

**230 MODIFICATION/CYCLE COVER PAGE**

1. Community Name: FLOODVILLE State: ST BCEGS: 4 / 5  
NFIP Number: 12345 FIRM Effective Date: MAY 15, 1980  
Population: 11,000 Current FIRM Date: MAY 15, 1980  
Modification/Cycle Date: MARCH 15, 2002 County: ISLER

2. Chief Executive Officer: \_\_\_\_\_ CRS Coordinator: \_\_\_\_\_  
Name: JOHN JONES \_\_\_\_\_ JANE DOE \_\_\_\_\_  
Title: MAYOR \_\_\_\_\_ ASS'T CITY MANAGER \_\_\_\_\_  
Address: 3900 HUNTER \_\_\_\_\_ 3900 HUNTER \_\_\_\_\_  
FLOODVILLE, ST 98765 \_\_\_\_\_ FLOODVILLE, ST 98765 \_\_\_\_\_  
Coordinator's Telephone: 101/555-1234 Fax: 101/555-1201  
Coordinator's email: jdoe@floodville.ci.us

3. I hereby certify that THE CITY OF FLOODVILLE [community name] is implementing the following activities (check the ones that apply). We are modifying or adding activities that have an "m" for modifying, "a" for addition, or "d" for dropping in the blank and have attached new activity worksheets and documentation. 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 verification visit and will submit the documentation and annual recertification needed to validate our program.

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| <input checked="" type="checkbox"/> 310 Elevation Certificates       | <input checked="" type="checkbox"/> 440 Flood Data Maintenance         |
| <input checked="" type="checkbox"/> 320 Map Information Service      | <input type="checkbox"/> 450 Stormwater Management                     |
| <input checked="" type="checkbox"/> 330 Outreach Projects            | <input checked="" type="checkbox"/> Repetitive Loss Requirements       |
| <input checked="" type="checkbox"/> 340 Hazard Disclosure            | <input checked="" type="checkbox"/> 510 Floodplain Management Planning |
| <input checked="" type="checkbox"/> 350 Flood Protection Information | <input checked="" type="checkbox"/> 520 Acquisition and Relocation     |
| <input checked="" type="checkbox"/> 360 Flood Protection Assistance  | <input checked="" type="checkbox"/> 530 Flood Protection               |
| <input checked="" type="checkbox"/> 410 Additional Flood Data        | <input checked="" type="checkbox"/> 540 Drainage System Maintenance    |
| <input checked="" type="checkbox"/> 420 Open Space Preservation      | <input type="checkbox"/> 610 Flood Warning Program                     |
| <input checked="" type="checkbox"/> 430 Higher Regulatory Standards  | <input type="checkbox"/> 620 Levee Safety                              |
| <input type="checkbox"/> 430LD Land Development Criteria             | <input type="checkbox"/> 630 Dam Safety                                |

4. 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 shown on our Flood Insurance Rate Map. I further understand that disaster assistance for flooded public buildings in the Special Flood Hazard Area will be reduced by the amount of flood insurance available from the National Flood Insurance Program for the buildings, even if we do not have a policy.

5. Signed:  (Chief Executive Officer)