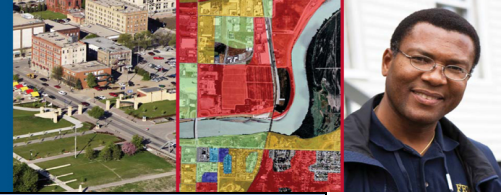




Certification of Completeness of all Submitted Data for FEMA-funded Flood Risk Projects			
Project Name	2018 LiDAR - Jefferson County, Montana		
Statement of Work No.:	N/A		
Interagency Agreement No.:	N/A		
Cooperating Technical Partners (CTP) Agreement No.:	EMD-2018-CA-00002-S01		
Mapping Activity Statement (MAS) No.:	2018-03		
Statement/Agreement Date:	08/09/2018		
Certification Date:	10/11/2019		
Tasks/Activities Covered by This Certification (Put an "X" in the box to the left of each item that applies. Add items as needed.)			
<input type="checkbox"/>	Discovery	<input type="checkbox"/>	Outreach
<input type="checkbox"/>	Base Map	<input type="checkbox"/>	Alluvial Fan Analysis
X	Topographic Data Development	<input type="checkbox"/>	Coastal Analysis
X	Terrain Data Development	X	Floodplain Mapping
X	Survey	<input type="checkbox"/>	Flood Risk Assessment
<input type="checkbox"/>	Hydrologic Analysis	<input type="checkbox"/>	Develop Flood Insurance Rate Map (FIRM) Database
<input type="checkbox"/>	Hydraulic Analysis	<input type="checkbox"/>	Produce Preliminary Maps
<input type="checkbox"/>	Due Process	<input type="checkbox"/>	Levee Analysis



# FEMA



### Exceptions Approved on this Project

Standard ID	Date Approved	Approver	Reason

## FEMA Standards for Flood Risk Analysis and Mapping

<b>Self-Certification</b>	
<p>I certify that the work summarized above was completed in accordance with the statement/agreement cited above and all amendments thereto. The work complies with direction received from the Regional Project Officer and/or Assistance Officer or their representative and the applicable <u>Standards for Flood Risk Analysis and Mapping</u> except for the standards exceptions documented above. All the exceptions were approved by the appropriate program official, logged in the exception tracker, and documented fully in the project documentation.</p> <p>I also certify that data files submitted for the work summarized above are complete and final. Any revisions made to the already submitted data have been submitted in accordance with the <u>Data Capture Technical Reference</u> and associated guidance. The content of the files submitted is sufficient for subsequent users with appropriate professional expertise to be able to understand the scientific and technical basis of the analysis and reproduce the findings.</p>	
Name:	Ashley Daigle
Title:	Project Manager
Firm/Agency Represented:	Quantum Spatial, Inc.
Signature:	<i>Ashley Daigle</i>
<b>This form must be signed by a representative of the firm or agency contracted to perform the work.</b>	