click here to enter text.](#)

(2) If NO, please describe actions to be taken to afford staff with proper AFHMP and Fair Housing training:

[Click here to enter text.](#)

9c. A Fair Housing Poster must be prominently displayed in all offices in which sale or rental activity takes place, as required by federal regulation (24 CFR 110) and the Fair Housing Act. Check below all locations where the Poster will be displayed:

Management Office

Entrance to Project

Other (specify): [Click here to enter text.](#)

SECTION 9 – ADDITIONAL CONSIDERATIONS

Please use this space to explain anything else that should be considered by HCR along with, or as part of, this AFHMP.

[Click here to enter text.](#)

SECTION 10 – CERTIFICATION OF CONTINUED COMPLIANCE AND MODIFICATION OF THE AFHMP

The Owner (HDFC), Developer, Managing Agent (if applicable to project) and Marketing Agent (if applicable to project) (together, “We”), hereby certify the following:

We have read and are familiar with the requirements and provisions of the New York State Homes and Community Renewal Affirmative Fair Housing Marketing Plan provided herein, and that all information stated herein and attached are true and accurate.

We understand that HCR’s approval of the project’s AFHMP is not intended to establish or to serve as legal advice. Nor does HCR’s approval of the project’s AFHMP establish compliance with the regulations, policies or procedures of other applicable agencies or entities with authority over the project, including but not limited to, the United States Department of Housing and Urban Development or other financial institutions.

The AFHMP and homebuyer selection procedures will be implemented as set forth herein and in accordance with all federal, New York State, and local fair housing laws and nondiscrimination requirements, including applicable HCR guidelines.

The AFHMP will be reviewed and updated in accordance with all applicable guidelines in order to ensure continued compliance with HCR’s policies and procedures and the HCR Mortgage and/or Regulatory Agreement.

We understand that failure to comply with HCR’s policies and procedures and the HCR Mortgage and/or Regulatory Agreement shall subject the Owner (HDFC), Developer, Managing Agent (if applicable to project) and Marketing Agent (if applicable to project) to the fullest extent of the law including, but not limited to, HCR limiting or prohibiting the future participation of the undersigned, any subsidiaries or related entities in NYSHCR programs.

I, the signatory below, am duly authorized and have legal capacity to execute this Certification on behalf of the subject project’s Owner (HDFC), Developer, Managing Agent (if applicable to project) and Marketing Agent (if applicable to project).

X

Signature

Check if signing electronically by typing name

X

Name of person submitting this plan

X

Title & Name of Company

Select Date

Date

SECTION 111- WORKSHEET EXHIBITS – PROPOSED MARKETING ACTIVITIES

Worksheet 1: Community Contacts) (You may use a spreadsheet with the same columns instead of the worksheet below.)

For each LLA population, at least three (3) community contacts should be provided. The appropriate number of Community Contact organizations will be determined on an individualized basis according to the local market area;

In addition to community contacts tailored to Least Likely to Apply households, the following must also be included for all projects:

- Elected representatives (local, state and federal representatives),
- The 5 closest public housing authorities and/or Section 8 offices,
- The 5 closest organizations that serve homeless individuals;
- The Veterans Center in the county: <https://veterans.ny.gov/office-locations>
- The New York State Office of New Americans Community Navigators for the region: https://www.newamericans.ny.gov/ona_Navigators/ona_Navigators.html
- The 2 closest Healthy Family New York Program Sites: <https://www.healthyfamiliesnewyork.org/sites2.htm>
- The local Continuum of Care organization listed in this map: <https://caresny.org/continuum-of-care/#CoC-Planning-Map>. If there is no organization listed for the area, include the Balance of State Continuum of Care at bos.nys@otda.ny.gov.
- The local agency on aging: <https://aging.ny.gov/local-offices>
- The Neighborhood and Rural Preservation companies designated for your region. List available here: <https://hcr.ny.gov/neighborhood-and-rural-preservation-programs#neighborhood-and-rural-preservation-company-directory>
- The Domestic Violence Service Providers in the county – See here for non-exclusive list: <https://hcr.ny.gov/system/files/documents/2018/11/hcrvawaresourcelist.pdf>
- The local Department of Social Services – List available here: <https://ocfs.ny.gov/main/localdss.asp>
- The Health Home agency for the county: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_map/index.htm
- The local Community Services and Re-Entry Services Office(s): <https://doccs.ny.gov/offices>

Organization that serve those with mobility, hearing and/or vision impairment should also be contacted and include:

- At least 3 independent living centers or other organizations that serve such persons (<http://www.acces.nysed.gov/vr/independent-living-centers>) AND
- The District Office for the NYS Commission for the Blind <https://ocfs.ny.gov/main/cb/district-contacts.asp>
- At least 2 not-for-profit organizations that serve people who are blind or have vision loss,
- At least 2 not-for-profit organizations that serve people who are deaf or have hearing loss,
- The New York Association for Independent Living (NYAIL) <https://ilny.us/>
- The New York's Office of the Chief Disability Officer; accessibility@exec.ny.gov
- The New York Alliance for Inclusion and Innovation: https://nyalliance.org/form.php?form_id=13
- The relevant Student and Youth Services Transition representative: <http://www.acces.nysed.gov/vr/student-and-youth-transition-services>

- The relevant district office for the ACCESS-VR (Vocational Rehabilitation) program: <http://www.acces.nysed.gov/vr/district-offices>
- The local NY Connects office: <http://www.nyconnects.ny.gov/contact-us>
- All hospitals under the “Hospital” tab for the Project’s County AND Region that contain the word “rehabilitation” in the title: <https://profiles.health.ny.gov/>
- All nursing homes under the “Nursing Homes” tab for the Project’s County AND Region that contain the word “rehabilitation” in the title: <https://profiles.health.ny.gov/>

Outreach may be conducted by email but a substantive email address must be included. For example, info emails (e.g., info@hospital.com), will not be accepted. The project should reach out to the local contact to determine the best way/address to convey available housing opportunities.

An excel spreadsheet listing Community Contacts and each of the organizations above may be used instead of the format below.

Target Population	Type or Org (see Categories, above)	Community Contact Name, Address, Email & Phone Number	Name of Contact Person	Method of Contact	Approximate Date of Contact
Enter text	Enter text	Enter text	Enter text	Enter text	Enter text
Enter text	Enter text	Enter text	Enter text	Enter text	Enter text
Enter text	Enter text	Enter text	Enter text	Enter text	Enter text
Enter text	Enter text	Enter text	Enter text	Enter text	Enter text
Enter text	Enter text	Enter text	Enter text	Enter text	Enter text
Enter text	Enter text	Enter text	Enter text	Enter text	Enter text
Enter text	Enter text	Enter text	Enter text	Enter text	Enter text
Enter text	Enter text	Enter text	Enter text	Enter text	Enter text
Enter text	Enter text	Enter text	Enter text	Enter text	Enter text
Enter text	Enter text	Enter text	Enter text	Enter text	Enter text
Enter text	Enter text	Enter text	Enter text	Enter text	Enter text
Enter text	Enter text	Enter text	Enter text	Enter text	Enter text
Enter text	Enter text	Enter text	Enter text	Enter text	Enter text
Enter text	Enter text	Enter text	Enter text	Enter text	Enter text
Enter text	Enter text	Enter text	Enter text	Enter text	Enter text

Worksheet 2: Methods of Advertising Complete the following table by identifying your targeted LLA marketing population(s), as indicated in Block 3f, as well as the methods of advertising that will be used to market to that population.

For each Method of Advertising, identify:

- the reason for choosing this media
- any language(s) in which the material will be provided,
- any alternative format(s) to be used (e.g. Braille, large print, etc.),
- 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.

Methods of Advertising	Targeted LLA Population	Other Information (specified above)
Newspaper(s)		
Enter text	Enter text	Enter text
Enter text	Enter text	Enter text
Enter text	Enter text	Enter text
Radio Station(s)		
Enter text	Enter text	Enter text
Enter text	Enter text	Enter text
Enter text	Enter text	Enter text
TV Station(s)		
Enter text	Enter text	Enter text
Enter text	Enter text	Enter text
Enter text	Enter text	Enter text
Web-based & Social Media		
Enter text	Enter text	Enter text
Enter text	Enter text	Enter text
Enter text	Enter text	Enter text
Bulletin Boards		
Enter text	Enter text	Enter text
Enter text	Enter text	Enter text
Enter text	Enter text	Enter text
Brochures, Notices, Flyers		
Enter text	Enter text	Enter text
Enter text	Enter text	Enter text
Enter text	Enter text	Enter text
Other (specify)		
Enter text	Enter text	Enter text
Enter text	Enter text	Enter text
Enter text	Enter text	Enter text

(Add additional pages as necessary)