

**SCENARIO C2: LEVEE IN FEDERAL SYSTEM/PAL AGREEMENT**

**Letter of Agreement and Request for Provisionally Accredited Levee (PAL) Designation and Agreement to Provide Adequate Compliance With the Code of Federal Regulations, Title 44, Section 65.10 (44 CFR 65.10)**

We, the undersigned, have received the letter from the Federal Emergency Management Agency (FEMA) dated **(Month of Scenario C2 Letter) (Day of Scenario C2 Letter), (Year of Scenario C2 Letter)**, and the enclosed document entitled "Requirements of 44 CFR 65.10." We understand that FEMA is in the process of providing an updated flood map, termed a Digital Flood Insurance Rate Map (DFIRM), for **(County or Community Name)** and that the area behind the levee known as **(Name of Levee)** will be remapped to reflect that the levee has been designated as a PAL.

To the best of our knowledge, the levee known as **(Name of Levee)** meets the requirements of 44 CFR 65.10. We hereby submit to FEMA, within 1 year (before **(Month of 1 year Following Date of Scenario USACE Letter) (Day of 1 year Day Following Date of Scenario USACE Letter), (Year of 1 year Following Date of Scenario USACE Letter)**) our agreement to provide FEMA with the necessary data and documentation to show that the levee known as **(Name of Levee)** complies with 44 CFR 65.10. We understand that the data and documentation will be required before **(Month of Second Anniversary Following Date of the Last Day of Correction Period) (Day of Second Anniversary of the Last Day of Correction Period), (Year of Second Anniversary of the Last Day of Correction Period)**. This information will allow FEMA to move forward with the DFIRM for **(County or Community Name)**. We fully understand that if complete data and documentation to comply with 44 CFR 65.10 are not provided within the designated timeframe of 24 months, FEMA will initiate a revision to the DFIRM to redesignate the area as Special Flood Hazard Area, the area subject to inundation by the base (1-percent-annual-chance) flood.

Levee Owner Representative \_\_\_\_\_ (signature)  
\_\_\_\_\_ (print)

Date: \_\_\_\_\_

Community CEO \_\_\_\_\_ (signature)  
\_\_\_\_\_ (print)

Date: \_\_\_\_\_

Other (if applicable) \_\_\_\_\_ (signature)  
\_\_\_\_\_ (print)

Date: \_\_\_\_\_