



Annual CRS Requirements

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March 8, 2022





CRS Class 7

Congratulations! You have been deemed worthy enough to receive insurance discounts and national recognition. Now....keep it up!

4 Types of Verifications



New App/Cycle

Full Verification



Recertification

Annual Check of
Required Activities



Modification

Improve Class?
Annually



Annual CC Review

Construction
Certificates Only



New App/Cycle

Full Verification

- Every Activity/Element
- CC-230 (CEO Signature)
- Program Data Table

Community _____

Community _____

State _____



CID _____

(6-digit NFIP Community Identification Number)

CC-230 Verific

Date of Visit _____

Population _____

County _____

Coordinator's Manua

Name _____

Title _____

Address _____

Phone number _____

E-mail address _____

I hereby certify that _____
that apply]. We will c
certification. We will
needed to validate o

I hereby certify that we will maintain FEMA Elevation Certificates on all new buildings and substantial improvements constructed in the Special Flood Hazard Area following the date at which we joined the CRS.

I hereby certify that if there are one or more repetitive loss properties in our community that we must take certain actions that include reviewing and updating the list of repetitive loss properties, mapping repetitive loss areas, describing the cause of the losses, and sending an outreach project to those areas each year, and if we have fifty (50) or more repetitive loss properties must also prepare a plan of how it will address its repetitive flood problem.

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 any community-owned building located in the Special Flood Hazard Area is reduced by the amount of National Flood Insurance Program flood insurance coverage (structural and contents) that a community should be carrying on the building, regardless of whether the community is carrying a policy.

Signature _____ (Chief Executive Officer)

I hereby certify that,
understand that we
be in full compliance

CC-230-2

CC-230

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.]*

Program Data Table



New App/Cycle Full Verification

- Every Activity/Element
- CC-230 (CEO Signature)
- Program Data Table
- 310 CCMP
- Impact Adjustment Maps
- Area Calculations
- Documentation, Documentation, Documentation

Cycle Schedules

**5
Years**

Class 5 through 9

**3
Years**

- Class 1 through 4
- Top 10% policy discount



Modification

Improve Class

- New Activities/Elements only
- Class prerequisites confirmed

Recertification

Annual Requirements



- CC-213 form (CEO Signature) & Program Data Table
- Permit List & Construction Certs
- Annual publicity
- Annual logs/tracking
- Rep Loss outreach
- Annual progress reports (330 - 370 – 510 – 610)
- Contact Information Update



Annual CC Review

Class 9 Prereq

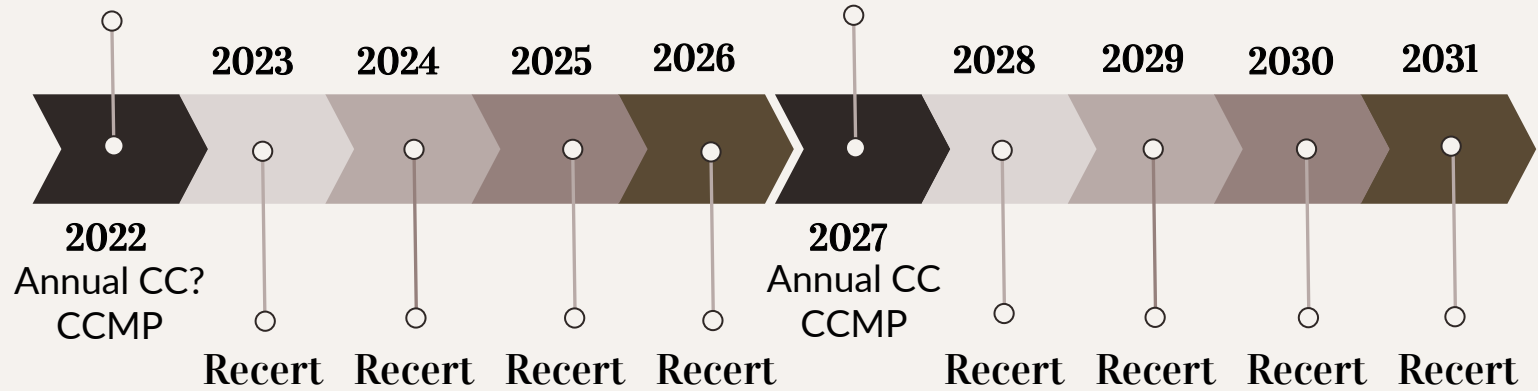
- Permit List and Const. Certs only
 - ECs
 - Floodproofing Certs
 - Engineered Opening Certs
- Must meet 90% accuracy
- Done EVERY year

CRS Annual Recertification Schedule

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Annual Recertification Information Distributed to Community By:			
December 15	March 15	June 15	September 1
CC-213 Recertification and Required Documentation Due to ISO By:			
February 1	May 1	August 1	October 15
Alaska 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	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

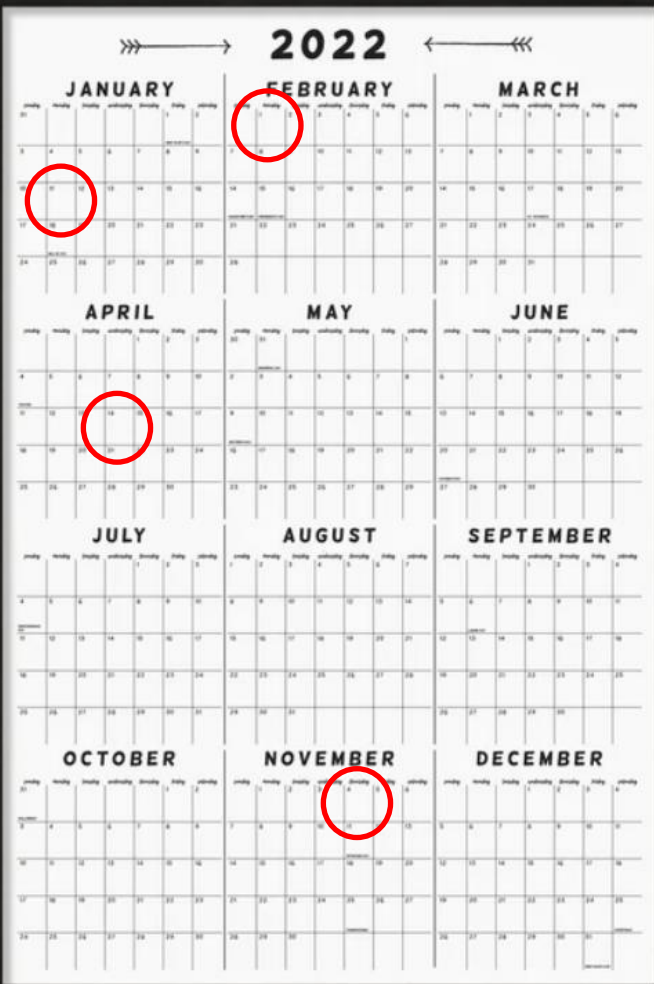
New App/Cycle

Cycle

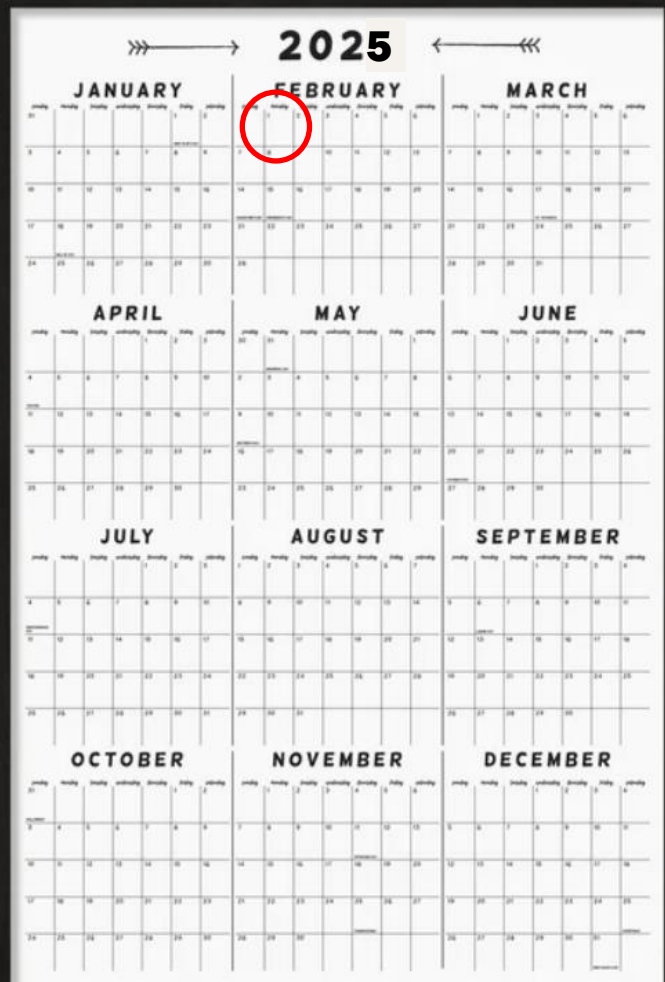


CRS Verification Process

	CYCLE	RECERT	ANNUAL CC
CEO Signature	X	X	
Update Contact Info	X	X	
Program Data Table	X	X	
ALL Act. Documentation	X		
<i>Some</i> Act. Documentation		X	
CCMP	X		
Permit List & CCs		X	X
Rep Loss Outreach	X	X	
Plan Progress Reports/ Updates	X	X	



Cycle Year



Questions?
