

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for National Flood Insurance Program (NFIP) community officials to search existing data sources, gather the data needed, provide information to a FEMA, or State representative who will subsequently complete the form. The information is used by FEMA to assess the effectiveness of a community's implementation of NFIP and to offer assistance to the community where such a need is identified. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0023). **NOTE: Do not send your completed survey to the above address.**

**INSTRUCTIONS**

A community Contact Report indicating the findings must be completed after each community contact. The report should not be completed during the meeting with the local officials or provided to the local officials to complete. The Community Contact Report and any other relevant documentation should be completed and on file in the FEMA regional office within 30 days from the date of the contact.

**Section I** - Self-explanatory.

**Section II** - "Name of Local Official" is the name of the designated local official with responsibility, authority, and means to implement the NFIP requirements. "Address" and "Telephone Number" is the address and telephone number of the local official. Attach list of all attendees.

**Section II and IV** - Self-explanatory.

**Section V** - This section indicates the date that the CAC is closed. A CAC can be considered closed when all program deficiencies have been corrected and violations identified have been remedied to the maximum extent possible, and all follow-up action(s) has/have been completed. The date the CAC is closed shall be completed and initialed by the FEMA regional office ONLY.

**Attach any other documentation related to the contact, e.g., chronology of contacts, correspondence, resolutions of issues, community ordinances.**

**SECTION I**

1. NAME OF COMMUNITY	2. STATE	3. COMMUNITY ID NUMBER	4. COUNTY
5. CONTACT CONDUCTED BY	6. AGENCY	7. DATE OF CONTACT	8. TYPE OF CONTACT <input type="checkbox"/> Telephone call only <input type="checkbox"/> Brief Visit

**SECTION II**

9. NAME OF LOCAL OFFICIAL	10. TELEPHONE NUMBER	<b>ATTACH LIST OF THE ATTENDEES</b>
11. ADDRESS OF LOCAL OFFICIAL		

**SECTION III - FINDINGS**

**PART A** : Refer to subparagraph 3-4b in the NFIP Guidance for Conducting CAC's and CAV's for guidance in completing questions 1-4. **Check appropriate response.**

1. Are there any problems with the communities floodplain management regulations?	<input type="checkbox"/> SERIOUS	<input type="checkbox"/> MINOR	<input type="checkbox"/> NONE
2. Are there problems with the communities administrative and enforcement procedures?	<input type="checkbox"/> SERIOUS	<input type="checkbox"/> MINOR	<input type="checkbox"/> NONE
3. Are there engineering or other problems with the maps or flood insurance study?	<input type="checkbox"/> SERIOUS	<input type="checkbox"/> MINOR	<input type="checkbox"/> NONE
4. Are there any other problems in the community's floodplain management program?	<input type="checkbox"/> SERIOUS	<input type="checkbox"/> MINOR	<input type="checkbox"/> NONE
5. Are there any problems with the Biennial Report data? (Attach a copy of the Biennial report noting the changes in the information)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
6. Have the potential violation(s) been identified or are any suspected?	<input type="checkbox"/> YES		<input type="checkbox"/> NO

**SECTION III - CONTINUED**

**PART B: (Narrative)** - Attach a brief narrative statement addressing items 1-4. Identify each page of the narrative with the following: name of community, date of CAC, and name of person conducting the CAC.

**1. Background.** Include in this section any relevant background information such as the history of the community's floodplain management program, history of flooding in the community, a general description of the character of the flood hazard and floodplain development, availability of sites for development outside the SFHA.

**2. Reference Part A, Questions 1-4 and 6.** Provide a narrative statement of the findings for any serious, minor, or yes answers in questions 1-4 and 6, or describe any of their issues related to the community's floodplain management program including any unique or innovative floodplain management procedures or program.

**3. Follow - Up.** Provide a narrative statement as to the type of follow-up provided at the time of the CAC or any additional follow-up which is needed to assist the community in resolving or preventing any further program deficiencies or violations, e.g., community needs assistance in revising its floodplain management regulations, local floodproofing workshop is needed, local officials need assistance in updating the community's permit procedures. Include a schedule for completing any follow-up promised to the community, e.g., **recommended date for conducting a workshop.**

**4. Community Action Needed.** Provide a narrative statement as to the appropriate community action that should take place to resolve the particular issue or problems. e.g., revise floodplain management permit form, update floodplain management regulation. Include a schedule setting out the expected time for the community to resolve the problem or issue, or for which some type of action is expected, e.g., expected date for adoption of the local floodplain management regulation.

**SECTION IV - RECOMMENDED FOLLOW - UP ACTION BY THE COMMUNITY**

IS A COMMUNITY ASSISTANCE VISIT NEEDED? (If yes, give the recommended date and the reason for the needed visit)

YES     NO    Year \_\_\_\_\_

REASON:

**SECTION V - COMPLETED BY THE FEMA REGIONAL OFFICE**

DATE CLOSED

INITIALS