

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO: 2015-7942

FILED  
2015 AUG 18 P 2:39  
DIVISION: E-16

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

VS.

WINETTE D. SMITH AND RODERICK C. 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 Defendants in this case are Winette D. Smith and Roderick C. Smith, majors domiciled in Orleans Parish, who voluntarily participated in HMGP to mitigate their 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.

Defendants, Winette D. Smith and Roderick C. Smith, executed a Voluntary Participation Agreement (hereinafter "VPA") on January 17, 2011 to participate in HMGP and to receive an HMGP grant. Defendants also agreed to comply with all HMGP guidelines, which include using HMGP funds for their intended purpose. *Exhibit A.*

4.

FEMA grant funds in the amount of \$49,940.98 (hereinafter "FEMA grant funds") were paid to Defendants by HMGP on or about March 25, 2011 for the specific purpose of Elevation Measures (hereinafter "Elevation") to their home located at 10201 Seawood Street, New Orleans, Louisiana 70127. *Exhibit B*.

5.

Photographs dated April 21, 2015 show that although the FEMA grant funds were received, Defendants' home was not elevated. *Exhibit C (in globo)*.

6.

Four (4) separate collection letters were mailed to Defendants at 10201 Seawood Street, New Orleans, Louisiana 70127, which was the address submitted by them when they applied for the HMGP grant. The first letter dated July 9, 2012 was mailed to Defendants informing them 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 the Defendants. *Exhibit E (in globo)*.

8.

The third letter dated February 19, 2015 was mailed by Certified Mail 7013 3020 0001 8974 2652. The Return Receipt was signed February 21, 2015. *Exhibit F (in globo)*.

9.

The fourth letter dated April 13, 2015 was mailed by Certified Mail 7014 0510 0001 1417 1249. The Return Receipt was signed April 17, 2015. *Exhibit G (in globo)*.

10.

Defendants have failed to respond to the letters and have failed to return the funds to the State.

11.

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

11.

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

12.

HMGP requests that the debt of \$49,940.98 owed by Winette D. Smith and Roderick C. Smith to HMGP be recognized and that judgment in favor of HMGP be granted, directing Defendants 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 Defendants, Winette D. Smith and Roderick C. Smith, are non-compliant with the Voluntary Participation Agreement signed by them;
- b. That this Honorable Court declare that Defendants, Winette D. Smith and Roderick C. Smith, are indebted to HMGP in the amount of \$49,940.98 because of their failure to elevate their home according to their agreement to abide by HMGP guidelines, including using HMGP funds for their intended purpose;
- c. That Defendants, Winette D. Smith and Roderick C. Smith, be ordered to return the \$49,940.98; HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendants, Winette D. Smith and Roderick C. Smith, in the full sum \$49,940.98;
- e. That Defendants, Winette D. Smith and Roderick C. 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**



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

FILED

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

DIVISION: 18 P 2: 40

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

CIVIL DISTRICT COURT

VS.

WINETTE D. SMITH AND RODERICK C. 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 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:

WINETTE D. SMITH  
10201 SEAWOOD STREET  
NEW ORLEANS, LOUISIANA 70127

RODERICK C. SMITH  
10201 SEAWOOD STREET  
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 PM 2:40  
 CIVIL  
 DISTRICT COURT

**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 ASAP
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

06HH110586      WINETTE SMITH  
 VPA



X X 0 6 H H 1 1 0 5 8 6 X X X X X X 1 0

**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 1/17/11 (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:

10201 Sawwood St New Orleans Orleans 70127 (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.

Roderick C. Smith  
Applicant or Co-Applicant NAME

Roderick Smith  
Applicant or Co-Applicant SIGNATURE

1/17/11  
Date

Wendette D. Smith  
Applicant or Co-Applicant NAME

Wendette D. Smith  
Applicant or Co-Applicant SIGNATURE

1/17/11  
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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- Political and Governmental Manual
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- Vendor Training Manual

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### Payee Detail

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

**Payee Remittance Address:**

10201 SEAWOOD ST  
NEW ORLEANS, LA 70127

**Check/EFT Number:** AD 00003962912**Check/EFT Date:** 03/25/2011**Status Change Date:** //**Status:** Outstanding**Check/EFT Line Details:**

(click on agency for contact information)

**Check/EFT Total:** 49,940.98

Total Number of Lines | 1

Agency	Document ID	Ref Doc ID	Invoice #	Comments	Line Amount
101	PV000042344		HMB30007099	SMH1110008	49,940.00

[ZSLC Calendar \(CY\)](#)   
 [Help Desk](#)   
 [GASB 34 and 35](#)   
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06HH110586

WINETTE SMITH

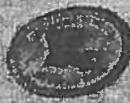


[https://wwwprd.doa.louisiana.gov/vendsearch/detail.cfm?check\\_number=00003962912](https://wwwprd.doa.louisiana.gov/vendsearch/detail.cfm?check_number=00003962912)

EXHIBIT

B

Cont. April 19



State of Louisiana  
**HAZARD MITIGATION GRANT PROGRAM**

Time of Observation: 2:10 PM  
Weather Conditions: \_\_\_\_\_

76

**10.1 Check-In Observation**

Applicant ID: 110586  
Damaged Property Address: 5 Wood St (W.D.) 70127  
Date of Plans: \_\_\_\_\_  
Foundation Type: Foundation Slab Slab Separation

Check List for Check-In Milestone:

- General Site Condition
- Type of Slab
- Which MG Project is Closest to Contractor Activity 4-21-15
- Take Photographs

General Site Condition:

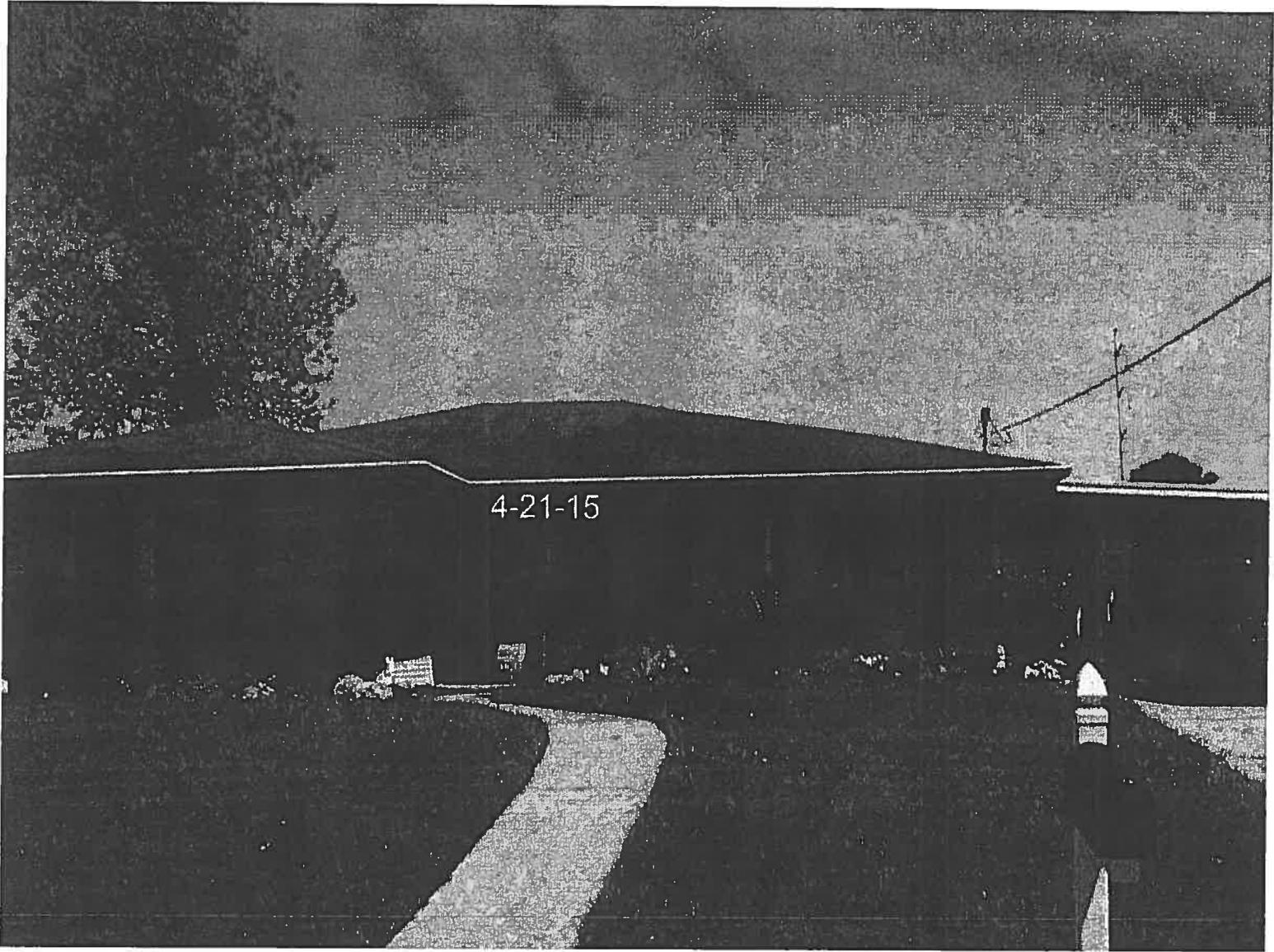
Determine which Milestone Observation in Project is related to:

Are contractors currently working close to the site or have they left?

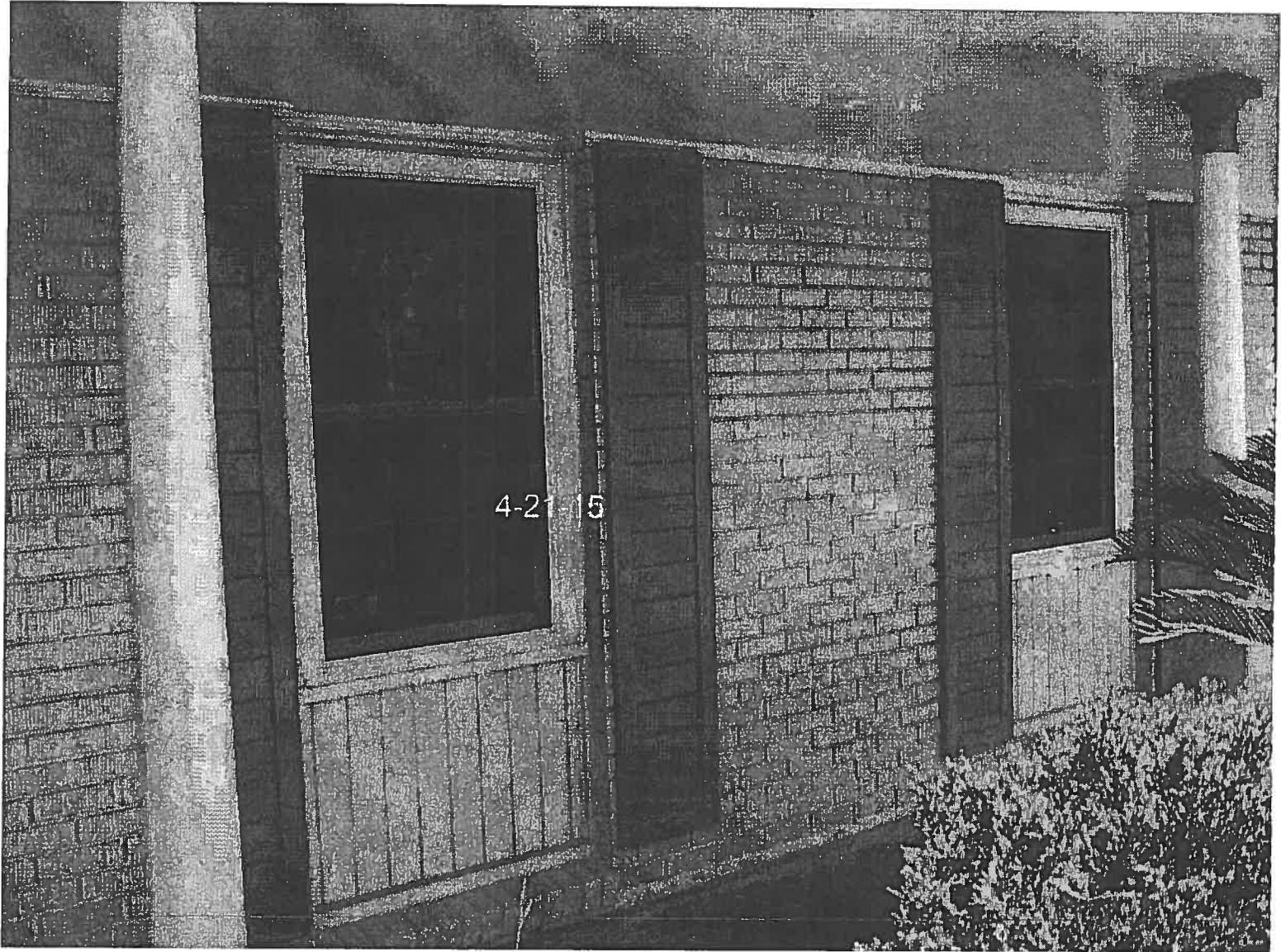
EXHIBIT  
tabbies  
C

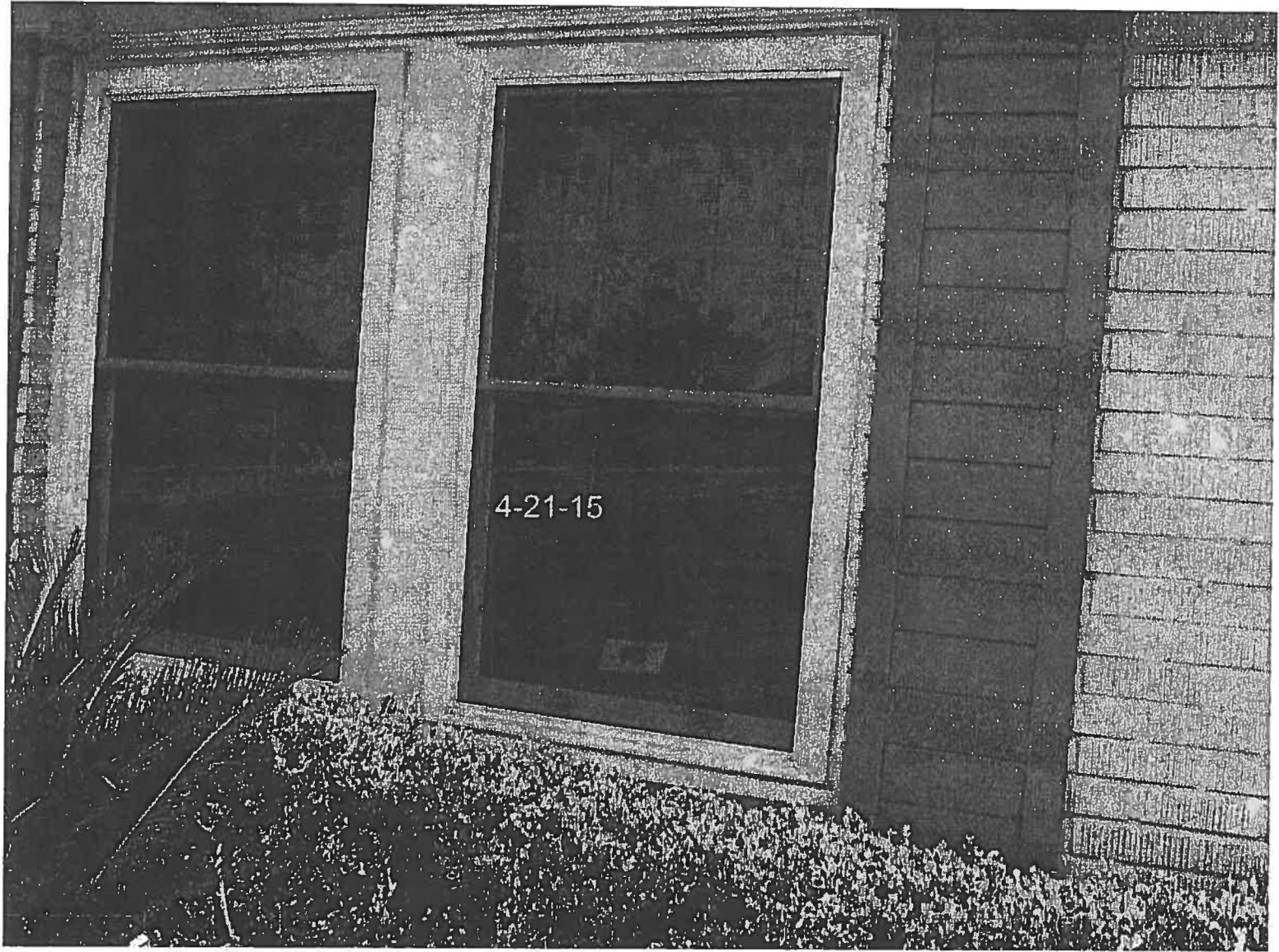


4-21-15





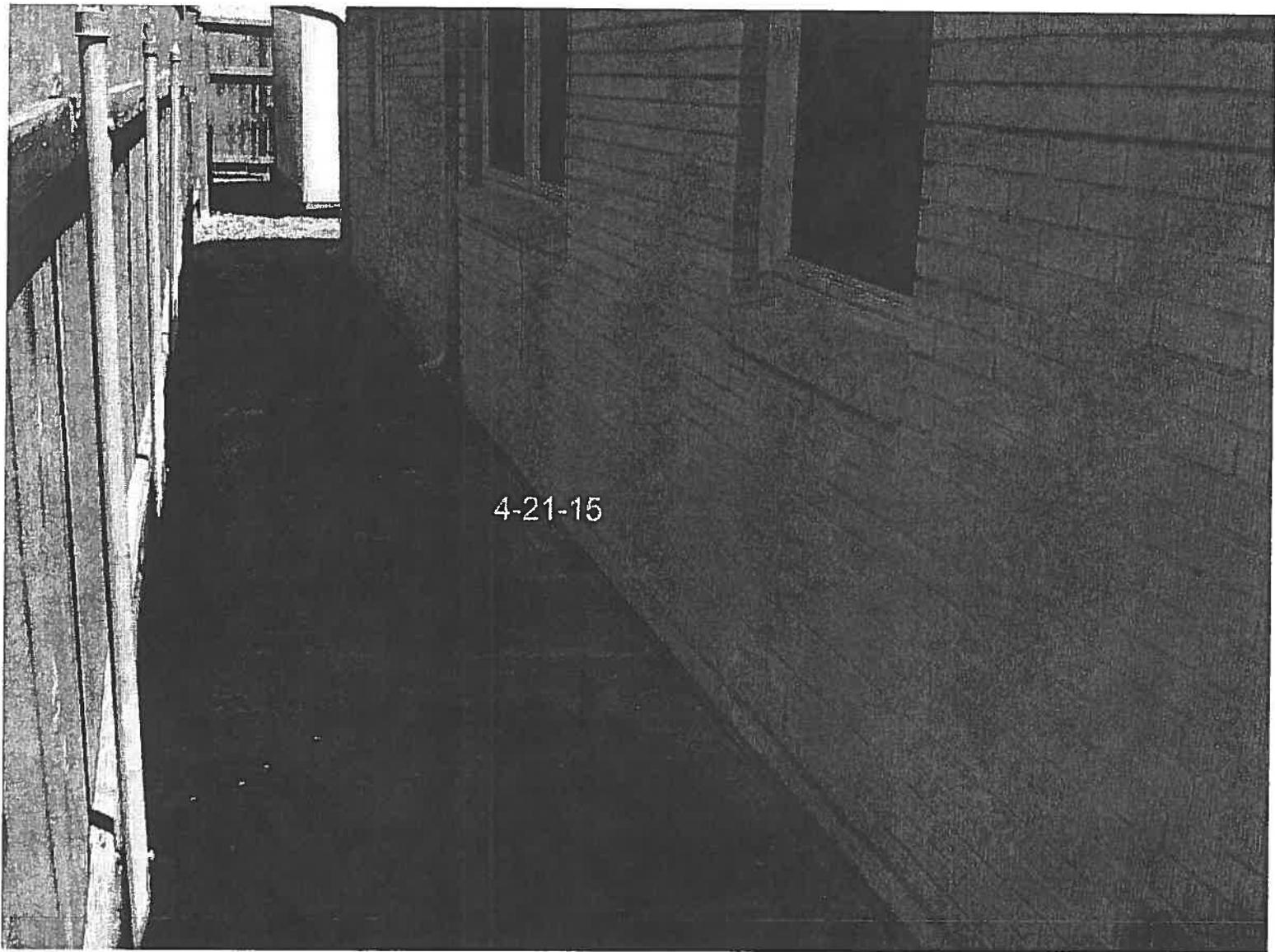


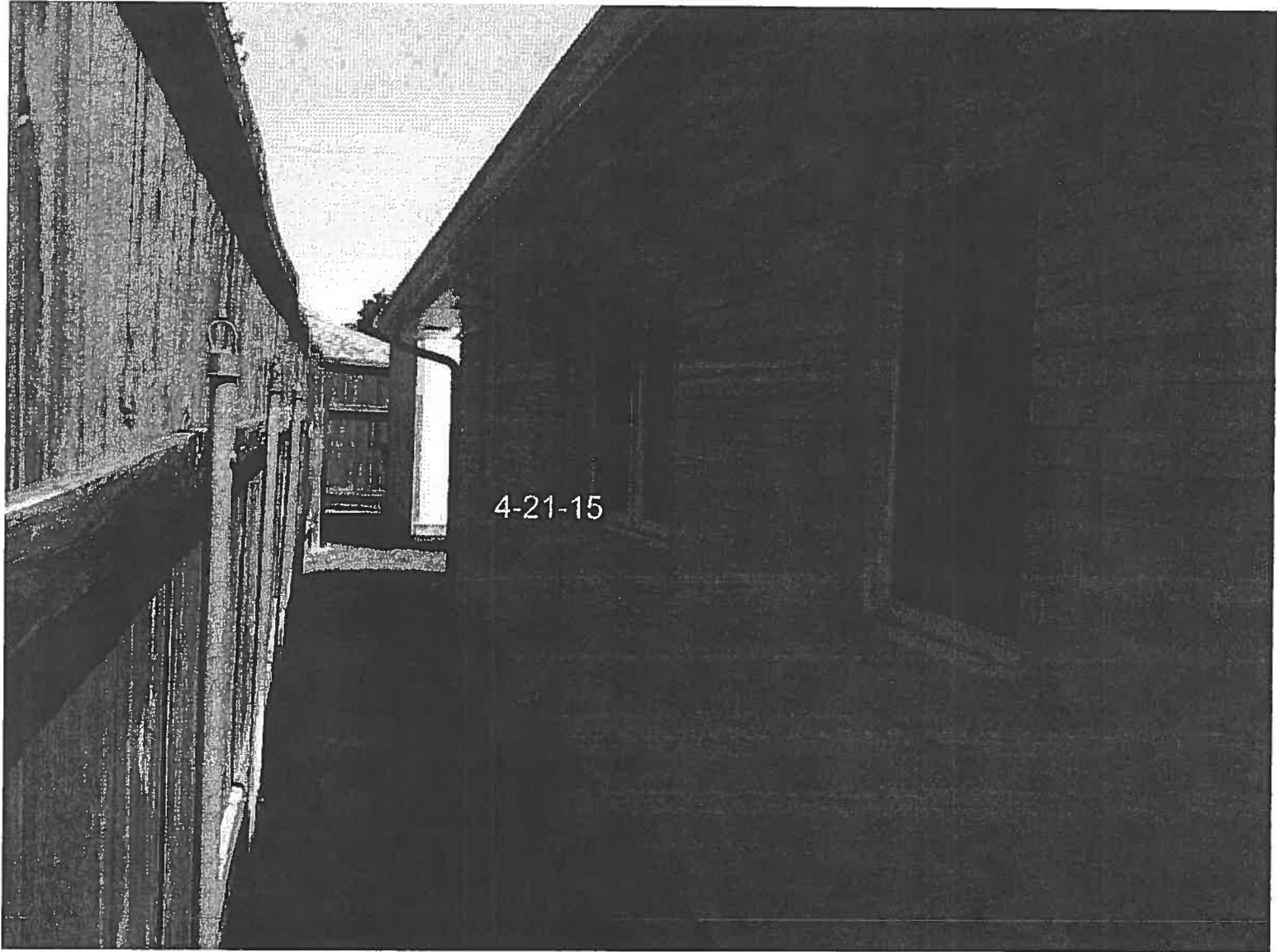


4-21-15

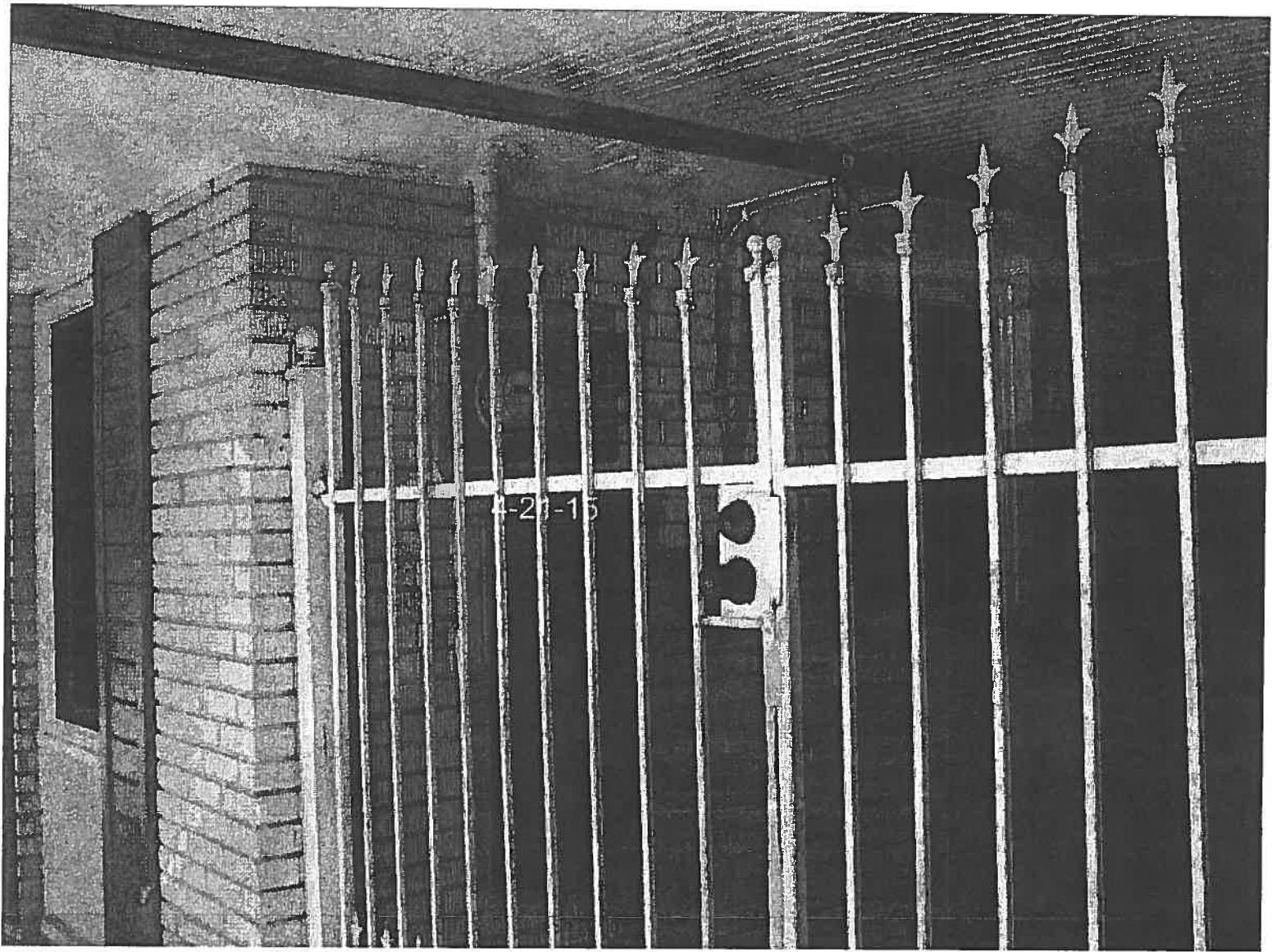


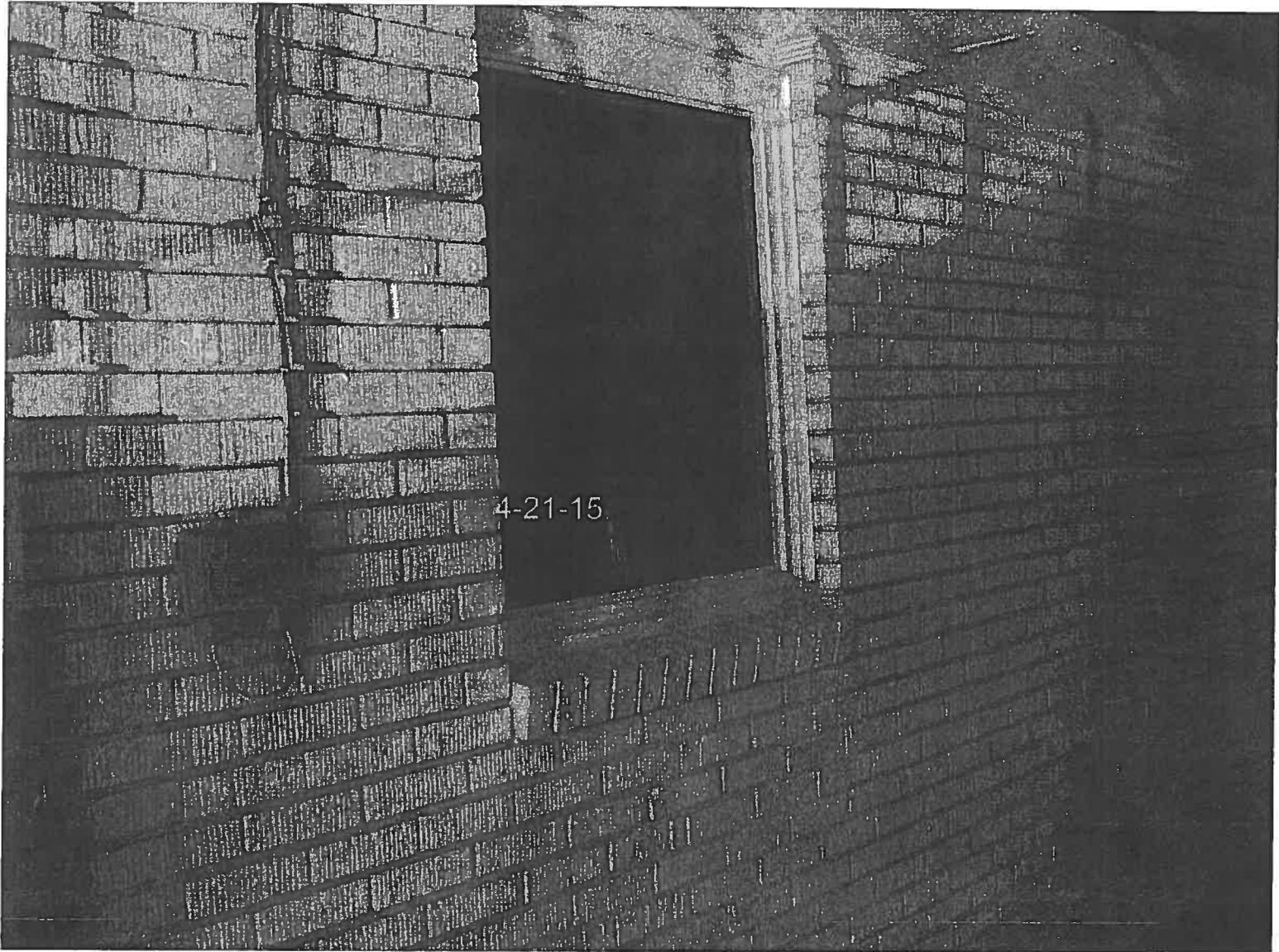
4-21-15





4-21-15









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

7/9/2012

Winette Smith
Roderick Smith
10201 Seawood St.
New Orleans, LA 70127

Road Home ID: 06HH110586

SUBJECT: Verification of Mitigation Grant Funds

Dear Winette Smith and Roderick 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:

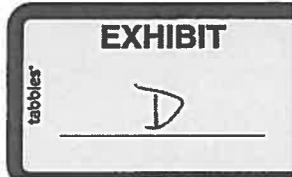
Not an eligible HMGP applicant; the mitigation activity was not deemed cost effective.

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

Table with 4 columns: Grant Type, Amount Received, Grant Type, and Adjusted Value. Rows include Elevation Grant, Individual Mitigation Measures Grant, Reconstruction Grant, and Total HMGP Funds Received/Total Hazard Mitigation Benefit.

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH110586 is \$49,940.98.

AN EQUAL OPPORTUNITY EMPLOYER



**RE: Road Home ID: 06HH110586**  
**Winette Smith**  
**Roderick Smith**  
**10201 Seawood St.**  
**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 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 \_\_\_\_ DATE \_\_\_\_**

**RE: Road Home ID: 06HH110586**

**Winette Smith  
Roderick Smith  
10201 Seawood St.  
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 \$49,940.98 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: \_\_\_\_\_

Dwayne Manogin



# 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

Winette Smith  
Roderick Smith  
10201 Seawood St.  
New Orleans, LA 70127

Road Home ID: 06HH110586

**SUBJECT: Verification of Mitigation Grant Funds**

Dear Winette Smith and Roderick Smith:

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 Elevation grant:

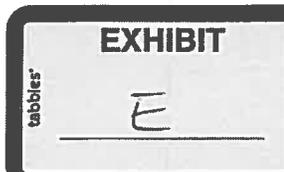
Not an eligible HMGP applicant; the mitigation activity was not deemed cost effective.

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

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$49,940.98	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>\$49,940.98</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 06HH110586 is \$49,940.98.

AN EQUAL OPPORTUNITY EMPLOYER



RE: Road Home ID: 06HH110586

Winette Smith  
Roderick Smith  
10201 Seawood St.  
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 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. 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: 06HH110586

Winette Smith  
Roderick Smith  
10201 Seawood St.  
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 \$49,940.98 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: \_\_\_\_\_

Dwayne Manogin



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

WINETTE SMITH  
10201 SEAWOOD STREET  
NEW ORLEANS, LA 70127

Road Home ID: 06HH110586

**SUBJECT: Final HMGP Collection Attempt**

Dear WINETTE 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 \$49,940.98 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 **property is at proper elevation and is ineligible for elevation award.**

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$49,940.98	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>\$49,940.98</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 06HH110586 is \$49,940.98.**

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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7013 3020 0001 8974 2652

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

**OFFICIAL USE**

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

Postmark  
Here

Sent to W. Smith

Street, Apt. No.,  
or PO Box No. 10201 Seawood

City, State, ZIP+4 NOVA 70127

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <i>Wenette Smith</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <i>W. Smith</i> <i>10201 Seawood</i> <i>NOLA 70127</i> <i>110586</i>	B. Received by (Printed Name)	C. Date of Delivery <i>2/21</i>
2. Article Number <i>(Transfer from service label)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2013	3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7013 3020 0001 8974 2652 Domestic Return Receipt	



# USPS Tracking™



Customer Service



Get Email Sign Up

Tracking Number: 70133020000189742652

## Product & Tracking Information

Available Actions

Postal Product:

Features:

Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
February 21, 2015 , 12:05 pm	Delivered	NEW ORLEANS, LA 70127
Your item was delivered at 12:05 pm on February 21, 2015 in NEW ORLEANS, LA 70127.		
February 20, 2015 , 10:46 pm	Departed USPS Facility	NEW ORLEANS, LA 70113
February 20, 2015 , 5:29 pm	Arrived at USPS Facility	NEW ORLEANS, LA 70113

## Track Another Package

Tracking (or receipt) number

Track It

## Manage Incoming Packages

Track all your packages from one place. No tracking numbers necessary.

Sign up for My USPS

Search or Enter a Tracking Number



State of Louisiana  
**HAZARD MITIGATION GRANT PROGRAM**

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

April 13, 2015

06HH110586  
WINETTE SMITH  
10201 SEAWOOD STREET  
NEW ORLEANS LA 70127

Re: Collection of Outstanding Debt in the Amount of **\$49,940.98**

Dear WINETTE 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 10201 SEAWOOD STREET NEW ORLEANS.

You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **\$49,940.98**. 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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U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(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 1417 1249  
T000 0T50

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

Postmark  
Here

Sent To: Winette Smith  
Street, Apt. No.,  
or PO Box No. 10201 Seawood St.  
City, State, ZIP+4® New Orleans, LA 70127

PS Form 3800, August 2005

See Reverse for Instructions

**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:

Winette Smith  
 10201 Seawood St.  
 New Orleans, LA 70127  
 110586

2. Article Number  
(Transfer from service label)

7014 0510 0001 1417 1249

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Winette Smith 4-17-15

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