

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO: \_\_\_\_\_

FILED  
2015 AUG 18 P 2: 33  
DIVISION: \_\_\_\_\_

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

VS.

PRINCE JACKSON

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**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 Prince Jackson, a major domiciliary of Orleans Parish, who voluntarily participated in HMGP to mitigate his 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 executed a Voluntary Participation Agreement (hereinafter "VPA") on November 10, 2010, 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.*

4.

FEMA grant funds in the amount of \$7,500 (hereinafter "FEMA grant funds") were paid to Defendant by HMGP on or about January 11, 2011 for the specific purpose of Individual Mitigation Measures (hereinafter "IMM") at his home located at 4759 Rosalia Drive, New Orleans, Louisiana 70127. *Exhibit B*.

5.

Photographs dated April 30, 2014 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 July 10, 2012 was mailed to Defendant informing him that the FEMA grant funds had to be returned to the State of Louisiana. *Exhibit D (in globo)*.

7.

The second letter dated August 17, 2012 was mailed to Defendant. *Exhibit E (in globo)*.

8.

The third letter dated February 19, 2015 was mailed Certified Mail 7013 3020 0001 8974 2669 to Defendant, but was returned to HMGP marked "Unclaimed". *Exhibit F (in globo)*.

9

The fourth letter dated April 13, 2015 was sent Certified Mail 7013 3020 0000 6500 1590. The Return Receipt was signed on April 14, 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 \$7,500, owed by Prince Jackson 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, Prince Jackson, is non-compliant with the Voluntary Participation Agreement signed by him;
- b. That this Honorable Court declare that Defendant, Prince Jackson, is indebted to HMGP in the amount of \$7,500 because of his failure to mitigate his home according to his agreement to abide by HMGP guidelines, including using HMGP funds for their intended purpose;
- c. That Defendant, Prince Jackson, be ordered to return the \$7,500 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendant, Prince Jackson, in the full sum of \$7,500;
- e. That Defendant, Prince Jackson, 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:**



LaKoshia 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  
LaKoshia.Roberts@la.gov

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

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

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO: \_\_\_\_\_

FILED  
2015 AUG 18 P 2:34  
DIVISION: \_\_\_\_\_

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

VS.

PRINCE JACKSON

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 17<sup>th</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.

PLEASE SERVE:

PRINCE JACKSON  
4759 ROSALIA DRIVE  
NEW ORLEANS, LOUISIANA 70127

**Office of Community Development Disaster Recovery Unit (OCD-DRU)  
HAZARD MITIGATION GRANT PROGRAM (HMGP)  
VOLUNTARY PARTICIPATION AGREEMENT (VPA)**

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

2015 AUG 18 P 2:34  
CIVIL DISTRICT COURT

RH: 06HH046905

**SECTION 1: MITIGATION ELECTION (check one)**

- I/We am/are **NOT** interested in participating in the OCD-DRU Hazard Mitigation Grant Program (HMGP).
- I/We have sold the home that was damaged during the storm and therefore will not be eligible to participate in the program.

**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 3.

**SECTION 2: I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING PROGRAM(S):**

Pilot Reconstruction       Elevation       Individual Mitigation Measures (IMM)

**SECTION 3: PROGRAM ELIGIBILITY**

1. The status of mitigation work to my home is: (Select the one answer that most closely fits your situation)
  - As of March 16, 2008, I had completed my mitigation activity of my home to meet the latest elevation standards in my community.
  - As of March 16, 2008, I had started—but not completed—the mitigation activity of my home to meet the latest elevation standards in my community.
  - I expect to start my mitigation activity by 12/31/10
2. My home was initially constructed: (mark all that apply)
  - During or before 1964
  - After 1964
  - My damaged home from the time of the storm has been demolished or cleared.
  - Don't know

For official use only.

06HH046905

PRINCE JACKSON  
VPA



**EXHIBIT**

A

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.
- b. Homeowner selected *Road Home* Option 1 – “Keep Our Home.”  
(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.)
- c. Homeowner still owns the home that was eligible for *Road Home* benefits or has acquired the home along with an assignment of Road Home rights. (NOTE: Assignment of Rights is only applicable to Elevation or IMM activities.)
- d. The structure is located in a FEMA designated ABFE area or the mitigation activity is deemed cost beneficial according to FEMA guidelines.
- e. Be cleared by FEMA.
- f. Homeowner agrees to comply with all HMGP guidelines as set forth by FEMA, GOHSEP and OCD.

**SECTION 4: VPA STATEMENT OF COMPLIANCE**

This Agreement of Voluntary Participation is made on 11/16/10 (date). I/We am/are the owner of the following property, eligible for Road Home assistance and damaged by Hurricane Katrina and/or Rita at the following municipal address:

<u>4759 ROSALIA DRIVE</u>	<u>NEW ORLEANS</u>	<u>ORLEANS</u>	<u>70127</u> (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 that an OCD-DRU HMGP Covenant must be signed, which requires the property owner to obtain and maintain flood insurance. The OCD-DRU HMGP will be recorded with Conveyance Records in the parish where the property is located.

I/We understand that property inspections are required for processing through the OCD-DRU HMGP and grant the program permission to take the necessary photos of my structure.

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.

Prince JACKSON  
Applicant or Co-Applicant NAME

[Signature]  
Applicant or Co-Applicant SIGNATURE

11/16/10  
Date

\_\_\_\_\_  
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:

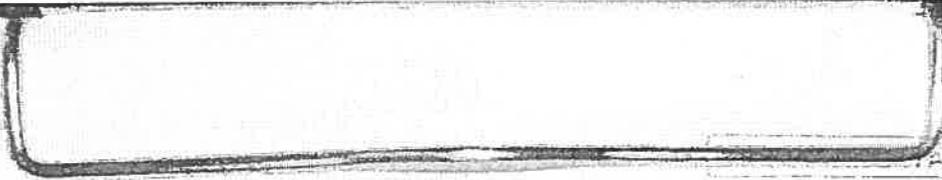
\_\_\_\_\_  
Agent NAME (person with POA)

\_\_\_\_\_  
Agent SIGNATURE

\_\_\_\_\_  
Date

For official use only.





STATION:

OCD DRU HMGP  
IMM FINAL INSPECTION CHECK LIST

APPLICANT ID: 046905

DAMAGED PROPERTY ADDRESS: 4759 Rosaline DR 70127

DAMAGED PROPERTY COORDINATES: LATITUDE: 30.02 LONGITUDE: 89.973

Home Occupied: Yes  No

Windows - Count the number of window openings and itemize by product type below:

Impact	Accordion	Bertha	Colonial	Roll-Down	Panel	Screen	Total # of Windows

Total Number of Windows Not Mitigated: \_\_\_\_\_

Doors - Count the number of doors & itemize by product type below:

Door with	Total

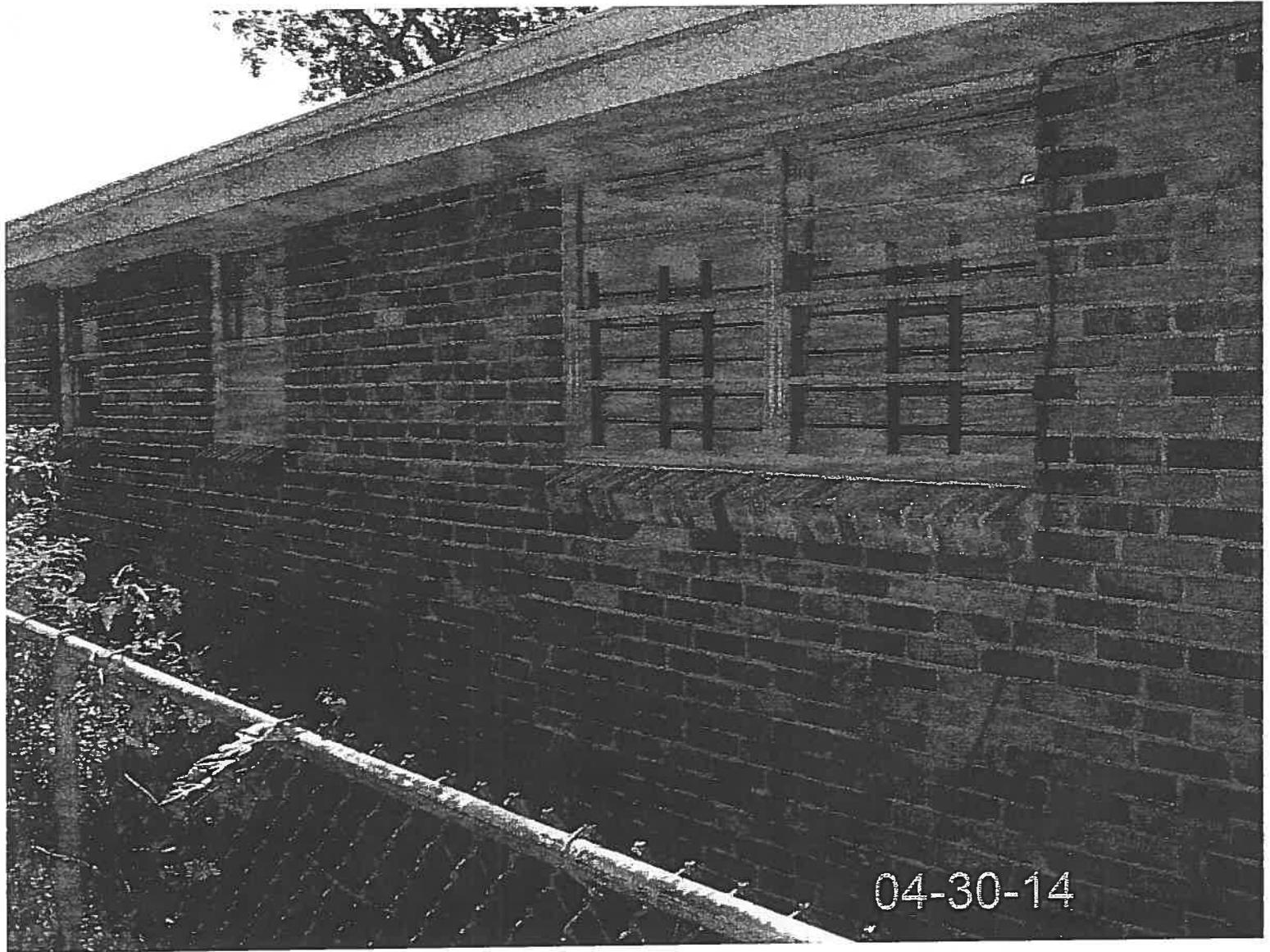
**EXHIBIT**  
C







04-30-14







04-30-14

OCED DRU IMCP  
 IMMEDIATE ACTION CHECKLIST

APPLICANT ID: 0430702  
 DVA MAILING ADDRESS: 2257 W. In. Dr. 70127  
 DVA MAILING ADDRESS: W. Dr. 70127  
 DVA MAILING ADDRESS: W. Dr. 70127

Are Occupied:  Yes  No

Windows: Count the number of windows in the building by the

Project	Neighborhood	Address	County	City	State	Page	Total
							13

Total Number of Windows: 13

Does the applicant have a Flood Hazard Map (FHM) for the property below?

Yes  No  **2**

Total Number of DVA Eligible Classifications:

Classifications: 2

Reasons Not Eligible:

Reasons: None

04 30 14

IMMEDIATE ACTION CHECKLIST  
 DATE: 8-30-14



# 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

7/10/2012

Prince Jackson  
4759 Rosalia Drive  
New Orleans, LA 70127

Road Home ID: 06HH046905

**SUBJECT: Verification of Mitigation Grant Funds**

Dear Prince Jackson :

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 IMM grant:

Homeowner did not comply with all HMGP regulations as set forth by OCD-DRU, GOHSEP and FEMA.

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

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	0.00	Elevation Grant	0.00
Individual Mitigation Measures (IMM)	7,500.00	Individual Mitigation Measures (IMM)	0.00
Reconstruction Grant	0.00	Reconstruction Grant	0.00
<b>Total HMGP Funds Received</b>	<b>7,500.00</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 06HH046905 is \$7,500.00.**

AN EQUAL OPPORTUNITY EMPLOYER

EXHIBIT

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**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 \_\_\_\_ DATE \_\_\_\_**

RE: Road Home ID: 06HH046905

Prince Jackson  
4759 Rosalia DR  
New Orleans, LA 70127

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 \$7,500.00 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:

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

SIGNED: \_\_\_\_\_

PRINTED: \_\_\_\_\_

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

\_\_\_\_\_

DATE: \_\_\_\_\_

Reggie Webb



# 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

### **SECOND NOTICE**

8/17/2012

Prince Jackson  
4759 Rosalia DR  
New Orleans, LA 70127

Road Home ID: 06HH046905

**SUBJECT: Verification of Mitigation Grant Funds**

Dear Prince Jackson:

A letter was sent to the address listed above on 07/09/2012. The letter was sent to notify you that your Hazard Mitigation grant file was reviewed 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 IMM grant:

Homeowner did not comply with all HMGP regulations as set forth by OCD-DRU, GOHSEP and FEMA.

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

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$0.00	Elevation Grant	\$0.00
Individual Mitigation Measures (IMM)	\$7,500.00	Individual Mitigation Measures (IMM)	\$0.00
Reconstruction Grant	\$0.00	Reconstruction Grant	\$0.00
<b>Total HMGP Funds Received</b>	<b>\$7,500.00</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 06HH046905 is \$7,500.00.**

AN EQUAL OPPORTUNITY EMPLOYER



RE: Road Home ID: 06HH046905

Prince Jackson  
4759 Rosalia DR  
New Orleans, LA 70127

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 Reginald Webb, 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 225-330-0703 or send email to [reginald.webb@mitigatela.org](mailto:reginald.webb@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. Failure to respond will be interpreted as your confirmation of this calculation and determination, and may result in further collection activities.

We appreciate your assistance in connection with this request.

Sincerely,

Office of Community Development

# 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 \_\_\_\_ DATE \_\_\_\_**

RE: Road Home ID: 06HH046905

Prince Jackson  
4759 Rosalia DR  
New Orleans, LA 70127

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 \$7,500.00 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.

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:

---

---

SIGNED: \_\_\_\_\_

PRINTED: \_\_\_\_\_

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

---

DATE: \_\_\_\_\_

Reginald Webb



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

2/19/2015

PRINCE JACKSON  
4759 ROSALIA DRIVE  
NEW ORLEANS, LA 70127

Road Home ID: 06HH046905

**SUBJECT: Final HMGP Collection Attempt**

Dear PRINCE JACKSON,

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 \$7,500.00 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,

A handwritten signature in black ink, appearing to read "C. Taffaro".

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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EXHIBIT

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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 IMM grant(s) because **the applicant provided no proof of payment and performed no mitigation activity:**

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$ 0.00	Elevation Grant	\$ 0.00
Individual Mitigation Measures (IMM)	\$7,500.00	Individual Mitigation Measures (IMM)	\$7,500.00
Reconstruction Grant	\$ 0.00	Reconstruction Grant	\$ 0.00
<b>Total HMGP Funds Received</b>	<b>\$7,500.00</b>	<b>Total Hazard Mitigation Benefit</b>	<b>\$7,500.00</b>

**Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH046905 is \$7,500.00.**

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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AN EQUAL OPPORTUNITY EMPLOYER

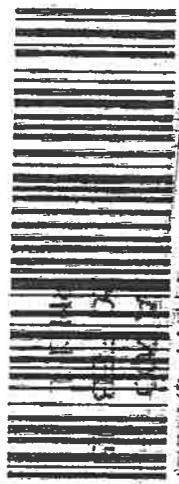
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LA Office of Community Development  
Disaster Recovery Unit  
Hazard Mitigation Grant Program  
P.O. Box 5098  
Baton Rouge, LA 70821-5098

HMGP  
#3554

HMGP  
#3554

**CERTIFIED MAIL**



7013 3020 0002 8974 2669

*Handwritten:* NIXIE 702 SE 1000

NIXIE

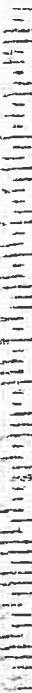
702 SE 1000

0909/23/15

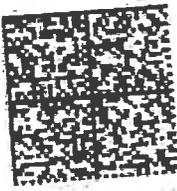
RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 70821509898

\*1465-01749-20-34



70821509898



U.S. POSTAGE  
\$8.49  
FCH LETTER  
70002  
Date of sale  
02/19/15  
06 2500  
08338892

POSTAGE WILL BE PAID BY ADDRESSEE  
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**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:

*P. Jackson*  
*4759 Rosalia*  
*NOLA 701187*  
*046905*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:  Yes  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)

7013 3020 0001 8974 2669

PS Form 3811, July 2013

Domestic Return Receipt



State of Louisiana  
**HAZARD MITIGATION GRANT PROGRAM**

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

April 13, 2015

06HH046905  
PRINCE JACKSON  
4759 ROSALIA DRIVE  
NEW ORLEANS LA 70127

Re: Collection of Outstanding Debt in the Amount of **\$7,500.00**

Dear PRINCE JACKSON:

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 4759 ROSALIA DRIVE NEW ORLEANS.

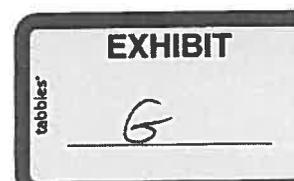
You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **\$7,500.00**. However, you have continuously disregarded these notices. You have also been given the opportunity to execute a re-payment agreement which would allow you to satisfy your debt 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



046905

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature  
 x *Donald N. Gavin*  Agent  Addressee

B. Received by *(Printed Name)* *Donald N. Gavin* C. Date of Delivery *4-14-15*

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

1. Article Addressed to:  
*Priscie Jackson*  
*4759 Rosalia Dr.*  
*New Orleans, La*  
*70127*

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) 7013 3020 0000 6500 1590