

16<sup>TH</sup> JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. MARY  
STATE OF LOUISIANA

NO: 128778

DIVISION: DIV. "F"

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,  
OFFICE OF COMMUNITY DEVELOPMENT,  
DISASTER RECOVERY UNIT –  
HAZARD MITIGATION GRANT PROGRAM

VS.

LILIAN MARIE TODD

---

**PETITION FOR DECLARATORY JUDGMENT AND FOR  
JUDGMENT TO RECOVER HAZARD MITIGATION  
GRANT PROGRAM FUNDS**

NOW INTO COURT, through undersigned counsel, comes Petitioner, the State of Louisiana, Office of Community Development, Disaster Recovery Unit - Hazard Mitigation Grant Program (hereinafter "HMGP"), which respectfully files this Petition for Declaratory Judgment and for Judgment to Recover Hazard Mitigation Grant Program Funds. In support, HMGP respectfully represents:

1.

The Defendant in this case is Liliac Marie Todd (hereinafter "Liliac Todd"), a major domiciliary of St. Mary Parish, who voluntarily participated in HMGP to mitigate her home after Hurricanes Katrina and Rita.

2.

HMGP is a mitigation program funded by FEMA and is administered by the State of Louisiana, the grantee. HMGP assists homeowners whose homes were damaged as a result of Hurricanes Katrina and Rita. It also helps homeowners in coastal Louisiana protect their homes from damage, which may occur in future natural disasters, by elevating their homes, reconstructing safer structures, or installing individual mitigation measures. The State of Louisiana serves as the funding vehicle by which FEMA funds are awarded to eligible homeowners.

3.

Defendant submitted a Voluntary Participation Agreement (hereinafter "VPA") dated December 7, 2009 to participate in HMGP and to receive a HMGP grant. Defendant also agreed to comply with all HMGP guidelines, which includes using HMGP funds for their intended purpose. *Exhibit A.*

4.

FEMA grant funds in the amount of \$28,137.50 were paid to Defendant by HMGP on or about March 25, 2010 for the specific purpose of elevation measures (hereinafter "Elevation") at her home located at 642 Eight Street, Franklin, Louisiana 70538. *Exhibit B*.

5.

Photographs dated April 17, 2015 show that although the FEMA grant funds were received, Defendant's home was not mitigated. *Exhibit C (in globo)*.

6.

Four (4) separate collection letters were mailed to Defendant. The first letter dated April 25, 2013 was sent by U.S. certified mail and informed Defendant that the FEMA grant funds had to be returned to the State of Louisiana. Said letter was received and signed. *Exhibit D (in globo)*.

7.

The second letter dated June 5, 2013 was sent by U.S. certified mail. Said letter was delivered and the return receipt was signed on June 7, 2013. *Exhibit E (in globo)*.

8.

The third letter dated January 31, 2015 was mailed to Defendant via U.S. certified mail to reiterate that the grant funds must be returned. The return receipt was received and signed for on February 3, 2015. *Exhibit F (in globo)*.

9.

The fourth letter dated April 13, 2015 was sent via U.S. certified mail. Said letter was delivered and the return receipt was signed on April 15, 2015. *Exhibit G (in globo)*.

10.

Defendant has failed to respond to the letters and has failed to return the funds to the State.

11.

Defendant's failure to return the FEMA grant funds has resulted in Defendant owing to HMGP the FEMA grant funds, which must be recovered by HMGP, the State program charged with distributing FEMA funds for mitigation projects.

12.

HMGP must account to FEMA for all funds issued to homeowners. Failure of HMGP to recover the FEMA grant funds from Defendant will result in reimbursement to FEMA by the State of Louisiana.

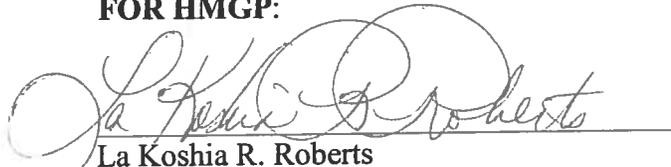
HMGP requests that the debt of \$28,137.50, owed by Liliac Todd to HMGP, be recognized and that judgment in favor of HMGP be granted, directing Defendant to return and pay the FEMA Grant Funds to the State, in full.

**ALL PREMISES CONSIDERED, WHEREFORE, HMGP PRAYS:**

- a. That this Honorable Court declare that Defendant, Liliac Todd, is non-compliant with the Voluntary Participation Agreement signed by her;
- b. That this Honorable Court declare that Defendant, Liliac Todd, is indebted to HMGP in the amount of \$28,137.50 because of her failure to mitigate her home according to her agreement to abide by HMGP guidelines, including using HMGP funds for their intended purpose;
- c. That Defendant, Liliac Todd, be ordered to return the \$28,137.50 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendant, Liliac Todd the full sum of \$28,137.50;
- e. That Defendant, Liliac Todd, be assessed all costs and fees associated with this matter; and
- f. That the Court grant such other relief as is just and proper.

Respectfully submitted:

**FOR HMGP:**



La Koshia R. Roberts  
Bar Roll No. 26715  
State of Louisiana, through  
its Division of Administration  
2021 Lakeshore Drive, Suite 100  
New Orleans, Louisiana 70122  
Telephone: (504) 284-4022  
Facsimile: (504) 284-4091  
Email: LaKoshia.Roberts@la.gov

**PUBLIC ENTITY/FEE EXEMPT  
(La.R.S. 13:4521 and 13:5112)**

**PLEASE SERVE:**

**LILIAC TODD  
642 EIGHT STREET  
FRANKLIN, LA 70538**

T. Randolph Richardson (Special Counsel)  
Bar Roll No. 11245  
Law Office of T. Randolph Richardson  
1010 Common Street, Suite 3000  
New Orleans, LA 70112  
Phone: 504-212-4163  
Fax: 504-581-7083  
Email: trichar994@aol.com

RECEIVED AND FILED

AUG 12 2015

16<sup>TH</sup> JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. MARY

STATE OF LOUISIANA

NO: 128778

DIVISION: DIV. "F"

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,  
OFFICE OF COMMUNITY DEVELOPMENT,  
DISASTER RECOVERY UNIT –  
HAZARD MITIGATION GRANT PROGRAM

VS.

LILIAN MARIE TODD

---

VERIFICATION

CONSIDERING THE FOREGOING PETITION FOR RECOVERY OF HAZARD  
MITIGATION GRANT PROGRAM FUNDS:

I, CRAIG P. TAFFARO, JR., Director of the State of Louisiana's Hazard Mitigation Grant  
Program, declare under penalty of perjury that the representations made in the foregoing Petition  
are true and correct to the best of my knowledge, belief and understanding.

THUS DONE ON THIS 1<sup>st</sup> DAY OF August 2015 IN, NEW ORLEANS,  
LOUISIANA.

  
\_\_\_\_\_  
Craig P. Taffaro, Jr.

  
\_\_\_\_\_  
La Koshia Reconda Roberts

Notary Public  
Bar Roll No. 26715  
My Commission expires at death.

RECEIVED AND FILED

AUG 12 2015

2

OCD-DRU  
HAZARD MITIGATION PROGRAM  
VOLUNTARY PARTICIPATION AGREEMENT (VPA)

Complete and return this form by mail to:  
OCD-DRU HMGP Program  
P. O. Box 1089  
Hammond, LA 70404-1089

Road Home # 06HH 127707

SECTION 1: Mitigation ELECTION (check one)

- I/We have sold the home that was damaged during the storm and therefore will not be participating in the OCD-DRU HMGP Award Program.
- I/We am not interested in receiving an OCD-DRU HMGP Award

IF YOU CHECKED EITHER OF THE ABOVE: SIGN BELOW AND RETURN THIS FORM, OTHERWISE CONTINUE.

Applicant or Co-Applicant NAME	Applicant or Co-Applicant SIGNATURE	Date
--------------------------------	-------------------------------------	------

Applicant or Co-Applicant NAME	Applicant or Co-Applicant SIGNATURE	Date
--------------------------------	-------------------------------------	------

Home Phone: ( ) Cell Phone: ( )

Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO If signing as agent with Power of Attorney:

Agent NAME (person with POA)	Agent SIGNATURE	Date
------------------------------	-----------------	------

- I/WE AM/ARE INTERESTED IN RECEIVING AN OCD-DRU HMGP AWARD. IF YOU CHECK THIS BOX, YOU NEED TO MEET ALL CRITERIA IN SECTION 2.

SECTION 2: PROGRAM ELIGIBILITY

A homeowner must meet ALL of the following criteria to be considered for the OCD-DRU HMGP Award:

- a. Applicant is eligible for Road Home Program benefits as part of the Homeowner Assistance Program. (NOTE: Even if a homeowner received a zero award letter from Road Home, that homeowner may still be eligible for money through the OCD-DRU HMGP.
- b. Homeowner selected *Road Home* Option 1 - "Keep Our Home".
- c. Homeowner still owns the home that was eligible for *Road Home* benefits.
- d. The structure is located in a FEMA designated ABFE area or the mitigation activity is deemed cost beneficial according to FEMA guidelines. (IMMs are not required to undergo a cost benefit analysis since FEMA has determined all IMMs to be globally cost beneficial for this grant.
- e. Homeowner agrees to comply with all OCD-DRU HMGP guidelines.

RECEIVED AND FILED

AUG 12 2015

s/Jennifer R. Splane  
DY. CLERK OF COURT





**Payee Detail**

Sort the information below by clicking on the column headers. Click on the agency number below for contact information.

**Payee Remittance Address:**  
 642 EIGHT ST  
 FRANKLIN, LA 70538

**Check/EFT Number:** EF 00000476200  
**Check/EFT Date:** 03/25/2010  
**Status Change Date:** 03/25/2010  
**Status:** Cleared

**Check/EFT Line Details:**  
 (click on agency for contact information)

**Check/EFT Total:** 28,137.50

Total Number of Lines : 1

Agency	Document ID	Ref Doc ID	Invoice #	Comments	Line Amount
107	PVQ00036647		HMD70000082	06HH12707	28,137.50

Clear Channel

7:20 AM  
7/20/07

Time of Observation: 7:20 AM  
Weather Conditions: \_\_\_\_\_



State of Louisiana

**HAZARD MITIGATION GRANT PROGRAM**

1503, Box 51793 • Baton Rouge, LA 70821-3079 • Tele: Paul D. (877) 824-8313 • FAX: 225-339-0846 •  
hazardmitigation@mitigation.louisiana.gov

**10.1 Check-In Observation**

Applicant ID: 0644 127707

Damaged Property Address: 682 EICH ST (Rt. 10538)

Date of Plans: \_\_\_\_\_ Slab Separation \_\_\_\_\_

Foundation Type: Open Slab \_\_\_\_\_

**Check List for Check-In Milestone:**

- General Site Condition
- Type of Slab
- Which MO Project is Closest to 4-17-15
- Contractor Activity
- Take Photographs

General Site Condition:

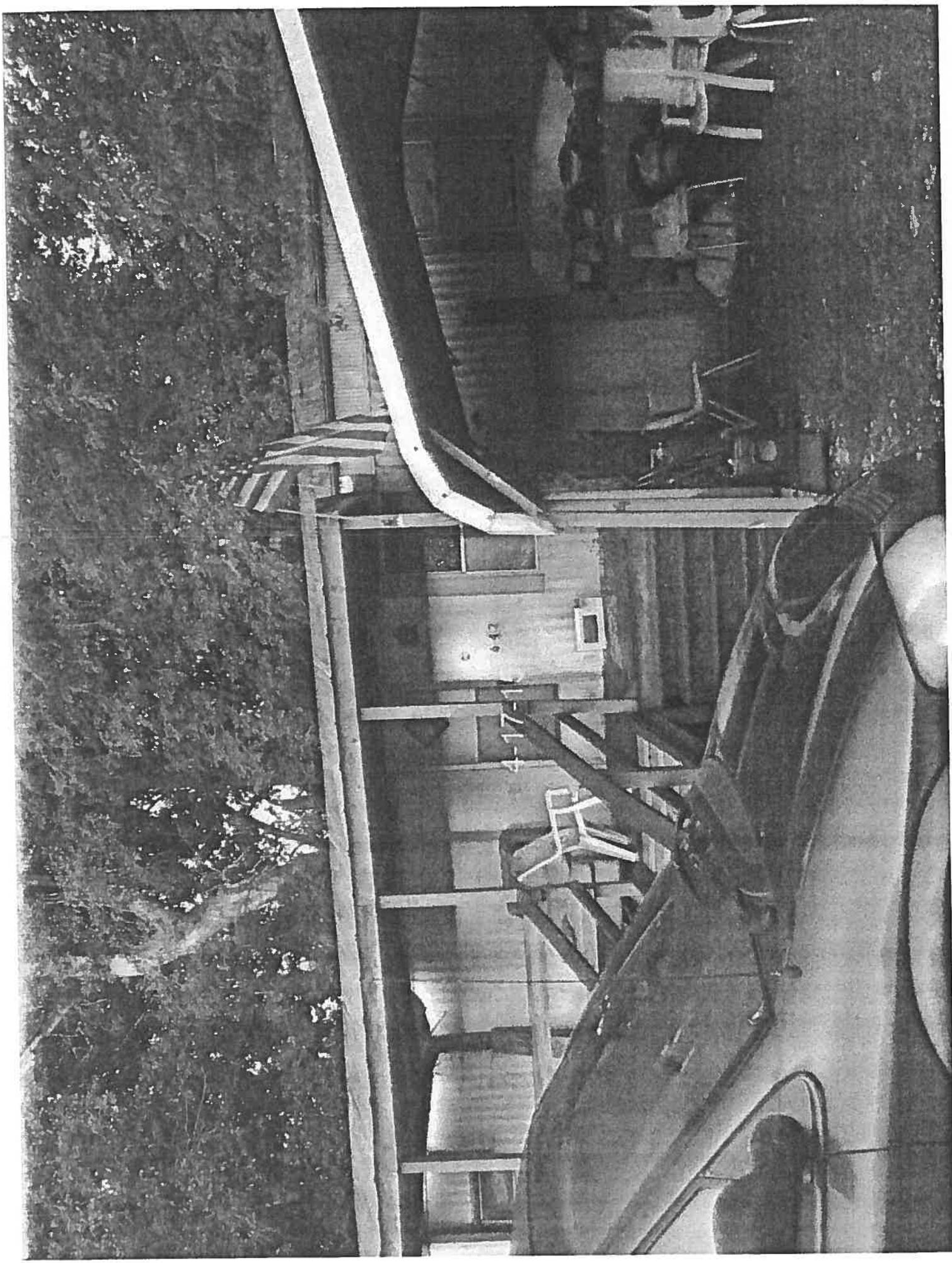
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

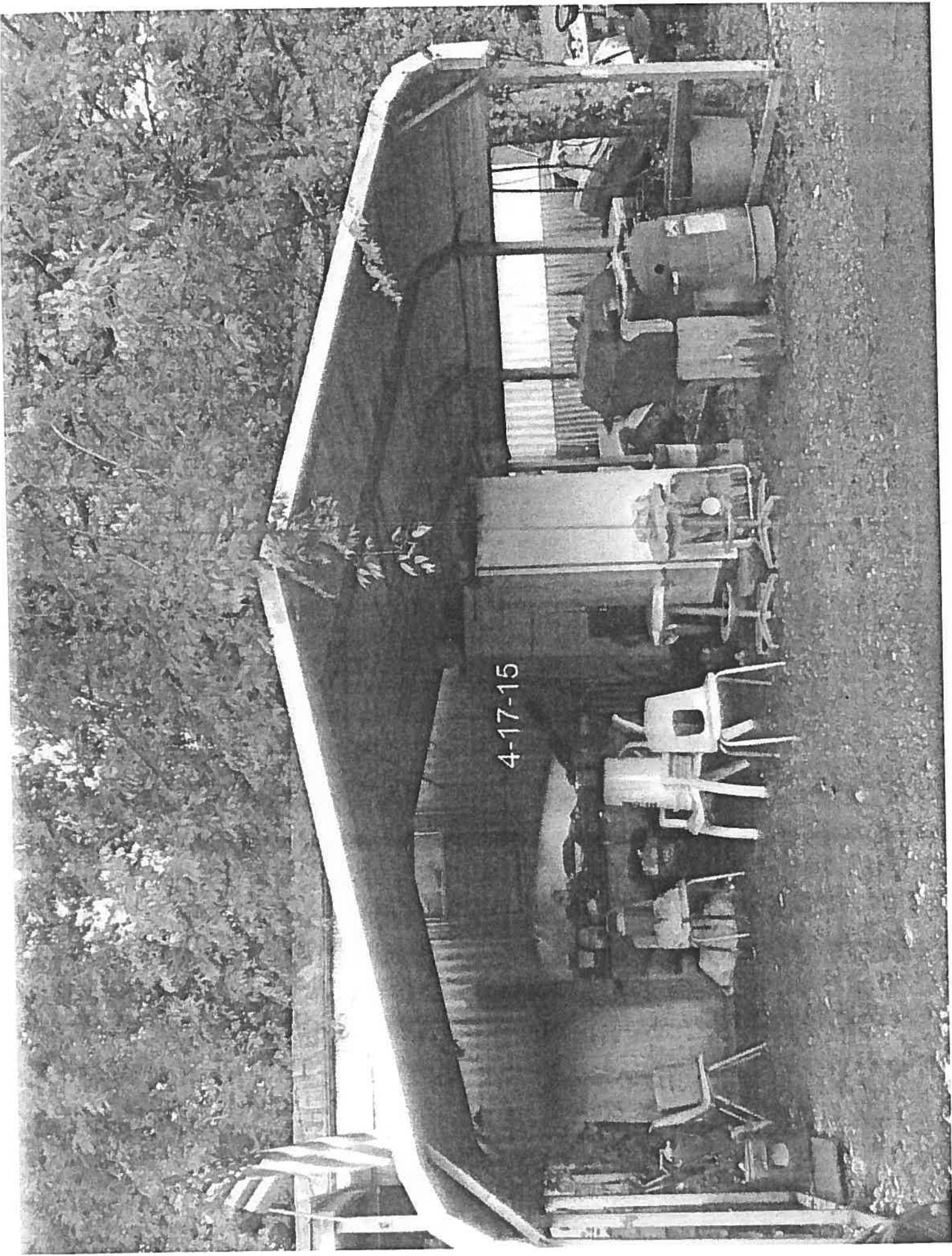
Determine which Milestone Observation the Project is closest to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

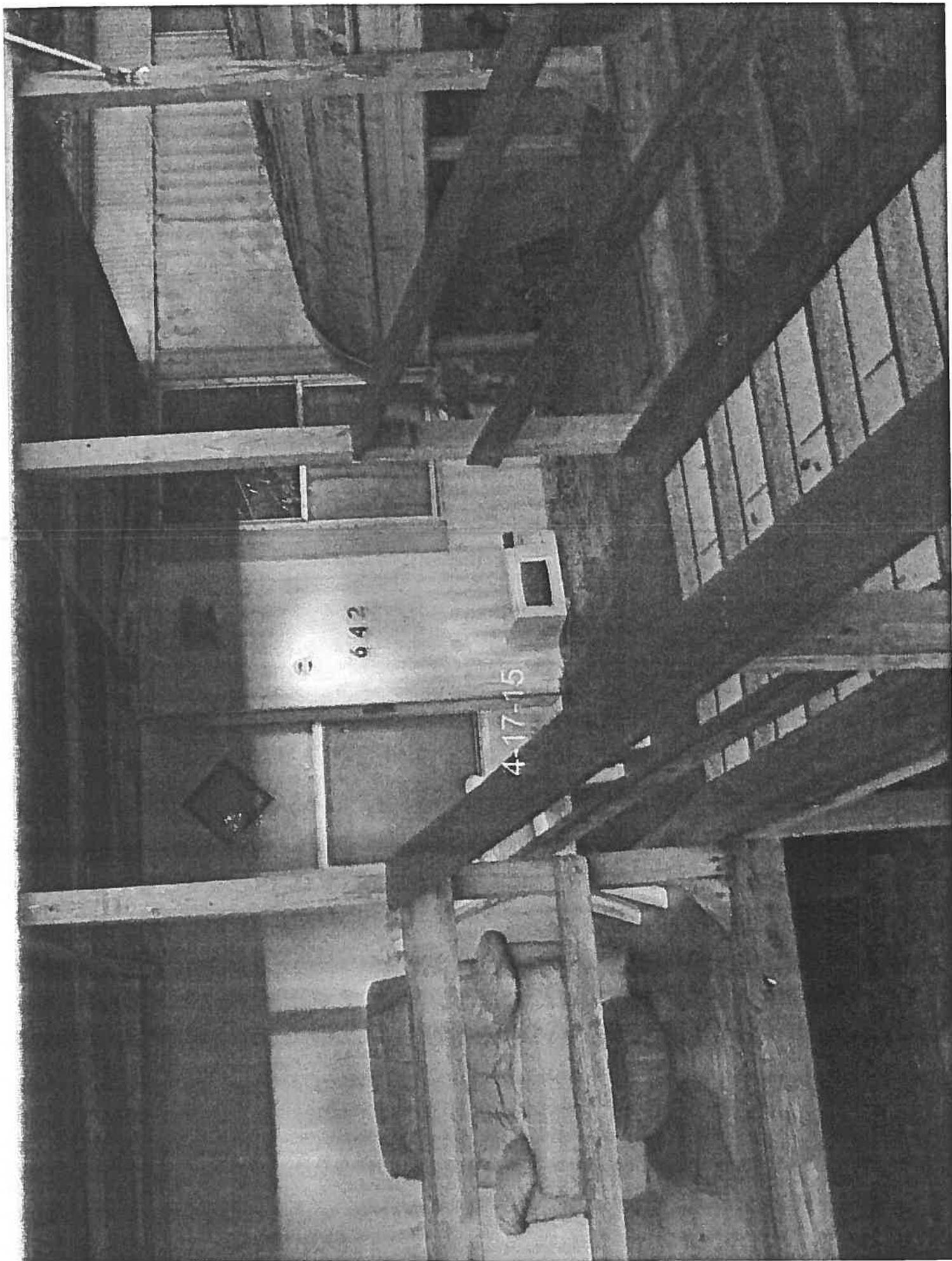
Is the contractor currently working, does the site appear to have recent activity?

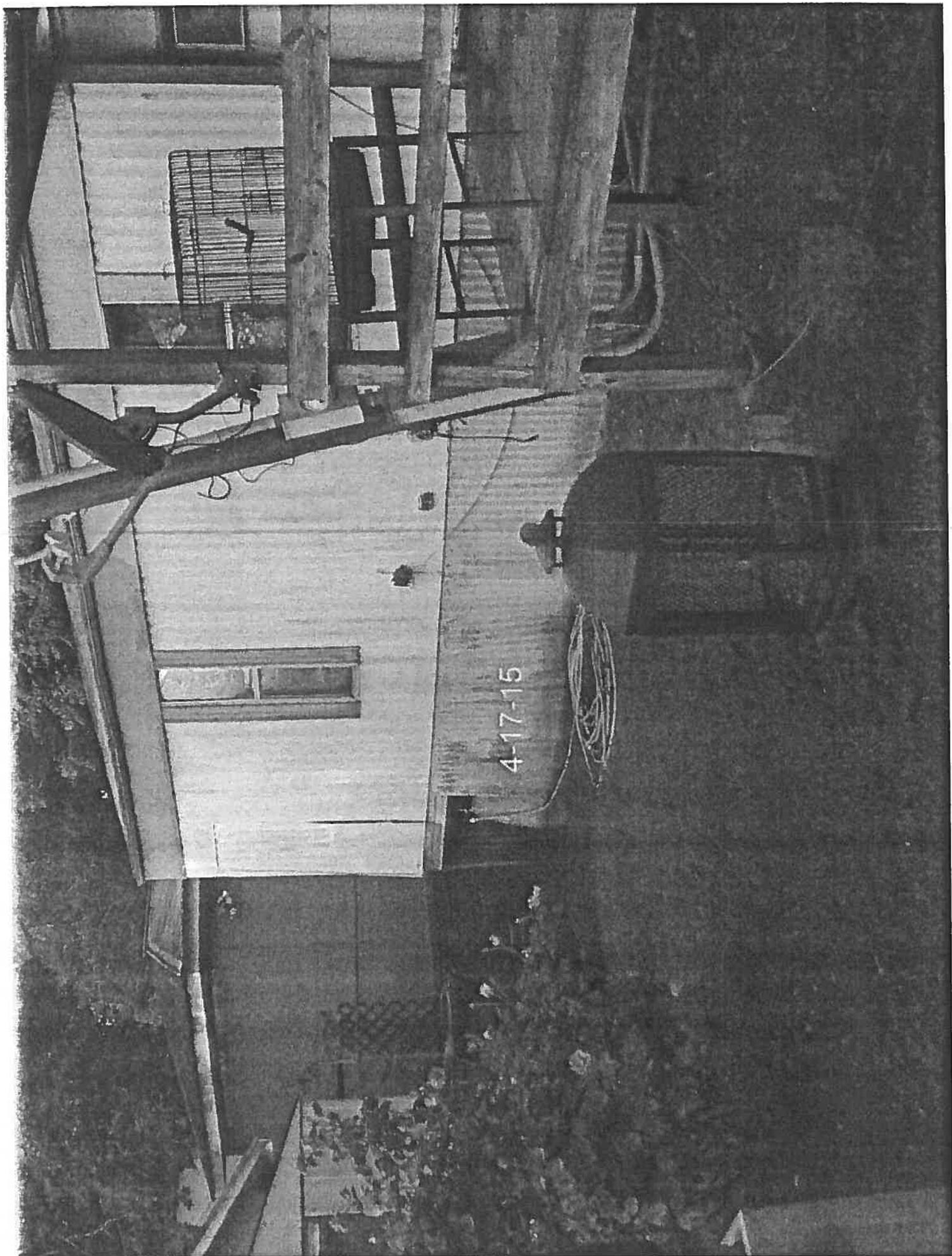
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

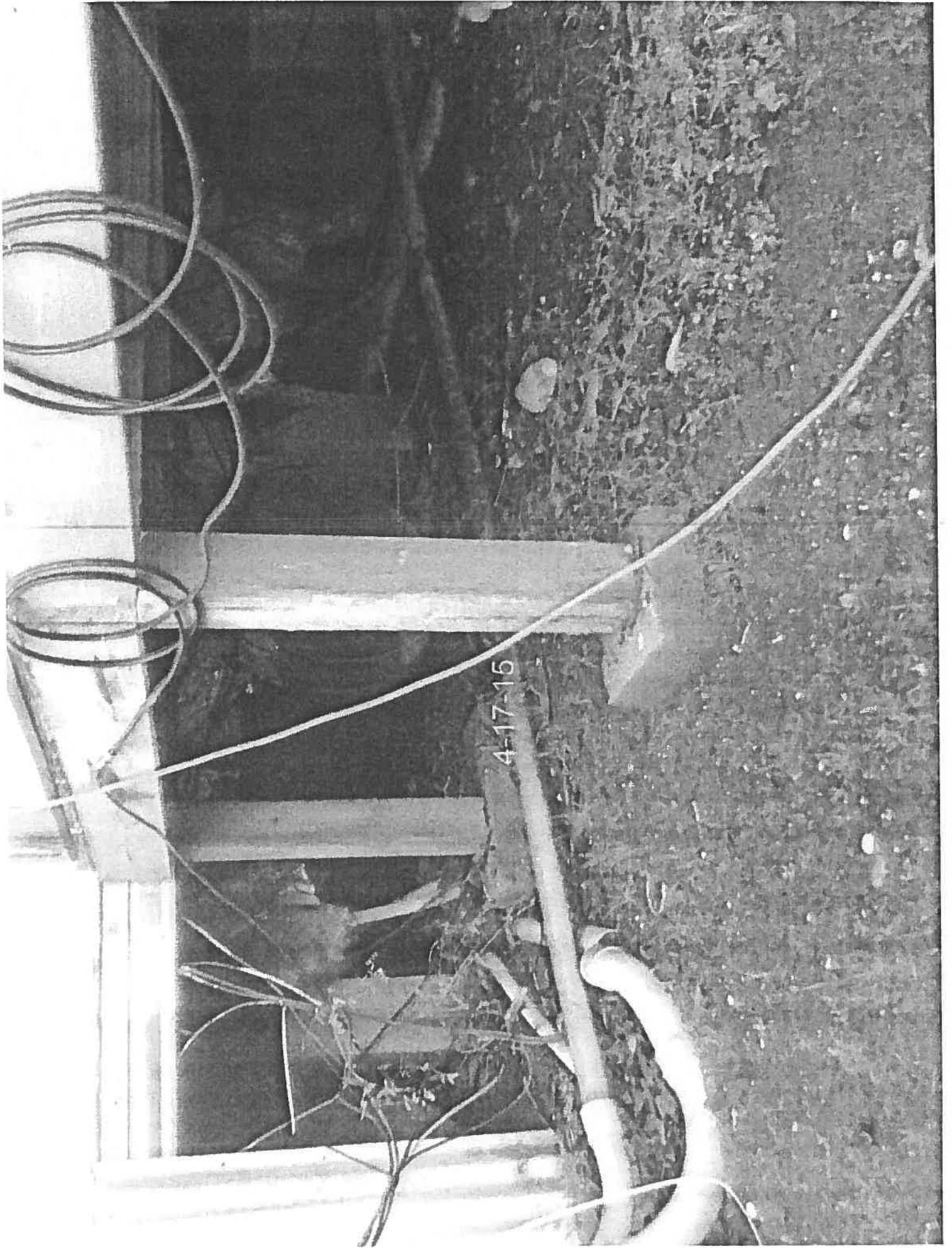




4-17-15

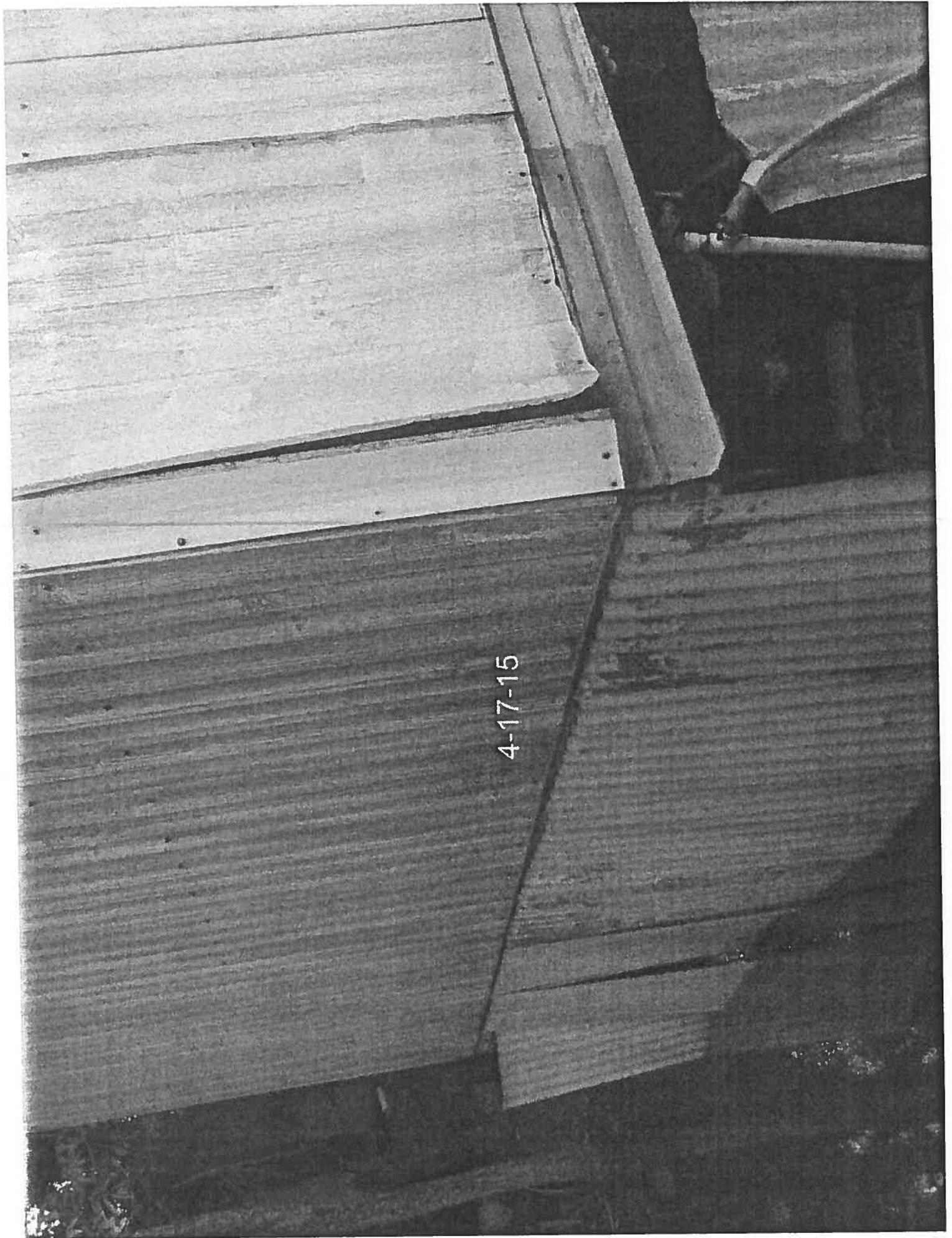




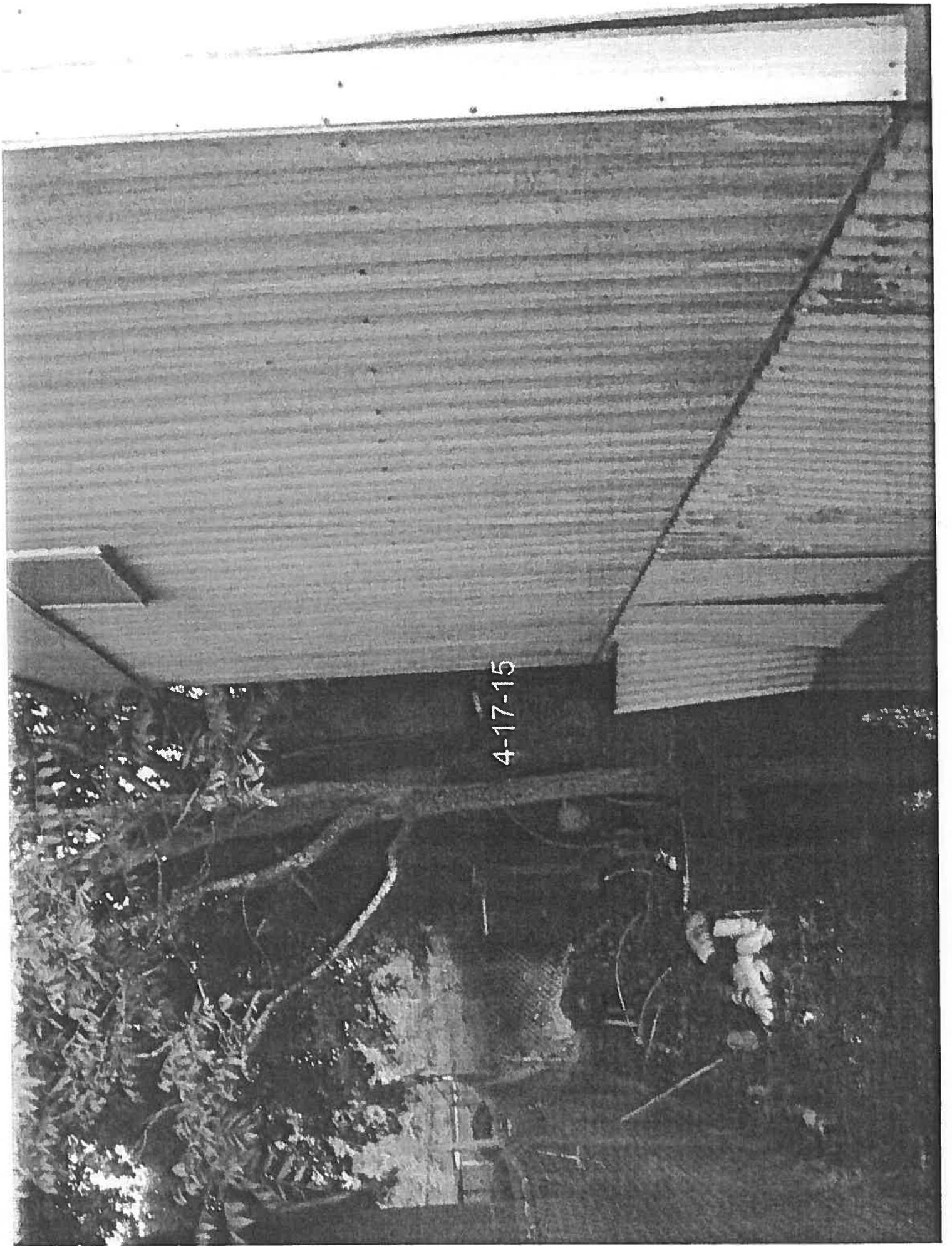




4-17-15

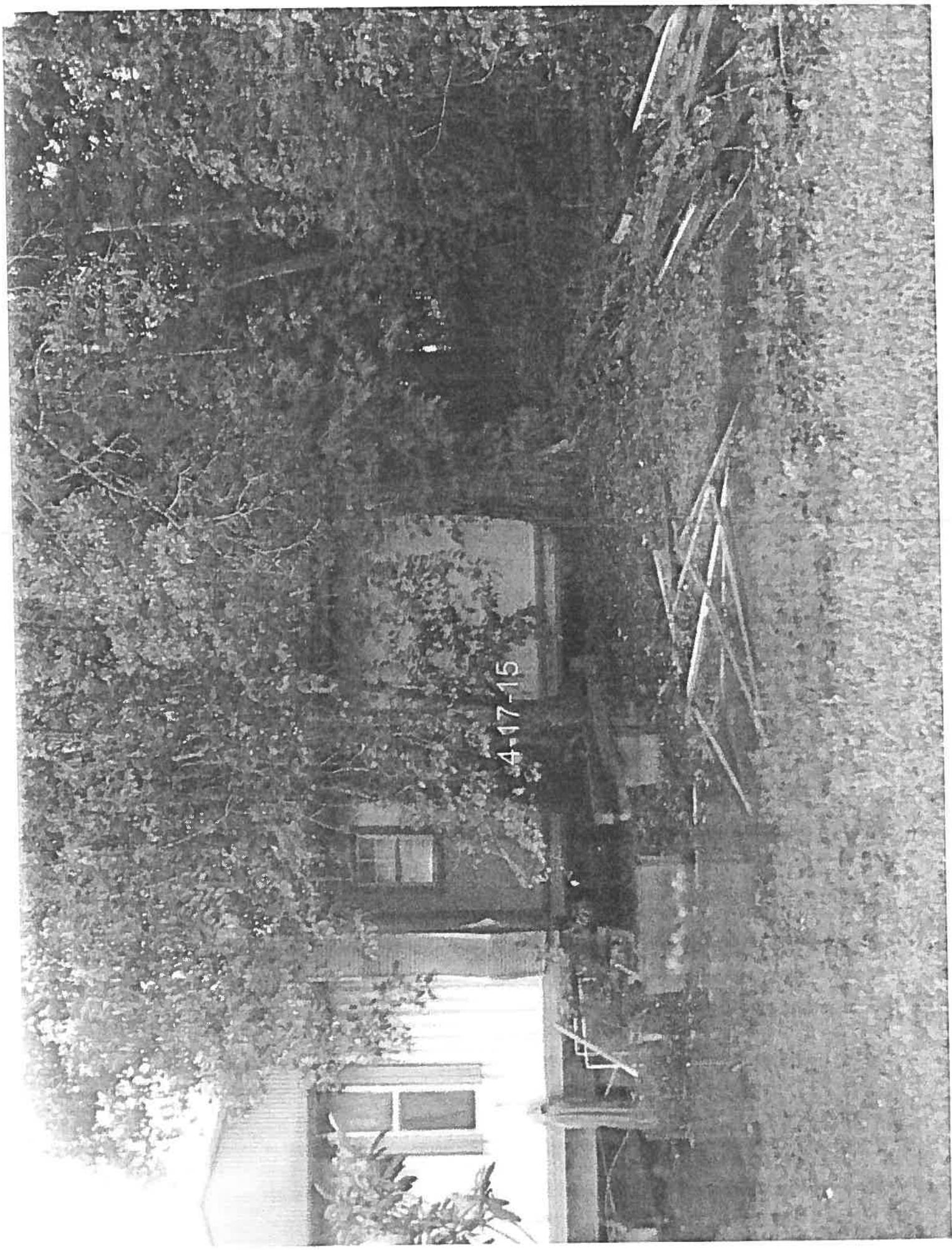


4-17-15

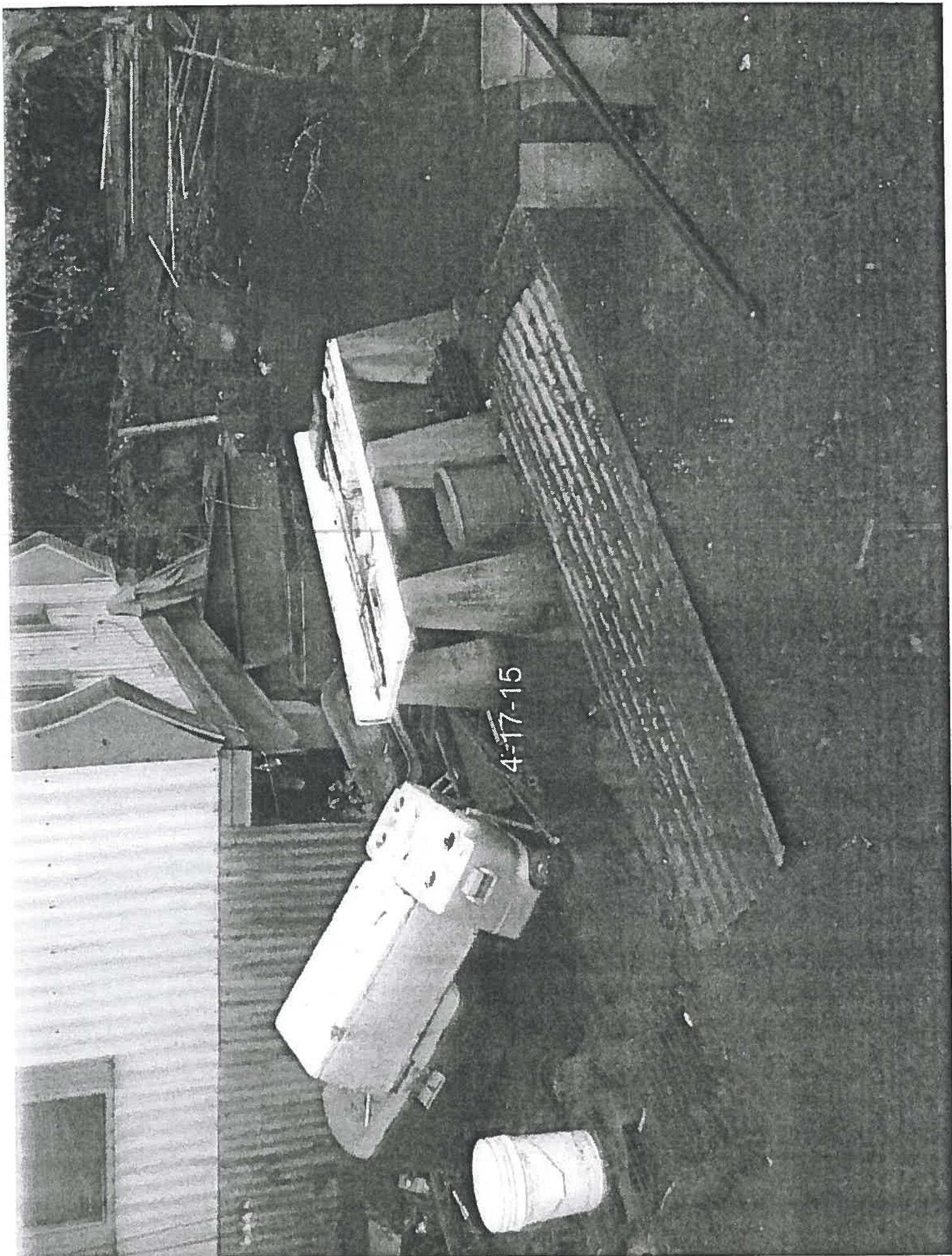


4-17-15





4-17-15



State of Wisconsin  
 HAZARDOUS MITIGATION GRANT PROGRAM  
 117, Bas 2028 • 1000 Wisconsin Ave. • Madison, WI 53706 • FAX 608/261-1234 • WWW.DNR.WISCONSIN.GOV



10.1 Check-In Observation

Applicant ID: 06HM 199207  
 Damaged Property Address: 422 Civic St  
 Date of Plans: 1992  
 Foundation Type: Open

Check List for Check-In Mitigation:  
 Open  
 Sub

General Sub Condition:  
 General Sub Condition  
 Type of Sub  
 Which Project is Closest to  
 Contractor Activity  
 Take Photographs

General Site Condition:  
This is a residential area  
Adjacent to a road

Determine which Mitigation Observation the Project is closest to:

Is the contractor currently working, does the site appear to have recent activity?

Any issues present while conducting the Observation:

Additional Comments:

Conclusion:  
 Hours: \_\_\_\_\_  
 Date: 1/19/06

Observer Name (Photograph):  
Mark [unclear]

Check number: \_\_\_\_\_



State of Louisiana

**HAZARD MITIGATION GRANT PROGRAM**

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •  
hazardmitigation@mitigatela.org

April 25, 2013

Road Home ID: 06HH127707

LILIAC MARIE TODD  
642 EIGHT STREET  
FRANKLIN, LA 70538

SUBJECT: Verification of Mitigation Grant Funds

Dear LILIAC MARIE TODD:

A review has been completed on your Hazard Mitigation grant file in order to confirm you received the correct amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed in the Alternative Payment Option Affidavit and Agreement and the OCD-DRU HMGP Covenant will place you in default of this agreement. In hopes that your input may prevent the need to seek a return of grant funds, please review the information below for accuracy and provide additional documentation as necessary.

Our review has determined that the following apply to your grant(s).

- Required documents to process your grant were not supplied to the Hazard Mitigation Grant Program.

Due to the determination noted above, your grant values have been adjusted:

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$28,137.50	Elevation Grant	\$0.00
Individual Mitigation Measures (IMM)	\$0.00	Individual Mitigation Measures (IMM)	\$0.00
Reconstruction Grant	\$0.00	Reconstruction Grant	\$0.00
<b>Total HMGP Funds Received</b>	\$28,137.50	<b>Total Hazard Mitigation Benefit</b>	\$0.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH127707 is \$28,137.50.

7012 3050 0001 2090 5162

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL<sup>TM</sup>



7012 3050 0001 2090 5162

Please understand that the State of Louisiana remains committed to ensuring that your application was processed in an accurate and fair manner, and in accordance with all governing laws, rules, and policies. We have assigned Dwayne Manogin, a case manager in our office, to work with you in connection with this request for input. If you believe that the reason(s) stated above for the change of your grant amount is wrong, we need you to provide information for our consideration that shows the above finding is incorrect. Please return ATTACHMENT 1 (page 3 of this letter) with all supporting documentation to OCD for a final review.

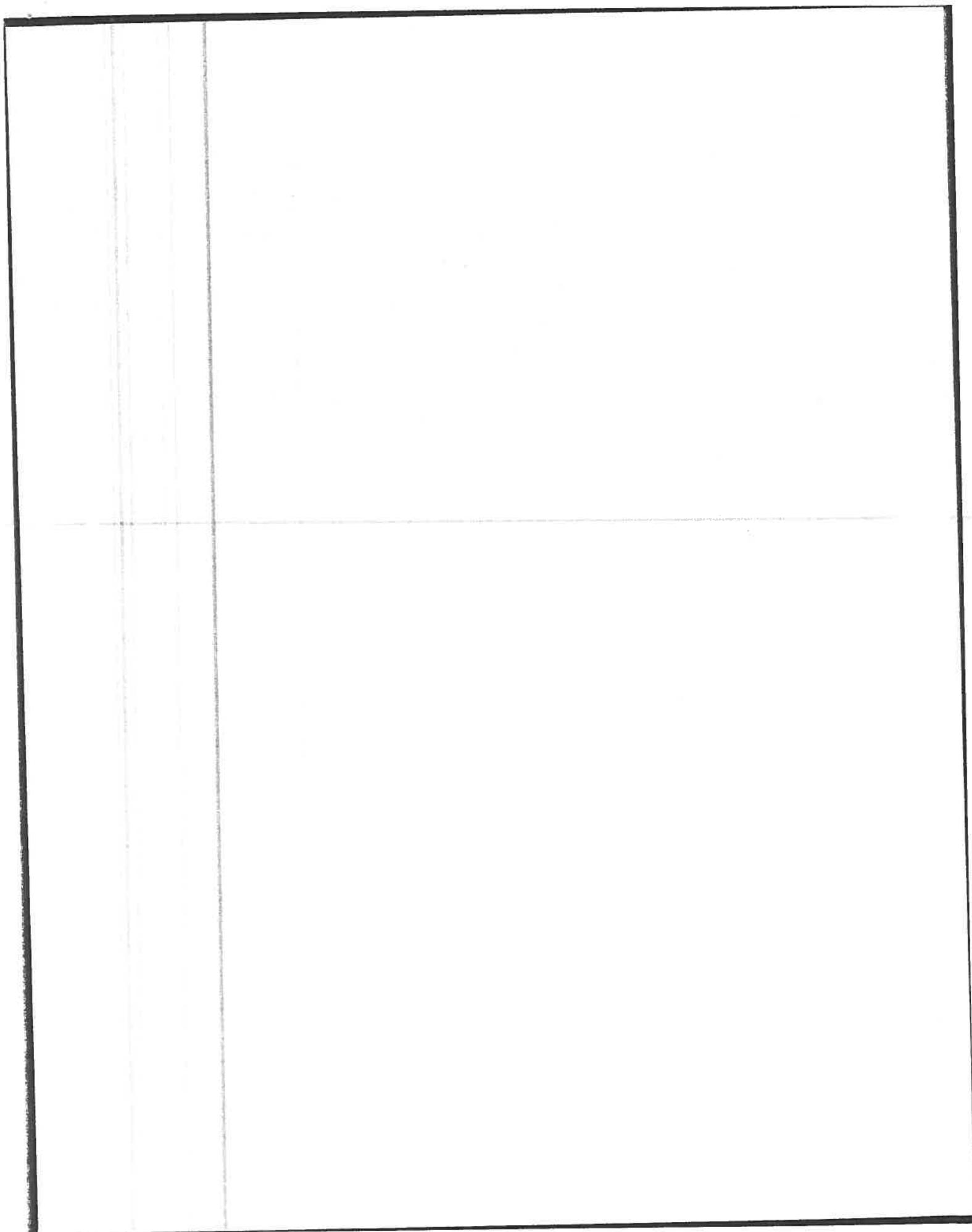
**Your response must be postmarked within thirty (30) days of the date at the top of this notification letter. If you have additional questions regarding this letter, please call 225-330-0774 or send email to [dwayne.manogin@mitigatela.org](mailto:dwayne.manogin@mitigatela.org) for assistance.**

If you agree with the finding that an overpayment has occurred, you can return the funds as provided in Attachment 1. If you are unable to provide a full payment at this time, please contact your case manager for further instructions.

We appreciate your assistance in connection with this request. Failure to respond will be interpreted as your confirmation of this calculation and determination, and may result in additional collection activities.

Sincerely,

Office of Community Development - HMGP



Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT ON OR BEFORE **May 30, 2013**.

Road Home ID: 06HH127707  
LILIAC MARIE TODD  
642 EIGHT STREET  
FRANKLIN, LA 70538

Case Manager: Dwayne Manogin

Please select **one** (1) option below. This form must be returned within thirty (30) days of the date on this letter.

I have elected to return the overpayment to the Office of Community Development, Disaster Recovery Unit. I have enclosed my certified check, made payable to "**Louisiana Division of Administration - DRU**", in the amount of \$28,137.50 mailed to:

Division of Administration  
Office of Community Development  
Hazard Mitigation Grant Program  
Finance Department  
P.O. Box 706  
Baton Rouge, Louisiana 70821

I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please have my case manager contact me. My proposed repayment plan is attached.

I disagree with the finding of an overpayment of my Hazard Mitigation grant and have enclosed supporting documents. The following factors used to calculate my award are incorrect:

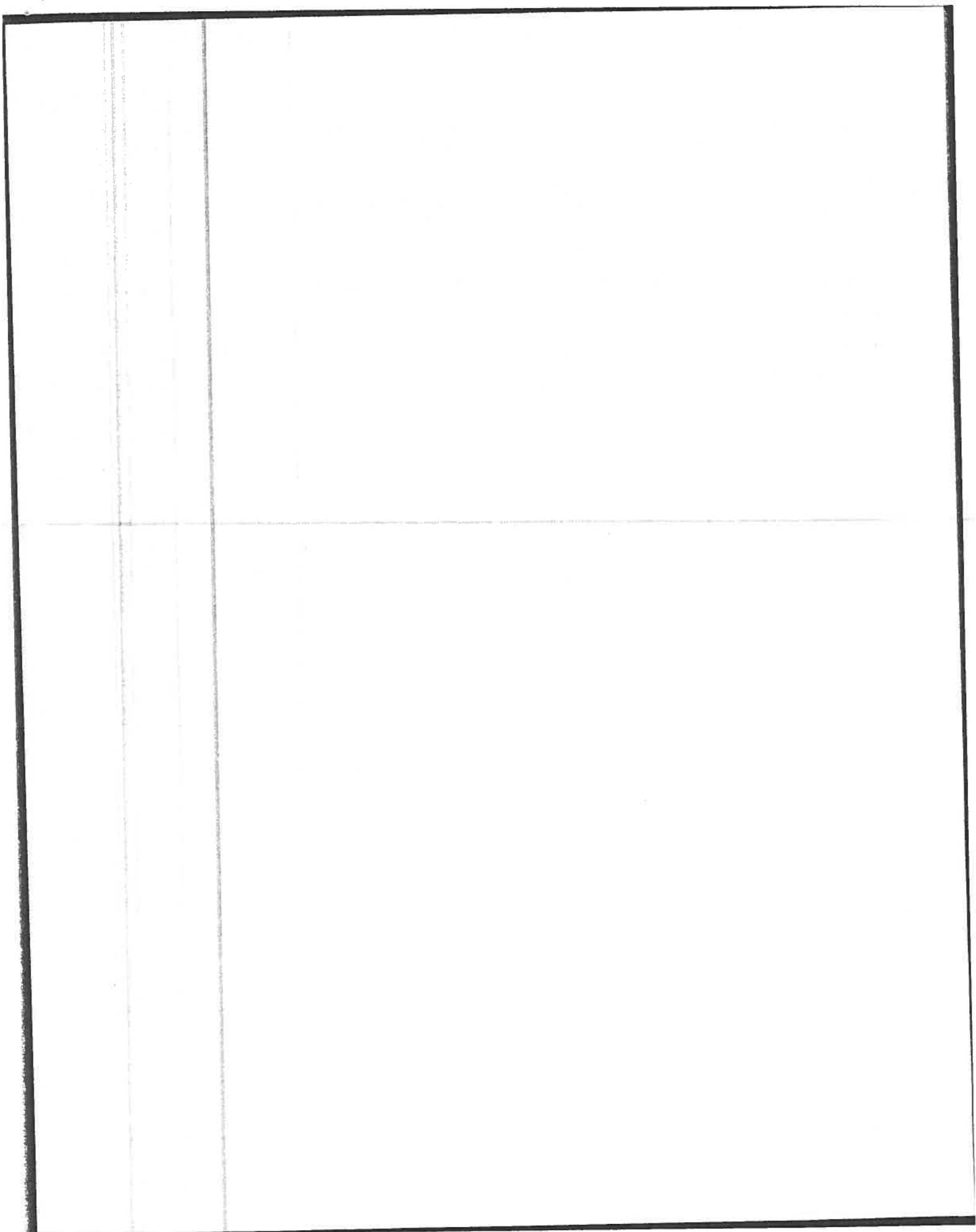
\_\_\_\_\_  
\_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

I am not the primary applicant for this case. If checked, please state your relationship:

\_\_\_\_\_



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LILLAC TODD  
647 EIGHT ST  
FRANKLIN, LA 70538  
127707

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *Albert Michiel*  Agent  Addressee
- B. Repeated by (Printed Name) *Albert Michiel* C. Date of Delivery
- D. Is delivery address different from Item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number  
(Transfer from service label)

7012 3050 0001 2090 5162

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1949



State of Louisiana

**HAZARD MITIGATION GRANT PROGRAM**

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •  
hazardmitigation@mitigatla.org

June 5, 2013

Road Home ID: 06HH127707

LILIAC MARIE TODD  
642 EIGHT STREET  
FRANKLIN, LA 70538

**SECOND NOTICE**

SUBJECT: Verification of Mitigation Grant Funds

Dear LILIAC MARIE TODD:

A review has been completed on your Hazard Mitigation grant file in order to confirm you received the correct amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed in the Alternative Payment Option Affidavit and Agreement and the OCD-DRU HMGP Covenant will place you in default of this agreement. In hopes that your input may prevent the need to seek a return of grant funds, please review the information below for accuracy and provide additional documentation as necessary.

Our review has determined that the following apply to your grant(s).

- Grant funds were not used for the purposes intended and/or in accordance with the policies of the Hazard Mitigation Grant Program.

Due to the determination noted above, your grant values have been adjusted:

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$28,137.50	Elevation Grant	\$0.00
Individual Mitigation Measures (IMM)	\$0.00	Individual Mitigation Measures (IMM)	\$0.00
Reconstruction Grant	\$0.00	Reconstruction Grant	\$0.00
<b>Total HMGP Funds Received</b>	<b>\$31,800.00</b>	<b>Total Hazard Mitigation Benefit</b>	<b>\$0.00</b>

**Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH127707 is \$28,137.50.**

7012 3050 0001 2084 7714

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7012 3050 0001 2084 7714

Please understand that the State of Louisiana remains committed to ensuring that your application was processed in an accurate and fair manner, and in accordance with all governing laws, rules, and policies. We have assigned Dwayne Manogin, a case manager in our office, to work with you in connection with this request for input. If you believe that the reason(s) stated above for the change of your grant amount is wrong, we need you to provide information for our consideration that shows the above finding is incorrect. Please return ATTACHMENT 1 (page 3 of this letter) with all supporting documentation to OCD for a final review.

**Your response must be postmarked within fifteen (15) days of the date at the top of this notification letter. If you have additional questions regarding this letter, please call 225-330-0774 or send email to [dwayne.manogin@mitigatela.org](mailto:dwayne.manogin@mitigatela.org) for assistance.**

If you agree with the finding that an overpayment has occurred, you can return the funds as provided in Attachment 1. If you are unable to provide a full payment at this time, please contact your case manager for further instructions.

We appreciate your assistance in connection with this request. Failure to respond will be interpreted as your confirmation of this calculation and determination, and may result in additional collection activities.

Sincerely,

Office of Community Development - HMGP

OCD-DRU HMGP is a federally-funded program. Providing false or misleading information in an attempt to fraudulently obtain HMGP funds is a federal violation and will be prosecuted to the full extent of the law. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Because the HMGP program is a federally funded program, applicants are subject to Title 18, Section 1001 of the U.S. Code.

The Office of Community Development Disaster Recovery Unit does not discriminate on the basis of race, color, national origin, sex, age, religion or disability, and provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. Any persons requiring special needs assistance should contact a Call Center Specialist, at (877) 824-8312 at least five business days prior to any scheduled meeting. The TDD number for the hearing impaired is 1-800-846-5277. Additional information regarding the use of the Louisiana Relay service can be found at the following link [http://www.hardofhearing.com/states/la\\_nowto.htm](http://www.hardofhearing.com/states/la_nowto.htm).

Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT ON OR BEFORE June 25, 2013.

Road Home ID: 06HH127707  
LILIAC MARIE TODD  
642 EIGHT STREET  
FRANKLIN, LA 70538

Case Manager: Dwayne Manogin

Please select one (1) option below. This form must be returned within fifteen (15) days of the date on this letter.

I have elected to return the overpayment to the Office of Community Development, Disaster Recovery Unit. I have enclosed my certified check, made payable to "Louisiana Division of Administration - DRU", in the amount of \$28,137.50 mailed to:

Division of Administration  
Office of Community Development  
Hazard Mitigation Grant Program  
Finance Department  
P.O. Box 706  
Baton Rouge, Louisiana 70821

I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please have my case manager contact me. My proposed repayment plan is attached.

I disagree with the finding of an overpayment of my Hazard Mitigation grant and have enclosed supporting documents. The following factors used to calculate my award are incorrect:

\_\_\_\_\_  
\_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

I am not the primary applicant for this case. If checked, please state your relationship:

\_\_\_\_\_

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
 X *Stephanie Wong*  
 B. Received by (Printed Name) C. Date of Delivery  
*Stephanie Wong* 6/7/13  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  Express Mail  
 Certified Mail  Return Receipt for Merchandise  
 Registered  Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LILIAC TODD  
 642 EIGHT ST  
 FRANKLIN, LA 70538  
 127707

2. Article Number  
 (Transfer from service label)  
 PS Form 3811, February 2004

7012 3050 0001 2084 7714

Domestic Return Receipt

102695-02-M-1540



State of Louisiana

## HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •  
hazardmitigation@mitigatela.org

1/31/2015

LILIAC TODD  
642 EIGHT STREET  
FRANKLIN, LA 70538

Road Home ID: 06HH127707

**SUBJECT: Final HMGP Collection Attempt**

Dear LILIAC TODD:

The Hazard Mitigation Grant Program has previously informed you of the need to reconcile the grant funds that were disbursed to you for your specific mitigation activity. The Program has previously sent you correspondence regarding the need to reconcile these funds. Because you have not responded, either through the return of grant funds or by providing satisfactory proof of completion of the funded mitigation activity, you are hereby notified that the Hazard Mitigation Grant Program is required to pursue collection of all funds.

You should be aware that the Hazard Mitigation Grant Program will use all available resources to recoup the grant funds disbursed to you including, but not limited to, collection agency services, wage garnishments, civil action, and income tax return liens.

This is the last correspondence you will receive from the Program in an attempt to collect these funds. **If you fail to return the \$28,137.50 owed to the State within five (5) calendar days your file will then be referred to the appropriate agencies for collection efforts as well as review for potential criminal violations.** All future correspondence will be directly from the appropriate collection agency. A table has been attached describing the grant funds received and the related activity for those funds.

You may stop the above actions by immediately contacting the Hazard Mitigation Grant Program at (504) 284-4067 to make acceptable repayment arrangements. Once your file has been referred for collection, your ability to reconcile the funds directly with the Program will end.

Respectfully,

Craig P. Taffaro, Jr.  
Director, Hazard Mitigation Grant Program  
and Recovery Coordination

### Enclosure

OCD-DRU HMGP is a federally-funded program. Providing false or misleading information in an attempt to fraudulently obtain HMGP funds is a federal violation and will be prosecuted to the full extent of the law. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Because the HMGP program is a federally funded program, applicants are subject to Title 18, Section 1001 of the U.S. Code.

The Office of Community Development Disaster Recovery Unit does not discriminate on the basis of race, color, national origin, sex, age, religion or disability, and provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. Any persons requiring special needs assistance should contact a Call Center Specialist, at (877) 824-8312 at least five business days prior to any scheduled meeting. The TDD number for the hearing impaired is 1-800-846-5277. Additional information regarding the use of the Louisiana Relay service can be found at the following link: [http://www.hamiltonrelay.com/states/la\\_howto.htm](http://www.hamiltonrelay.com/states/la_howto.htm).

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State of Louisiana

## HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •  
hazardmitigation@mitigatela.org

Our review has determined that the following apply to your Elevation grant(s) because the applicant performed no mitigation activity and provided proof of payment:

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$28,137.50	Elevation Grant	\$28,137.50
Individual Mitigation Measures (IMM)	\$ 0.00	Individual Mitigation Measures (IMM)	\$ 0.00
Reconstruction Grant	\$ 0.00	Reconstruction Grant	\$ 0.00
<b>Total HMGP Funds Received</b>	<b>\$28,137.50</b>	<b>Total Hazard Mitigation Benefit</b>	<b>\$28,137.50</b>

**Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH127707 is \$28,137.50.**

Payment should be delivered to the following address:

State of Louisiana  
Hazard Mitigation Grant Program  
2021 Lakeshore Drive, Suite 100  
New Orleans, La. 70122

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U.S. Postal Service<sup>TM</sup>  
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*Domestic Mail Only*

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**OFFICIAL USE**

7014 2120 0000 5792 4778

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent to Liliane Todd  
Street & Apt. No.,  
or PO Box No. 642 Eight St  
City, State, ZIP+4<sup>®</sup> Franklin LA 70538

PS Form 3800, July 2014 See Reverse for Instructions

127 207

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4. If Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Liliac Todd  
 642 Eight St  
 Franklin, LA 70538

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 2-3-15

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7014 2120 0000 5792 4778



State of Louisiana

**HAZARD MITIGATION GRANT PROGRAM**

2021 LAKESHORE DRIVE, SUITE 100, NEW ORLEANS, LA 70122 • PHONE: 504-284-4020

April 13, 2015

06HH127707  
LILIAC TODD  
642 EIGHT STREET  
FRANKLIN LA 70538

Re: Collection of Outstanding Debt in the Amount of **\$28,137.50**

Dear LILIAC TODD:

This letter is pursuant to your agreement to voluntarily participate in the State of Louisiana's Hazard Mitigation Grant Program ("HMGP") and to comply with all HMGP and Federal Emergency Management Agency ("FEMA") rules and guidelines, which includes the proper use of Federal grant funds for the mitigation of your home located at 642 EIGHT STREET FRANKLIN.

You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **\$28,137.50**. However, you have continuously disregarded these notices. You have also been given the opportunity to execute a re-payment agreement which would allow you to satisfy your debt within an agreed upon timeframe and at an agreed monthly amount. However, as of this date, you have failed to and/or refused to execute a re-payment agreement.

If payments have been paid pursuant to a payment agreement, then you should immediately contact the Program to verify the amount currently owed to the Program.

Please know that litigation and/or prosecution will be instituted against you for the collection of your unresolved debt.

Sincerely,

La Koshia R. Roberts  
Attorney for HMGP

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(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7014 0510 0001 1416 7822

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Charges	\$

Postmark  
Here

121707  
Sick to  
*Lilise Todd*  
Street, Apt. No.  
or PO Box No. *642, Eight St*  
City, State, ZIP+4  
*Franklin, La 70538*

PS Form 3800, August 2005

See Reverse for Instructions

127707

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
*Lilac Todd*  
*642 Eight Street*  
*Franklin, La*  
*70538*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Lilac Todd*  Agent  Addressee

B. Received by (Printed Name)  
*Lilac Todd*

C. Date of Delivery  
*4/15/10*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7014 0510 0001 1416 7822