



Community Rating System

Cycle Verification

vs

Recertification

WHAT DOCUMENTATION TO SUBMIT FOR EACH

During a 3 or 5 year **cycle verification** you received a document from me called a **Cross Walk**. This list all activities you received credit for during your last cycle visit and the documentation needed.



Community _____ State _____ CID _____
County _____

COMMUNITY RATING SYSTEM ANNUAL RECERTIFICATION

CC-213 Recertification

Recertification Date: October 1, 2014

If there are any changes or corrections to the information below, please cross out the old item and write in the correction.

	Chief Executive Officer	CRS Coordinator
Name		
Title		
Address		

When you do an annual **recertification** you will receive a CC-213 recertification form. This form list all the Activities you are currently doing. This will come from one of our Resource Specialists.

Community _____ State _____ CID _____
(6-digit NFIP Community Identification Number)

CC-230 Verification

Date of Visit		Initial FIRM Date	
Population		Current FIRM Date	
County		ISO/CRS Specialist	
Coordinator's Manual Year			
Chief Executive Officer		CRS Coordinator	
Name			
Title			
Address			
Phone number			
E-mail address			

I hereby certify that _____ [community name] is implementing the following activities [check the ones that apply]. We will continue to implement these activities and will advise FEMA if any of them are not being conducted in accordance with this certification. We will cooperate with the ISO/CRS Specialist's verification visit and will submit the documentation and annual recertification needed to validate our program.

- | | |
|---|---|
| <input type="checkbox"/> 310 (Elevation Certificates) | <input type="checkbox"/> 440 (Flood Data Maintenance) |
| <input type="checkbox"/> 320 (Map Information Service) | <input type="checkbox"/> 450 (Stormwater Management) |
| <input type="checkbox"/> 330 (Outreach Projects) | <input type="checkbox"/> (Repetitive Loss Requirements) |
| <input type="checkbox"/> 340 (Hazard Disclosure) | <input type="checkbox"/> 510 (Floodplain Management Planning) |
| <input type="checkbox"/> 350 (Flood Protection Information) | <input type="checkbox"/> 520 (Acquisition and Relocation) |
| <input type="checkbox"/> 380 (Flood Protection Assistance) | <input type="checkbox"/> 530 (Flood Protection) |
| <input type="checkbox"/> 370 (Flood Insurance Promotion) | <input type="checkbox"/> 540 (Drainage System Maintenance) |
| <input type="checkbox"/> 410 (Floodplain Mapping) | <input type="checkbox"/> 610 (Flood Warning and Response) |
| <input type="checkbox"/> 420 (Open Space Preservation) | <input type="checkbox"/> 620 (Levees) |
| <input type="checkbox"/> 430 (Higher Regulatory Standards) | <input type="checkbox"/> 630 (Dams) |

I hereby certify that, to the best of my knowledge and belief, we are in full compliance with the minimum requirements of the NFIP and we understand that we must remain in full compliance with the minimum requirements of the NFIP. We understand that at any time we are not to be in full compliance, we will retrograde to a CRS Class 10.

CC-230-1

Community _____ State _____ CID _____

CC-213 Recertification

Date		
If there are any changes or corrections to the information below, please cross out the old item and write in the correction.		
	Chief Executive Officer	CRS Coordinator
Name		
Title		
Address		
Phone		
E-mail		

I hereby certify that _____ [community name] is continuing to implement the activities on the attached pages as credited under the Community Rating System and described in our original application to the CRS and subsequent modifications.

I hereby certify that, to the best of my knowledge and belief, we are maintaining in force all flood insurance policies that have been required of us as a condition of federal financial assistance for insurable buildings owned by us and located in the Special Flood Hazard Area (SFHA) shown on our Flood Insurance Rate Map. I further understand that disaster assistance for any community-owned building located in the SFHA is reduced by the amount of National Flood Insurance Program (NFIP) flood insurance coverage (structure and contents) that a community should be carrying on the building, regardless of whether the community is carrying a policy.

Signed _____ (Chief Executive Officer)

CRS Program Data Table	A. In the SFHA	B. In a regulated floodplain outside the SFHA	C. In the rest of the community
1. Last report's number of buildings in the SFHA (bSF) (line 6, last report)			
2. Number of new buildings constructed since last report	+		
3. Number of buildings removed/demolished since last report	-		
4. Number of buildings affected by map revisions since last report (+ or -)			
5. Number of buildings affected by corporate limits changes (+ or -)			
6. Current total number of buildings in the SFHA (bSF) (total lines 1-5)			
7. Number of substantial improvement/damage projects since last report			
8. Number of repetitive loss properties mitigated since last report			
9. Number of LOMRs and map revisions (not LOMAs) since last report			
10. Acreage of the SFHA (aSFHA) as of the last report (line 13, last report)			
11. Acreage of area(s) affected by map revisions since last report (+ or -)			
12. Acreage of area(s) affected by corporate limits changes (+ or -)			
13. Current acreage of the SFHA (aSFHA) (total lines 10-12)			
14. Primary source for building data:			
15. Primary source for area data:			
16. Period covered:		Current FIRM date	
<i>If available, the following data would be useful:</i>			
17. Number of new manufactured homes installed since last report			
18. Number of other new 1-4 family buildings constructed since last report			
19. Number of all other buildings constructed/installed since last report			

Comments: *[Please note the line number to which the comment refers.]*

Guidelines

Column A numbers are for the SFHA (the A and V Zones shown on the Flood Insurance Rate Map (FIRM)). Use the FIRM currently in effect, not a draft or pending revision.

Column B is completed only if the community receives CRS credit for regulating floodplain development outside the SFHA under Activity 410 (Floodplain Mapping) or Activity 430 (Higher Regulatory Standards).

Column C numbers help relate what happens in the floodplain to what is happening in the rest of the community.

Do not fill in the shaded boxes.

CRS Crosswalk

Community:	Flood Town, USA	Visit Date	July 11, 2018
NFIP Number:	123456	CRS Class	5
Repetitive Loss	(75) Category C community	CRS Points	2773
Comm Growth Rate	1.05	BCEGS	4/3

During the last CRS verification visit, Volusia County received credit for the CRS activities listed below. Please have the documentation listed below each activity available for our meeting in order to support your continued implementation of each activity.

CC230 – Verification Cover Sheet:

- Please return the attached CC-230 Cover Sheet signed by the County's Chief Executive Officer. By signing this sheet your CEO is indicating the community maintains all flood insurance policies that it has been required to carry on properties owned by the community (211.a.(5)).

Program Data Form:

- Please calculate the acreage of your SFHA (line #13) and the number of buildings in the SFHA (line #6) with an explanation of how these numbers were calculated and submit with the material below. These numbers are used to calculate credit for several activities and must be provided. See the attached PDT form.

Activity 310 - Elevation Certificates:

- For EC credit, provide a list of building permits for buildings built or substantially improved in the SFHA since April 2015 along with the final construction elevation certificate or flood-proofing certificate for each. I will review all elevation certificates and flood-proofing certificates from each of the past five years. **The above items must be received no later than May 11, 2018.**
- The permit list should only include permits pulled for building or structural related activity in the SFHA. The format of the list should include: address, building type, new, substantial or non-substantial improvement, date of permit and closing date of permit and whether an EC has been received.
- Note: EC credit will be based on my first review of your certificates. Please review them carefully prior to sending to me. Do not include EC's that you have received for insurance purposes, X zone EC's or EC's for accessory structures.
- If there have been no new or substantially improved buildings built in the SFHA, please submit a letter stating so.
- Provide a description or standard operating procedure (SOP) of how the community receives, maintains, stores, and provides copies of elevation certificates including the County's procedure of how you deal with an incomplete or incorrect EC when submitted.

CRS Annual Recertification Schedule

CC-213 Recertification and Required Documentation Due to ISO By:

First Quarter	2nd Quarter	3rd Quarter	4th Quarter
February 1	May 1	August 1	October 15
Connecticut Florida: Miami-Dade County Florida: Monroe County Illinois → Indiana Iowa Kansas Maine Michigan Minnesota Mississippi New Hampshire New York North Dakota Ohio Pennsylvania Rhode Island South Dakota Vermont Wisconsin	Colorado Delaware Florida: All Others Kentucky Massachusetts Missouri Nebraska Puerto Rico West Virginia	Alaska Arkansas California Idaho Louisiana Montana North Carolina South Carolina Utah Virginia Wyoming	Alabama Arizona Georgia Hawaii Maryland Nevada New Jersey New Mexico Oklahoma Oregon Tennessee Texas Washington
Annual Recertification Information Distributed to Community By:			
December 15	March 15	June 15	September 1
Resource Specialist Responsible for Each Quarter:			
Keith Harper	Christina Turpin	Keith Harper	Christina Turpin

Community _____ State _____ CID _____
County _____

COMMUNITY RATING SYSTEM ANNUAL RECERTIFICATION

Your community has been verified as receiving CRS credit for the following activities. If your community is still implementing these activities the CRS coordinator is required to put his or her initials in the blank and attach the appropriate items. The numbers refer to the activity number which is found in the CRS Coordinator's Manual. If the word "attached" is used you must provide documentation material for that activity. If no material has been acquired for that activity please explain why there is no material from the past year.

- ____ 310 We are maintaining Elevation Certificates on all new and substantially improved buildings in our Special Flood Hazard Area.
- ____ 310 **Attached is the permit list** for new or substantially improved structures that have been completed in the last year.
- ____ 310 **Attached are the Elevation Certificates** for new or substantially improved structures that have been completed in the last year.
- ____ 310 We continue to make copies of Elevation Certificates on newer properties available at our present office location. [] Initial here if your office address has changed in the past year. Please provide new address with this form.
- ____ 320 We are providing basic flood information, additional FIRM information, problems not shown on the FIRM, flood depth data, special flood related hazards, historical flood information, and natural floodplain functions to inquirers. [] Initial here if the office address or the manner in which requests may be submitted has changed in the last year. Please provide the new office address or manner of submittal with this form.
- ____ 320 **Attached is a copy of the (describe credited outreach)** that publicized the credited elements of this service this year.
- ____ 320 **Attached is a copy of one page of the log, a letter, or other record that we kept on this service this year.**
- ____ 320 We are continuing to keep our FIRM updated and maintain old copies of our FIRM.
- ____ 330 **Attached are copies of all outreach projects conducted this year.** Reference attachment 330 for credited outreach projects.

Any Questions





Contact Information:
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