

32ND JUDICIAL DISTRICT COURT FOR THE PARISH OF TERREBONNE

STATE OF LOUISIANA

NO: 175106

DIVISION: _____

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

VS.

SHELIA SMITH

**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 Shelia Smith, a major domiciliary of Terrebonne Parish, who voluntarily participated in HMGP to mitigate her home after Hurricane Katrina.

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") to participate in HMGP and to receive an HMGP grant. Defendant also agreed to comply with all HMGP guidelines, which includes using HMGP funds for their intended purpose. *Exhibit A.*

**JOHN R. WALKER
JUDGE - DIVISION B**

4.

FEMA Grant Funds in the amount of \$21,879.00 were paid to Defendant by HMGP on or about March 26, 2010 for the specific purpose of Elevation Measures (hereinafter "Elevation") at her home located at 199 Willard Street, Chauvin, LA 70344. *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.

Five (5) separate collection letters were mailed to Defendant. The first letter dated June 12, 2013 was sent by Certified Mail 7012 3050 0001 2090 0853 and informed Defendant that the FEMA Grant Funds had to be returned to the State of Louisiana. Said letter was delivered and the Return Receipt was signed on June 17, 2013. *Exhibit D (in globo)*.

7.

The second letter dated July 26, 2013 was sent Certified Mail 7012 3460 0000 1289 8988. Said letter was delivered and the Return Receipt was signed on August 1, 2013. *Exhibit E (in globo)*.

8.

The third letter dated July 31, 2014 was mailed to Defendant. *Exhibit F (in globo)*.

9.

The fourth letter dated March 27, 2015 was sent Certified Mail 7014 3490 0000 4613 8134. Said letter was delivered and the Return Receipt was signed on March 30, 2015. *Exhibit G (in globo)*.

10.

The fifth letter dated April 13, 2015 was mailed to Defendant. *Exhibit H (in globo)*.

11.

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

12.

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.

13.

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 being required by the State of Louisiana.

14.

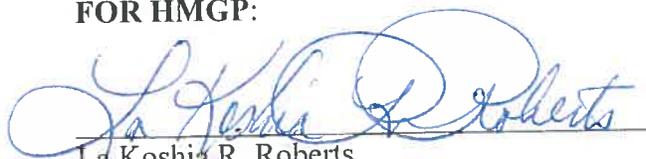
HMGP requests that the debt of \$21,879.00, owed by Shelia Smith to HMGP, be recognized and that judgment in favor of HMGP be granted, directing Defendant to return and pay the FEMA Grant Funds to the State, in full.

ALL PREMISES CONSIDERED, WHEREFORE, HMGP PRAYS:

- a. That this Honorable Court declare that Defendant, Shelia Smith, is non-compliant with the Voluntary Participation Agreement submitted by her;
- b. That this Honorable Court declare that Defendant, Shelia Smith, is indebted to HMGP in the amount of \$21,879.00 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, Shelia Smith, be ordered to return the \$21,879.00 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendant, Shelia Smith the full sum of \$21,879.00;
- e. That Defendant, Shelia Smith, 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)

FILED
AUG - 4 2015
/s/ Ramie A. Hebert
Deputy Clerk of Court
Parish of Terrebonne, LA

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

32ND JUDICIAL DISTRICT COURT FOR THE PARISH OF TERREBONNE

STATE OF LOUISIANA

NO: 175106

DIVISION: _____

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

VS.

SHELIA SMITH

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 30th DAY OF July 2015 IN, NEW ORLEANS,
LOUISIANA.



Craig P. Taffaro, Jr.



La Koshia Reconda Roberts
Notary Public
Bar Roll No. 26715
My Commission expires at death.

PLEASE SERVE:

SHELIA SMITH
199 WILLARD STREET
CHAUVIN, LA 70344

FILED
AUG - 4 2015
/s/ Ramie A. Hebert
Deputy Clerk of Court
Parish of Terrebonne, LA

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 _____

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:

- 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.
- Homeowner selected *Road Home* Option 1 – “Keep Our Home”.
- Homeowner still owns the home that was eligible for *Road Home* benefits.
- 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.
- Homeowner agrees to comply with all OCD-DRU HMGP guidelines.

Page 1 of 2

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FILED
AUG - 4 2015
/s/ Ramie A. Hebert
Deputy Clerk of Court
Parish of Terrebonne, LA

EXHIBIT

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SECTION 3: I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING PROGRAM(S):

_____ Pilot Reconstruction _____ Elevation _____ Individual Mitigation Measures (IMM)

SECTION 4: VPA STATEMENT OF COMPLIANCE

This Agreement of Voluntary Participation is made on Shelby Ford (date) I/We am/are the owner of the following property, eligible for Real Home assistance and damaged by Hurricane Katrina and/or Rita at the following municipal address: 199 Willard St. Chalvany Terrebonne 70344 (the "Property").
 Street City Parish ZIP

I/We currently plan to participate in the OCD-DRU HMGP Program. I/We understand the following concerning participation in OCD-DRU HMGP Program:

- The program is voluntary in nature;
- I/We are under no obligation to participate;
- I/We may drop out of the program at any time before receiving an award;
- The program reimburses cost of mitigation measures, homeowner must complete measures in accordance with program guidelines and request reimbursement from OCD-DRU's HMGP;
- Due to limited funding, IMM will be serviced on a "first come, first serve" basis until all funding is exhausted.

I/We understand that before cost will be reimbursed an OCD-DRU HMGP Covenant must be signed, which requires the property owner to obtain and maintain flood insurance. The OCD-DRU HMGP Covenant will be recorded with Conveyance Records in the parish where the property is located.

I/We understand that property inspection/site visits are required for processing through the OCD-DRU HMGP and grant the program Right of Entry for the land upon which the structure resides so that the necessary photographs/data can be taken/collected.

For Pilot Reconstruction Projects:

- Property owner has been notified that the following policy, listed in the June 2006 Pilot Reconstruction Guidance Section 2.3.7, has been rescinded by FEMA effective December 11, 2009: "Pilot Reconstruction activities must result only in an approximation of the original square footage of the structure, and that the square footage of the resulting structure shall be no more than 10 percent greater than that of the original structure."
- Property owner has been notified that the maximum award amount is \$100,000, less duplication of benefits.
- Property owner confirms that the information described in the preceding paragraphs has been explained and the information is understood.

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

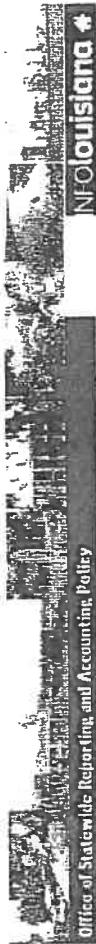
Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO
 If signing as agent with Power of Attorney:

Agent NAME (person with POA)	Agent SIGNATURE	Date
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For official use only.



175106



[Home](#)
[Vendor Search](#)
[Payee Locations](#)
[Payee Search](#)
[Payments](#)
[Help](#)

Payee Detail

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

Payee Remittance Address:
 PO BOX 244
 CHALMERS, LA 70344
Check/EFT Number: AD 00003801199
Check/EFT Date: 03/26/2010
Status Change Date: //
Status: Outstanding

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

Check/EFT Total: 21,879.00

Total Number of Lines: 1

Agency	Document ID	Ref Doc ID	Invoice #	Comments	Line Amount
107	PV000036663		FIM0400000692	06HH177847	21,879.00

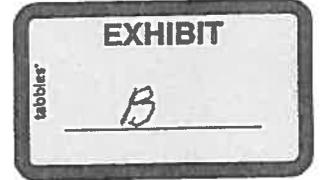
[Y515 Calendar \(CY\)](#)
[Help Desk](#)
[GASB 34 Audit 35](#)
[Search OSRAP](#)
[Contacts](#)

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AUG - 4 2015
/s/ Ramie A. Hebert

Deputy Clerk of Court
Parish of Terrebonne, LA





State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

Time of Observation: _____
 Weather Conditions: _____

10.1 Check-In Observation CGHH 172893
 Applicant ID: _____
 Damaged Property Address: 145 WILKINSON ST. (CANNON) BOSSIERE
 Date of Photo: _____
 Foundation Type: Open Slab Slab Separation

- Check List for Check-In Milestone:
- General Site Condition
 - Type of Slab
 - Which MO Program 172893
 - Contractor Activity
 - Take Photographs

General Site Condition:

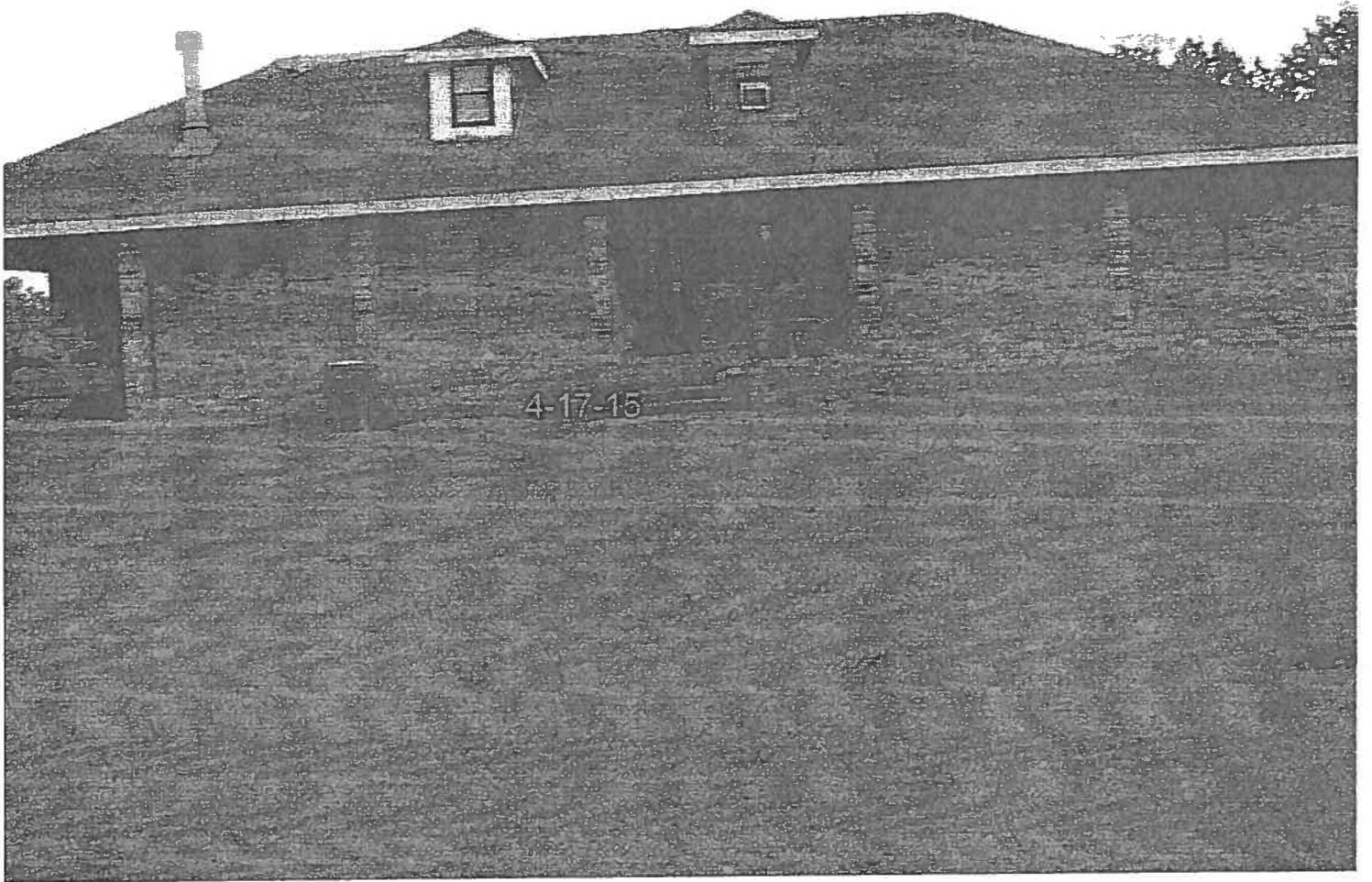
Determine which Milestone Observation the Project is closest to:

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

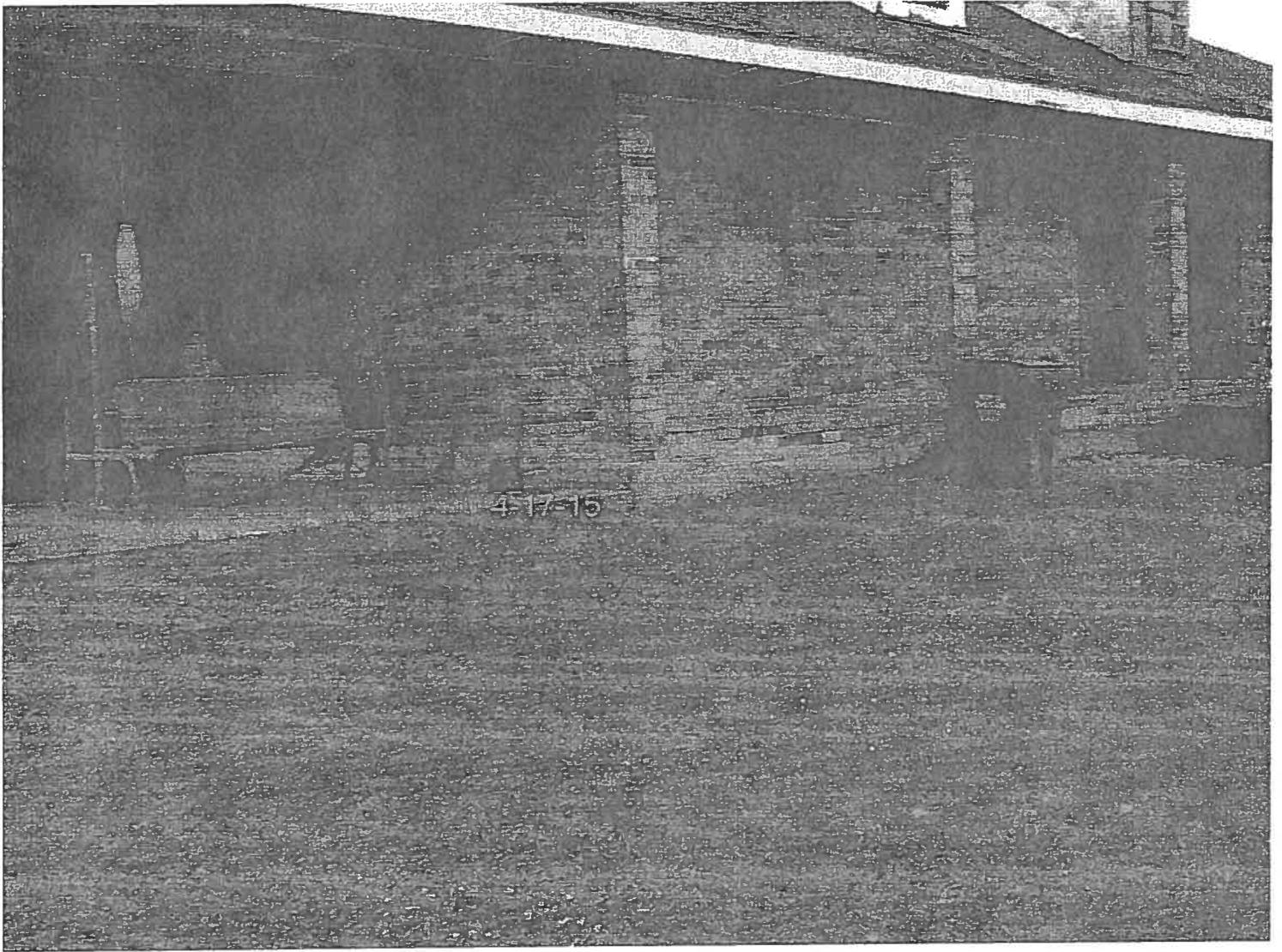
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 /s/ Ramie A. Hebert
 Deputy Clerk of Court
 Parish of Terrebonne, LA

EXHIBIT
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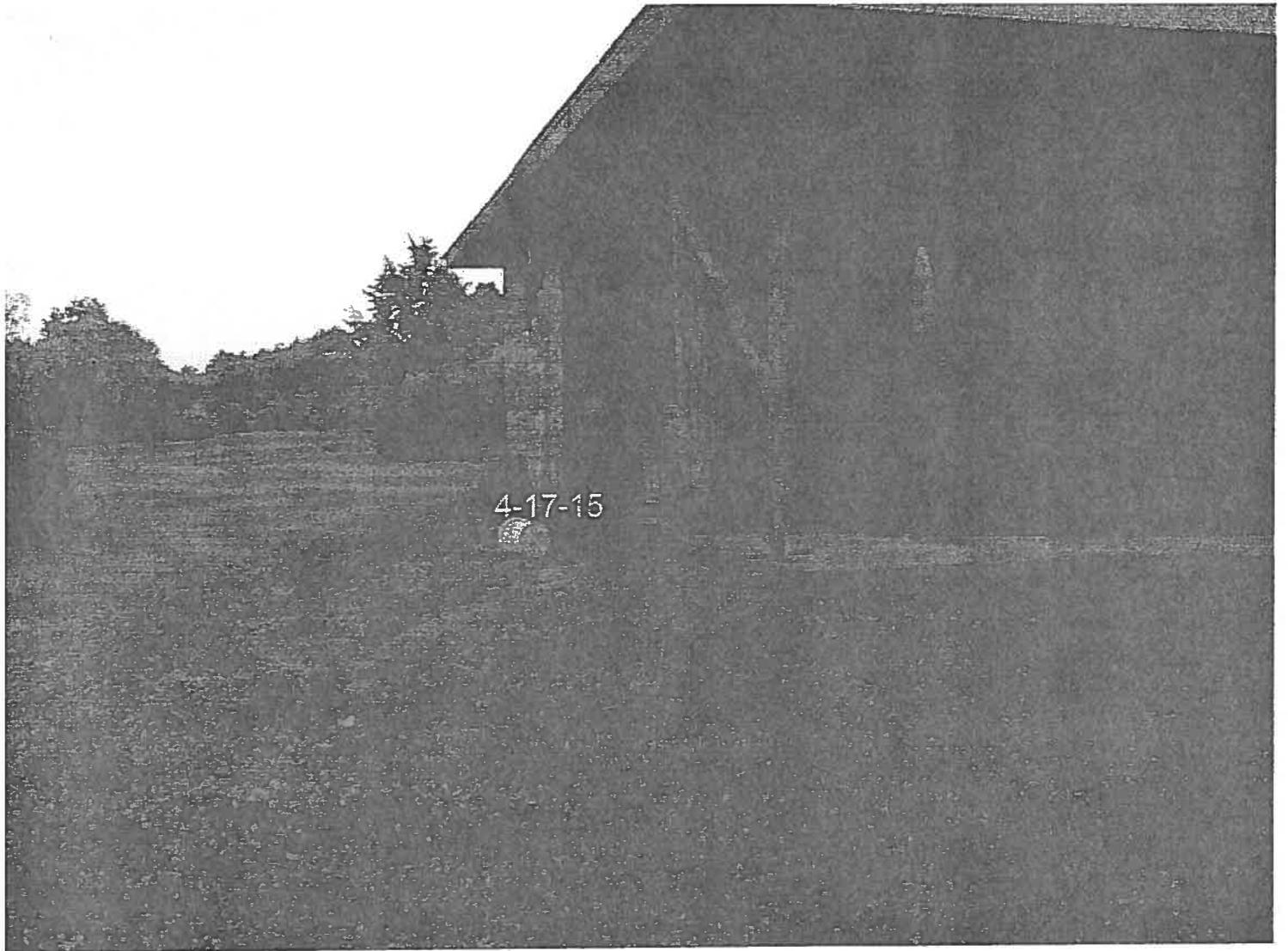
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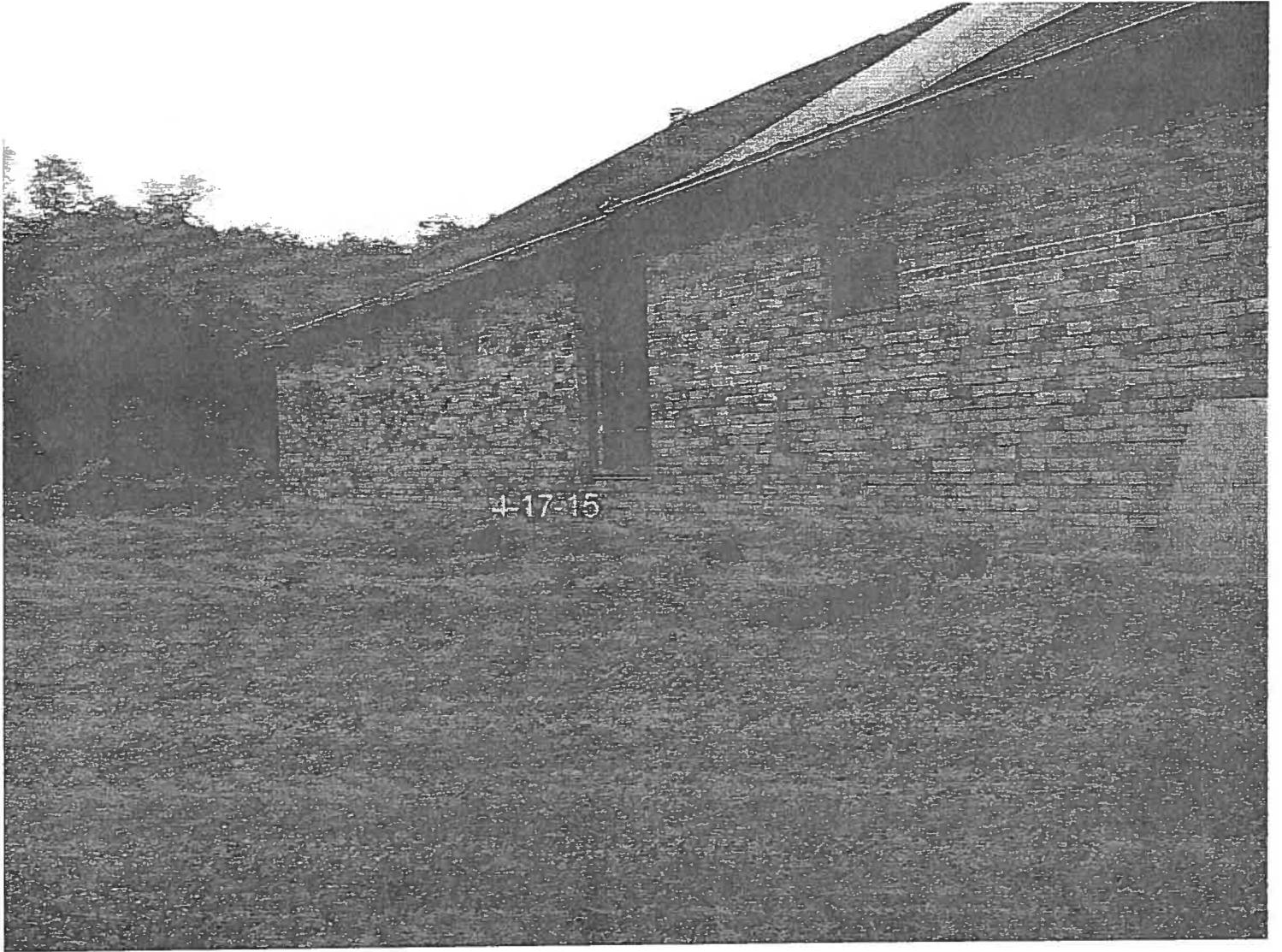


4-17-15

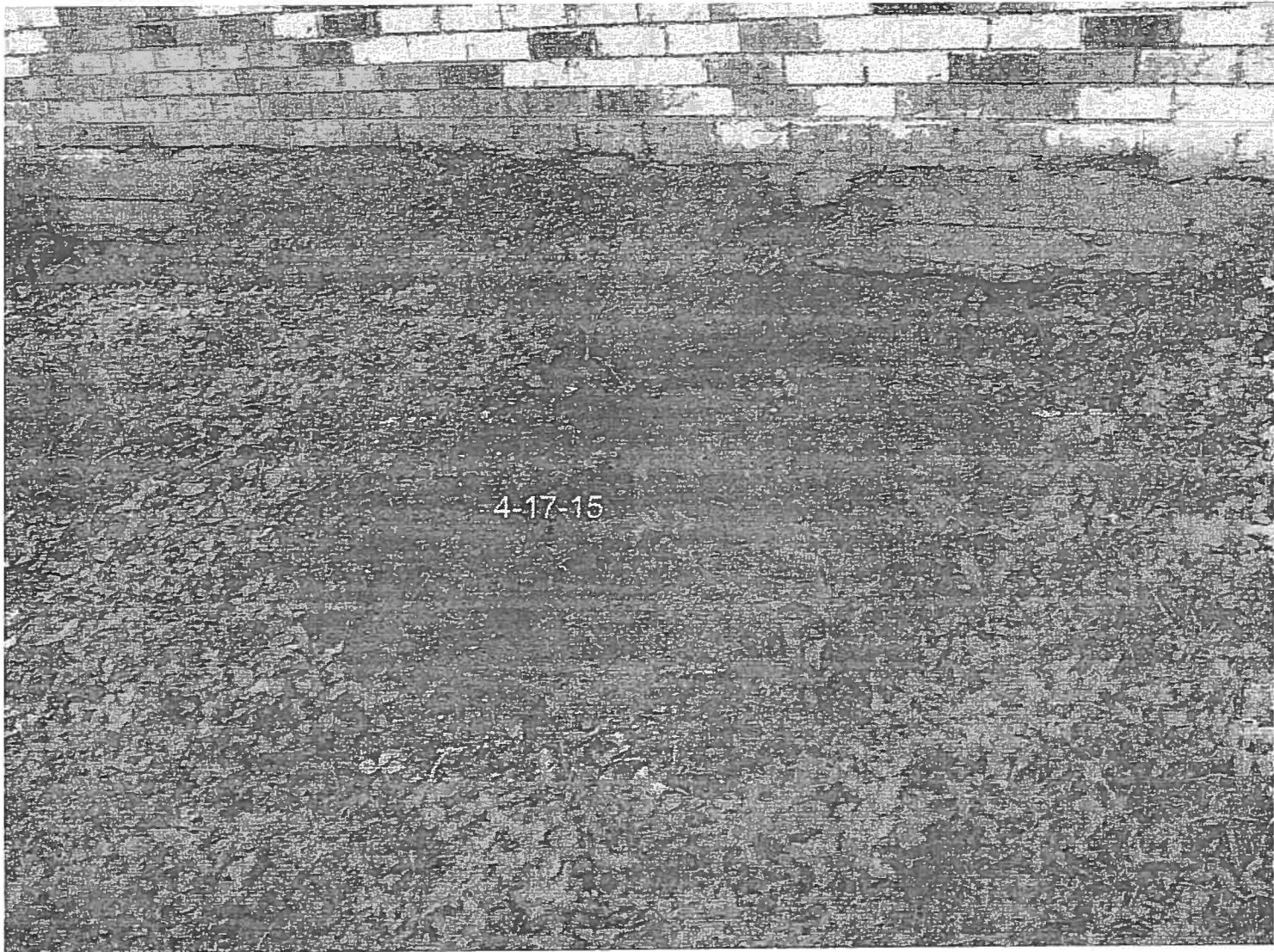
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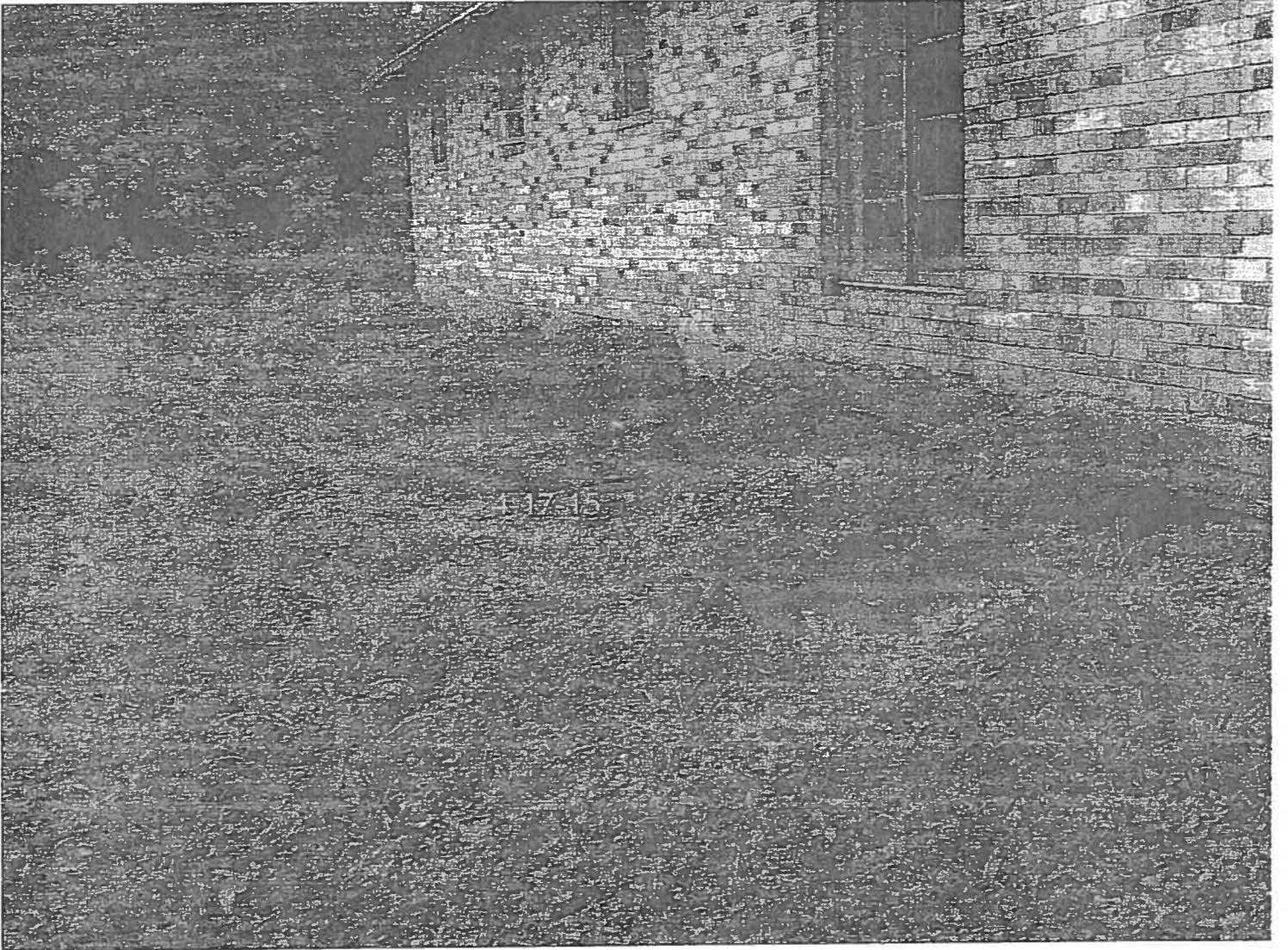
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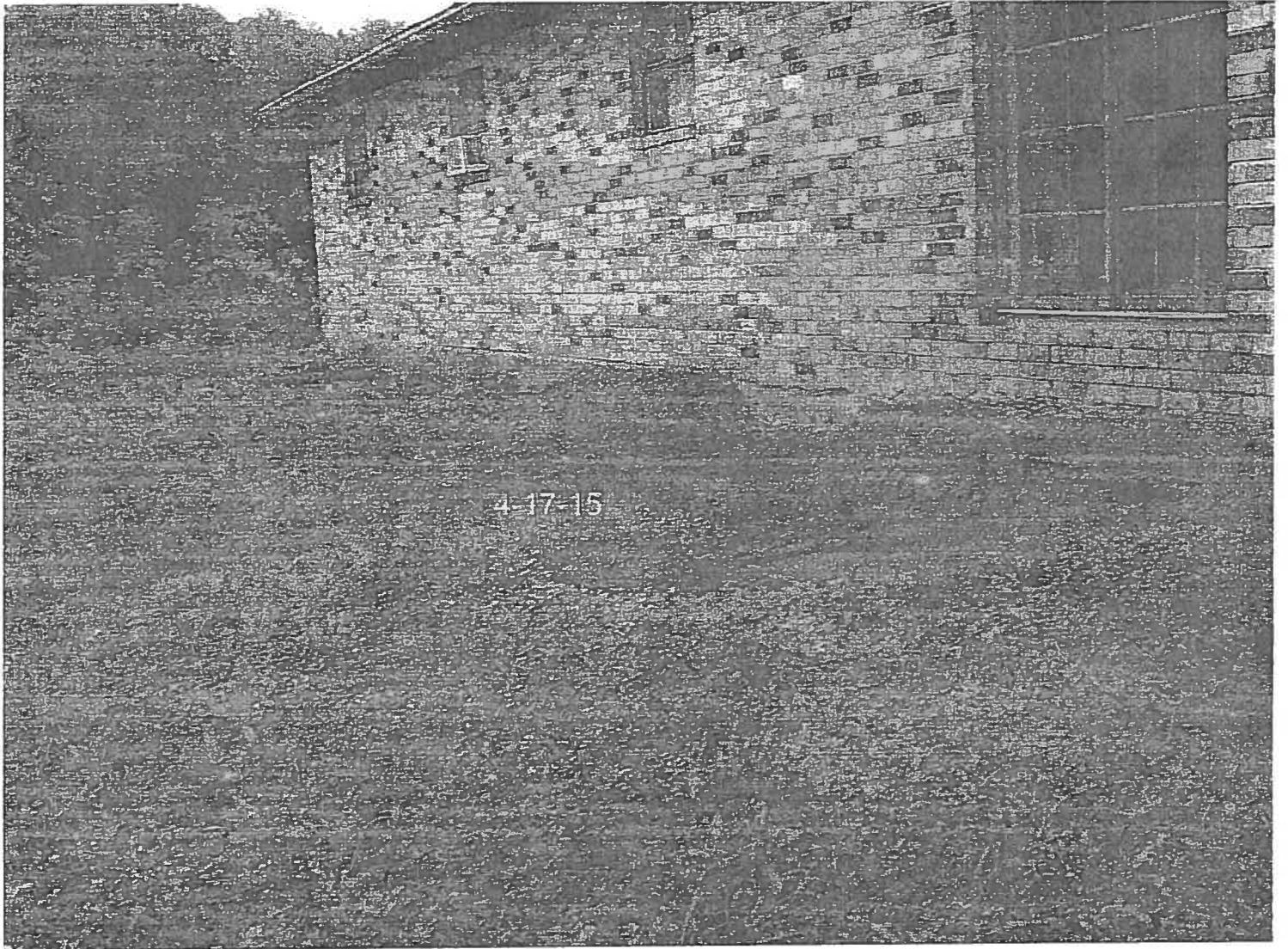
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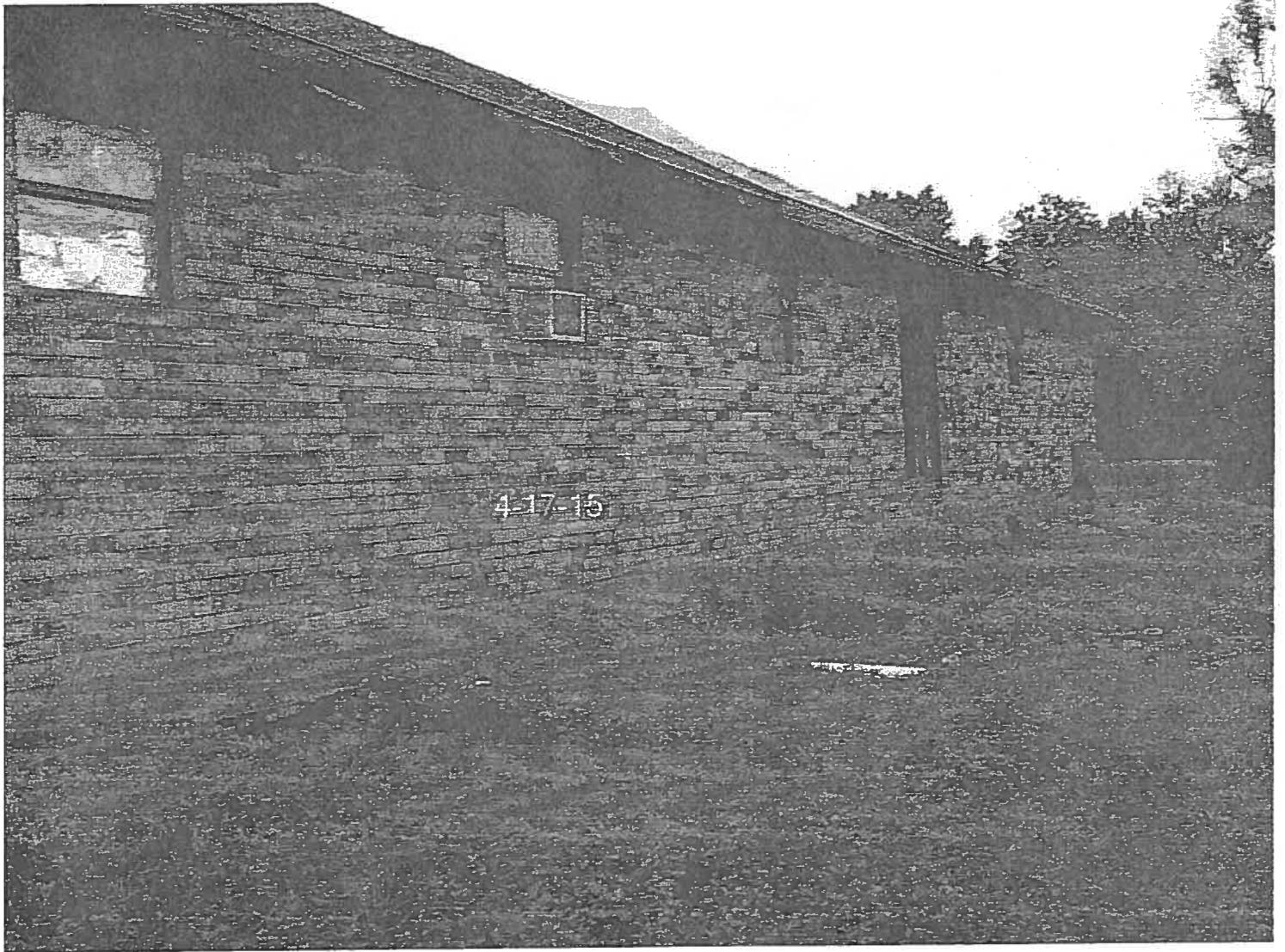
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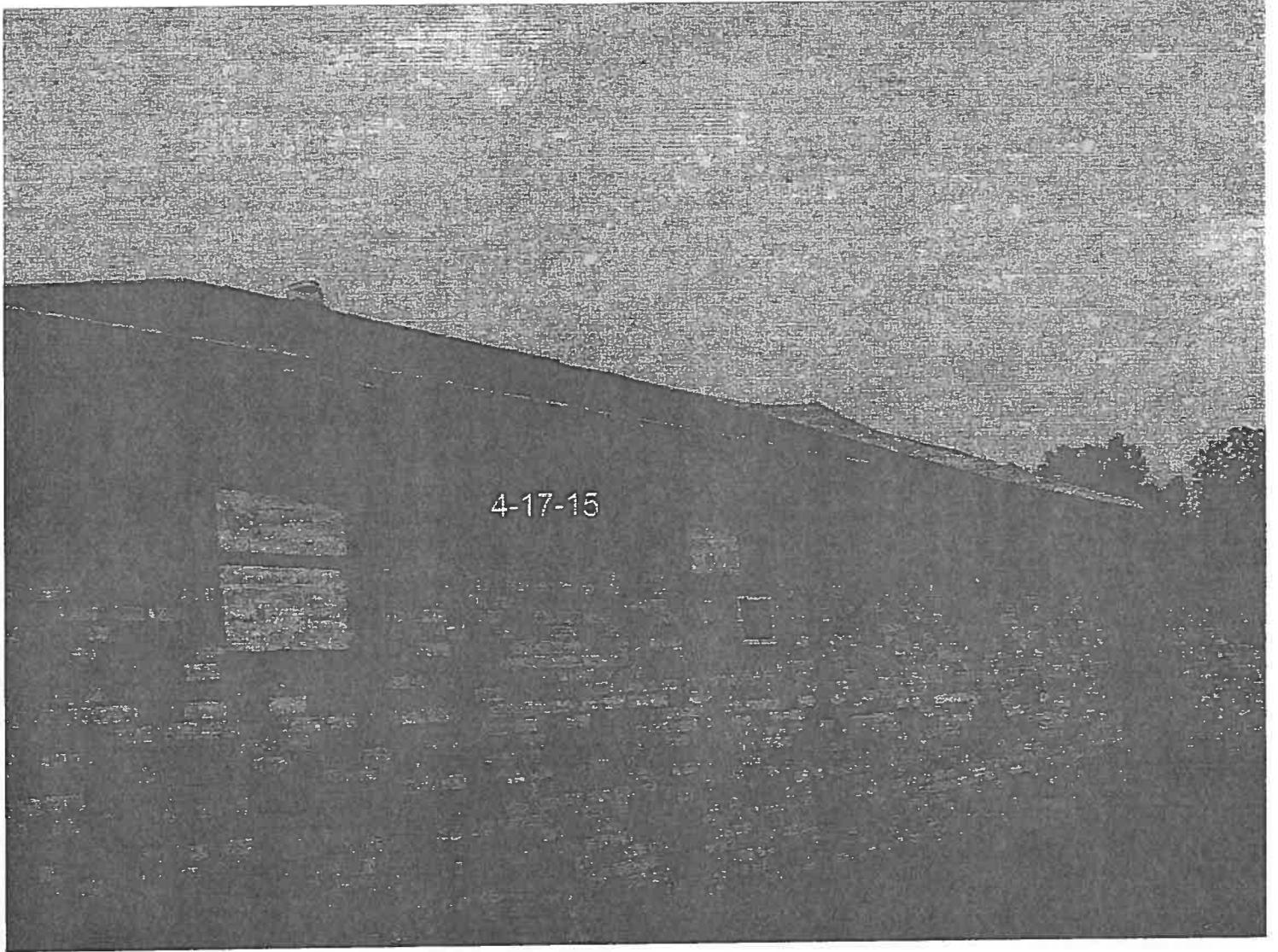
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4-17-15

175106



Wilderness Migration Entry Program
 Department of the Interior
 Bureau of Land Management

Project Location: 2
 Project Number: 177147
 Date of Report: 1971

Field Check-in Observation

Project Property Address: 177147
 Date of Entry: 1971
 Location: 177147
 Operator: 177147

- General Site Condition
- Wilderness Features
- Vegetation
- Soil
- Water
- Wildlife
- Other

Remarks: 177147

Project Location: 177147

Date of Report: 1971

Operator: 177147

Project Property Address: 177147

Location: 177147

Remarks: 177147

175106



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

June 12, 2013

Road Home ID: 06HH177847

SHELIA SMITH
PO BOX 244
CHAUVIN, LA 70344

SUBJECT: Verification of Mitigation Grant Funds

Dear SHELIA SMITH:

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.

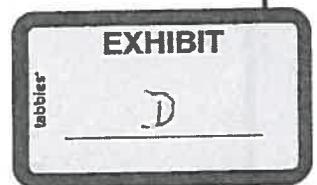
Due to the determination noted above, your grant values have been adjusted:

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$21,879.00	Elevation Grant	\$0.00
Individual Mitigation Measures (IMM)	\$0.00	Individual Mitigation Measures (IMM)	\$0.00
Reconstruction Grant	\$0.00	Reconstruction Grant	\$0.00
Total HMGP Funds Received	\$21,879.00	Total Hazard Mitigation Benefit	\$0.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH177847 is \$21,879.00.

175106

FILED
AUG - 4 2015
/s/ Ramie A. Hebert
Deputy Clerk of Court
Parish of Terrebonne, LA



The Office of Community Development provides auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and 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.namiltonrelay.com/state/la_howto.htm

175106

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 July 17, 2013.

Road Home ID: 06HH177847

SHELIA SMITH
PO BOX 244
CHAUVIN, LA 70344

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 \$21,879.00 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:

175106

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:

SHELLIA SMITH
 PO BOX 244
 Chauvin, LA 70344
 177847

2. Article Number
 (Transfer from service label)

7012 3050 0001 2090 0853

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Shellia Smith*

Agent

Addressee

B. Received by (Printed Name)

Shellia Smith

C. Date of Delivery

6-17-17

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes

No

175106

3. Service Type

Certified Mail

Registered

Insured Mail

Express Mail

Return Receipt for Merchandise

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes



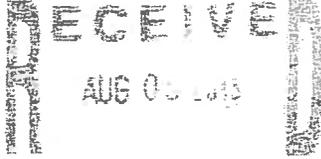
State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • Toll Free (877) 824-8312 • Fax 225-330-0846 • hazardmitigation@mitigarela.org

July 26, 2013

SHELIA SMITH
199 WILLARD ST
CHAUVIN, LA 70344



Road Home ID: 06HH177847



SUBJECT: Verification of Mitigation Grant Funds

Dear SHELIA SMITH:

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.

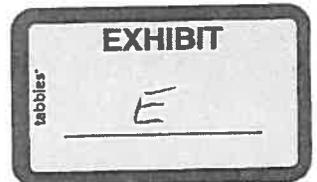
Due to the determination noted above, your grant values have been adjusted:

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$21,879.00	Elevation Grant	\$0.00
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Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH177847 is \$21,879.00.

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FILED
AUG - 4 2015
/s/ Ramie A. Hebert
Deputy Clerk of Court
Parish of Terrebonne, LA



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 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.hamiltonrelay.com/states/la/howto.html>.

175106

Attachment I

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT ON OR BEFORE August 15, 2013.

Road Home ID: 06HH177847

SHELIA SMITH
199 WILLARD ST
CHAUVIN, LA 70344

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 \$21,879.00 mailed to:

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

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PRINTED NAME: _____ Date _____

SIGNATURE: _____

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

175106



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

July 31, 2014

Road Home ID: 06HH177847

Shelia Smith
199 Willard Street
Chauvin, La.70344

SUBJECT: Verification of Mitigation Grant Funds

Dear Shelia Smith:

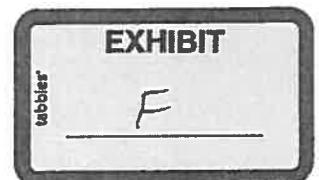
A review has been completed on your Hazard Mitigation grant file in order to confirm you received the correct amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed 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 elevation grant(s):

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$21,879.00	Elevation Grant	\$21,879.00
Individual Mitigation Measures (IMM)	\$0.00	Individual Mitigation Measures (IMM)	\$0.00
Reconstruction Grant	\$0.00	Reconstruction Grant	\$0.00
Total HMGP Funds Received	\$21,879.00	Total Hazard Mitigation Benefit	\$21,879.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH177847 is \$21,879.00

FILED
AUG - 4 2015
/s/ Ramie A. Hebert
Deputy Clerk of Court
Parish of Terrebonne, LA
175106



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 Ernestine Jefferson, 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 504-284-4020 or send email to ernestine.jefferson@la.gov 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,



Craig P. Taffaro, Jr.
Director- Hazard Mitigation and Recovery Coordination
State of Louisiana

Office of Community Development - HMGP

175106

Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT, DISASTER RECOVERY UNIT HMGP ON OR BEFORE **August 15, 2014**.

Road Home ID: 06HH177847

Applicant Name: Shelja Smith
Address: 199 Willard St. Chauvin, LA 70344

Case Manager: Ms. Ernestine Jefferson:

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 HMGP. I have enclosed my certified check, made payable to "**Louisiana Division of Administration - HMGP**", in the amount of \$21,879.00 mailed to:

Division of Administration
Office of Community Development
Hazard Mitigation Grant Program
2021 Lakeshore Drive, Ste. 100
New Orleans, LA 70122

- I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please review my proposed repayment plan which 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:

175106



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@mitigate.la.gov

3/27/2015

SHELIA SMITH
PO BOX 244
CHAUVIN, LA 70344

Road Home ID: 06HH177847

SUBJECT: Final HMGP Collection Attempt

Dear SHELIA SMITH,

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 \$21,879.00 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

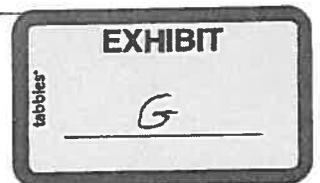
175106
FILED
AUG - 4 2015
/s/ Ramie A. Hebert
Deputy Clerk of Court
Parish of Terrebonne, LA

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.

AN EQUAL OPPORTUNITY EMPLOYER





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 provided no proof of payment and performed no mitigation activity:**

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$21,879.00	Elevation Grant	\$21,879.00
Individual Mitigation Measures (IMM)	\$ 0.00	Individual Mitigation Measures (IMM)	\$ 0.00
Reconstruction Grant	\$ 0.00	Reconstruction Grant	\$ 0.00
Total HMGP Funds Received	\$21,879.00	Total Hazard Mitigation Benefit	\$21,879.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH177847 is \$21,879.00.

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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175106

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

7014 3490 0000 4613 6134
HE79 E7H 0000 064E HT02

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

Postmark
Here

Sent To	Shelia Smith
Street & Apt. No., or PO Box No.	P.O. Box 244
City, State, ZIP+4	Chauvin LA 70344

PS Form 3800, July 2014

See Reverse for Instructions

175106

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:
 Shelia Smith
 P.O. Box 244
 Chauvin, LA
 70344 177847

2. Article Number
 (Transfer from service label)

7034 3490 0000 4613 8134

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 *Kaloka
 Agent
 Addressee

B. Received by (Printed Name)
 LAISHA S.

C. Date of Delivery
 3-30-15

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

Domestic Return Receipt

175106



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

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

April 13, 2015

06HH177847
SHELIA SMITH
PO BOX 244
Chauvin LA 70344

Re: Collection of Outstanding Debt in the Amount of **\$21,879.00**

Dear SHELIA SMITH:

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 199 WILLARD STREET CHAUVIN.

You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **\$21,879.00**. 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

175106
FILED
AUG - 4 2015
/s/ Ramie A. Hebert
Deputy Clerk of Court
Parish of Terrebonne, LA

