

Instructions for the Public Facility Ongoing Compliance Report

The regulations of the Community Development Block Grant (CDBG) program prescribe that properties assisted by CDBG shall continue to be used primarily for activities that provide benefit to low and very-low income persons. In an effort to improve ongoing compliance of the Community Development Block Grant (CDBG) program, the Virgin Islands Housing Finance Authority has implemented the use of the enclosed form to gather information regarding the use of CDBG-financed properties and facilities.

An authorized representative of the organization shall prepare the enclosed CDBG Public Facility Ongoing Compliance Report semi-annually (i.e., every six months). The report shall be submitted to CDBG on January 10 and July 10 each year; the report covering the period January 1 through June 30 shall be submitted on July 10 and the report covering the period July 1 through December 31 shall be submitted on January 10.

The form is available electronically on VIHFA's website. To submit an electronic copy of the form, please visit VIHFA's website at www.vihfa.gov. For questions about the form, please contact the CDBG Program staff at 777-4432 (St. Thomas) or 772-4432 (St. Croix).

The form may also be submitted in hard copy format via the mail or hand delivery. If opting for the hard copy format, the information should be typed. If it is not possible to type the form, please complete the form legibly using block lettering; blue or black ink should be used. Upon completion, the form should be submitted to the CDBG Program office for the appropriate district as follows:

St. Croix

V.I. Housing Finance Authority
Attention: CDBG Program
100 Lagoon Complex, Suite 4
Frederiksted, VI 00840-3912

St. Thomas/St. John

V.I. Housing Finance Authority
Attention: CDBG Program
3202 Demarara Plaza, Suite 200
St. Thomas, VI 00802-6447

Reporting Period: Please check the appropriate box to indicate the period covered by the report. Please also fill in the year, where indicated.

Building Information: In this block, please fill in the name and physical address of the building/facility that was assisted with CDBG funds. Please also fill in the name and position of the person within the organization that should be contacted for further information about the facility.

Condition of Facility: Please indicate the condition of the physical premises as of the date that the report is being completed by checking the appropriate box. ("Excellent" = New with no defects; "Good to Fair" = Functional with no major defects to systems that pose threat to health or safety; "Needs Repair" = Useable but with major defects to systems that potentially threaten health or safety OR Out of Service because of major defects to systems that potentially threaten health or safety. **Please check only one box.**

Usage of facility: The table in the middle of the page should be used to report all the events hosted at the facility during the reporting period. Use as many sheets as necessary to complete the reporting.

In the first column of the table ("**Date**"), please insert the date on which the facility was used for an event or program. Dates should be listed chronologically so that the earliest date in the covered period should be listed first with each subsequent date to follow ending with the latest date in the covered period. Where an event occurred at regular intervals during the reporting period (e.g., a weekly AA meeting), list it only once by indicating the date as "1/1/13 – 6/30/13". **Note: For facilities that are used exclusively for delivery of a specific service such as counseling, emergency shelter or transitional housing, please simply state "Ongoing" instead of listing a date.**

In the second column ("**Event Type**"), please insert the appropriate code (codes are listed to the immediate right of the table) to describe whether the listed event was social (e.g., wedding reception, private party); educational (e.g., lecture series, after-school program, steel pan instruction); recreational (e.g., game night, domino tournament, zumba class); community outreach (e.g., Partners for Health blood glucose testing, weekly AA meeting, CDBG public hearing); political (e.g., campaign fundraiser, candidate forum); cultural/arts (e.g., art exhibit, dance recital); or religious (e.g., revival, prayer meeting). **Note: For facilities that are used exclusively for delivery of services such as counseling, emergency shelter, or transitional housing, please insert an asterisk (*) and further describe the nature of the service activity in the Comments section below.**

In the third column ("**Description**"), please insert a brief description of the event.

In the fourth column ("**Host Name**"), please insert the name of the individual or organization that sponsored the listed event.

In the fifth column ("**Host Type**"), please insert the appropriate code (codes are listed to the immediate right of the table) which describes whether the sponsoring individual or organization is a governmental entity, a non-profit organization, a for-profit company, or other private entity.

In the final column ("**Est. # of attendees**"), please estimate the number of persons in attendance at the event. **Note: For facilities that are used exclusively for delivery of services such as counseling, emergency shelter or transitional housing, please indicate the number of persons served during the period.**

Comments: Please use this section to provide any additional information that may be deemed necessary to explain or clarify any information provided above relative to the use of the facility or the condition of the facility.

Signature: Upon completion of the form, the preparer should sign and date the form where indicated. Please note that by signing the form, the preparer attests to the veracity and accuracy of the information presented.