

EXEMPT

22ND JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. TAMMANY

STATE OF LOUISIANA
NO: 2015-12950

DIVISION: 6

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

FILED

JUL 20 2015

VS.

KARL MARIUS STIEGMAN

MALISE PRIETO - CLERK
Deputy *[Signature]*

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 Karl Marius Stiegman, a major domiciliary of St. Tammany 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 February 5, 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 \$7,500.00 (hereinafter "FEMA Grant Funds") were paid to Defendant by HMGP on or about March 26, 2010 for the specific purpose of Individual Mitigation Measures (hereinafter "IMM") at his home located at 209 Napoleon Avenue, Slidell, LA 70460. *Exhibit B.*

5.

Photographs dated April 29, 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 at 209 Napoleon Avenue, Slidell, LA 70460, which was the address submitted by him when he applied for the HMGP grant. The first letter dated June 12, 2013 informed Defendant that the FEMA Grant Funds had to be returned to the State of Louisiana. *Exhibit D (in globo).*

7.

The July 26, 2013 demand letter was sent by Certified Mail 7012 3460 0000 1289 8964 and delivery was made on August 19, 2013. *Exhibit E (in globo).*

8.

The March 4, 2015 demand letter was mailed. *Exhibit F (in globo).*

9.

The April 13, 2015 demand letter was mailed. *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 being required by the State of Louisiana.

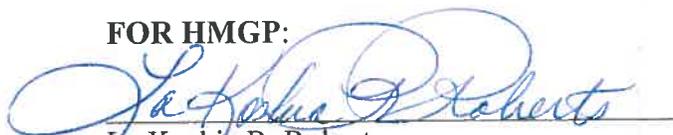
HMGP requests that the debt of \$7,500.00 owed by Karl Marius Stiegman to HMGP, be recognized and that judgment in favor of HMGP be granted, directing Defendant to return and pay the FEMA Grant Funds to the State, in full.

ALL PREMISES CONSIDERED, WHEREFORE, HMGP PRAYS:

- a. That this Honorable Court declare that Defendant, Karl Marius Stiegman , is non-compliant with the Voluntary Participation Agreement signed by him;
- b. That this Honorable Court declare that Defendant, Karl Marius Stiegman, is indebted to HMGP in the amount of \$7,500.00 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, Karl Marius Stiegman, be ordered to return the \$7,500.00 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendant, Karl Marius Stiegman, in the full sum of \$7,500.00;
- e. That Defendant, Karl Marius Stiegman, 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
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, LA 70112
Phone: 504-212-4163
Fax: 504-581-7083
Email: trichar994@aol.com

22ND JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. TAMMANY

STATE OF LOUISIANA

NO: 2015-12950

DIVISION: G

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

FILED

JUL 20 2015

VS.

KARL M. STIEGMAN

MALISE PRIETO - CLERK
Deputy *Stacie Proffitt*

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 14th 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:

KARL MARIUS STIEGMAN
209 NAPOLEON AVENUE
SLIDELL, LA 70460

2015-12950 G

OCD-DRU

FILED

HAZARD MITIGATION PROGRAM
VOLUNTARY PARTICIPATION AGREEMENT (VPA)

JUL 20 2015

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

MALISE PRIETO-CLERK
Deputy *[Signature]*

Road Home # 06HH 087638

SECTION 1: Mitigation ELECTION (check one)

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

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

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

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

Home Phone: () Cell Phone: ()

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

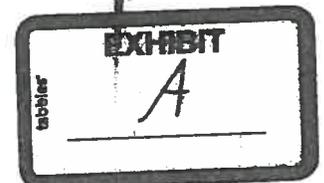
Agent NAME (person with POA) Agent SIGNATURE Date

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

SECTION 2: PROGRAM ELIGIBILITY

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

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



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 2-5-10 (date). I/We 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:

209 Napoleon Ave Slidell St. Tammany 70460 (the "Property").
Street City Parish ZIP

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

- 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 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 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.

For Pilot Reconstruction Projects:

- Property owner has been notified that the reconstructed structure total square footage cannot exceed 10% of the total square footage of the original structure on or before the date of the event for which funding is authorized.
- 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.

J. Neal M. Strachan J. Neal M. Strachan 2-05-08-10
Applicant or Co-Applicant NAME Applicant or Co-Applicant SIGNATURE 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

06HH087638

Office of Statewide Reporting and Accounting Policy

NFLouisiana

Logoff Payee Locations Payee Search Payments Help

- Vendor Search Home
- About Us
- Other Useful Links
- Accounts Receivable
- Forms
- Popular Report
- Policies and Procedures Manual
- OSRAP Merces
- Supplemental Report
- Vendor Training Manual

Payee Detail

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

Payee Remittance Address:
209 NAPOLEON AVE
SLIDELL, LA 70460

Check/EFT Number: AD 00003801292
Check/EFT Date: 03/26/2010
Status Change Date: //
Status: Outstanding

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

Check/EFT Total: 7,500.00

Total Number of Lines : 1

Agency	Document ID	Ref Doc ID	Invoice #	Comments	Line Amount
107	PVQ00036495		HM0300000618	06HH087638	7,500.00

ISIS Calendar (CY) Help Desk GASB 34 and 35 Search OSRAP Contacts

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JUL 20 2015

MALISE PRIETO-CLERK
Deputy *S/Adm. Insp.*

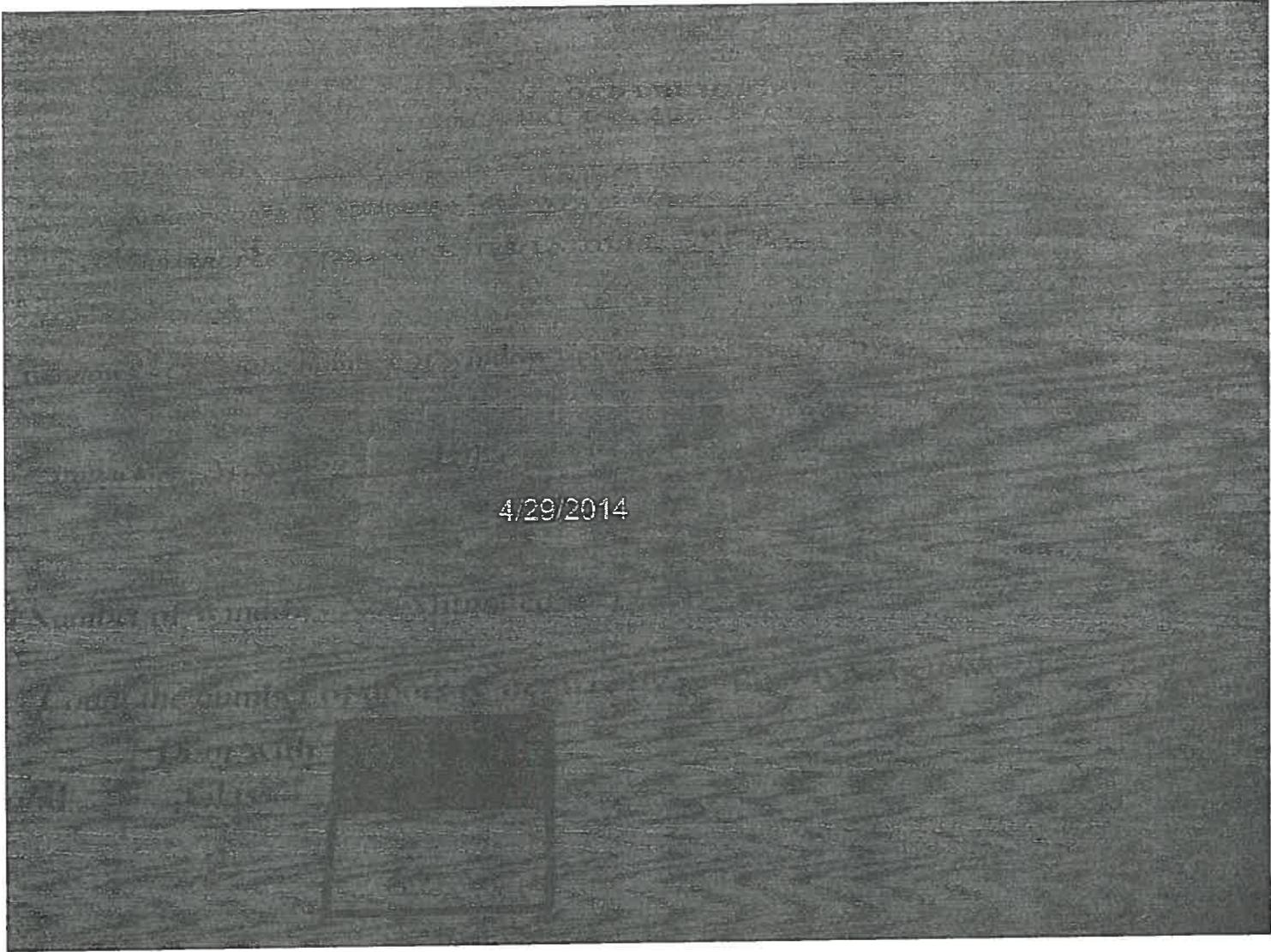


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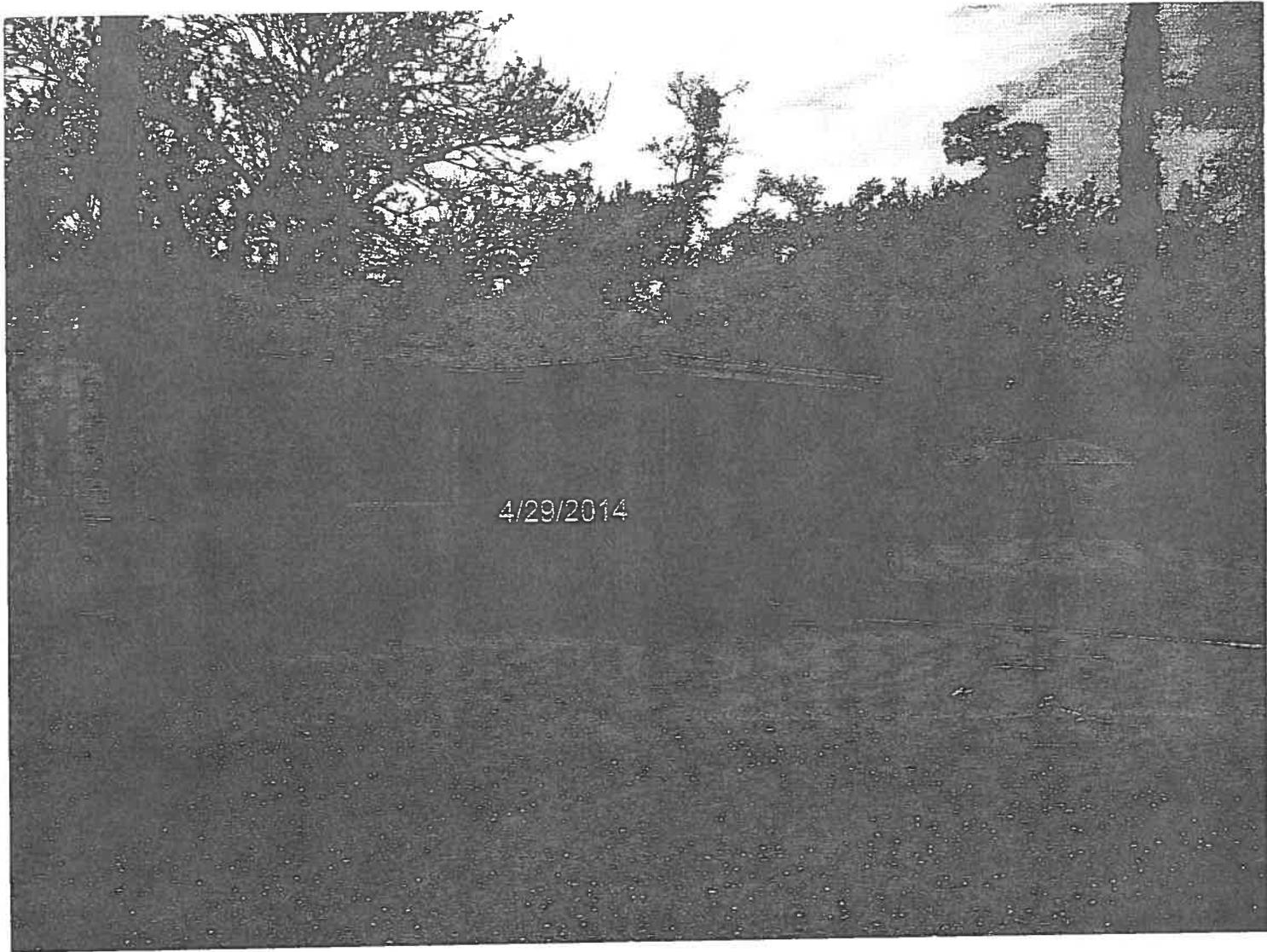
JUL 20 2015

MALISE PRIETO-CLERK
Deputy *Malise Prieto*



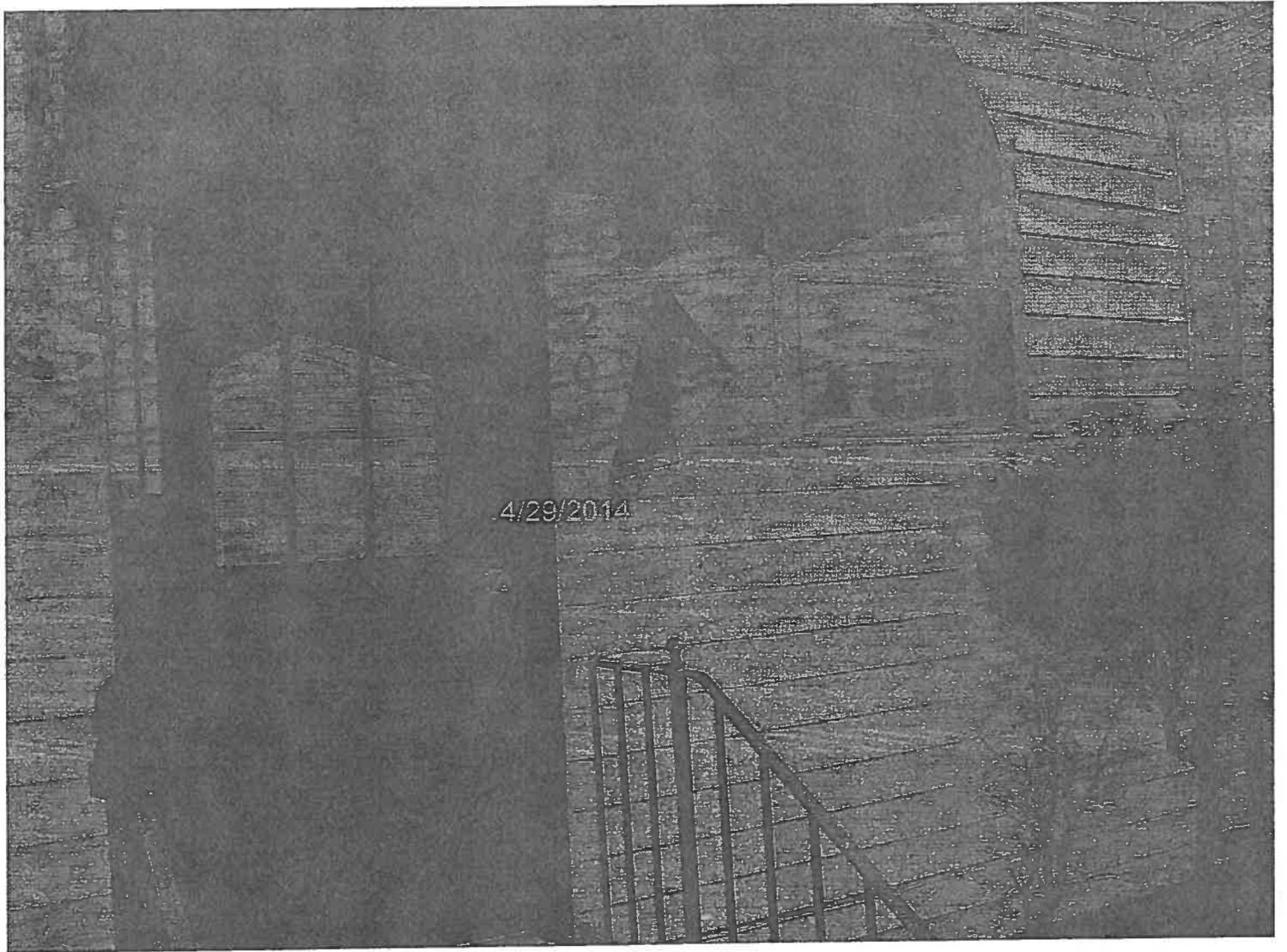
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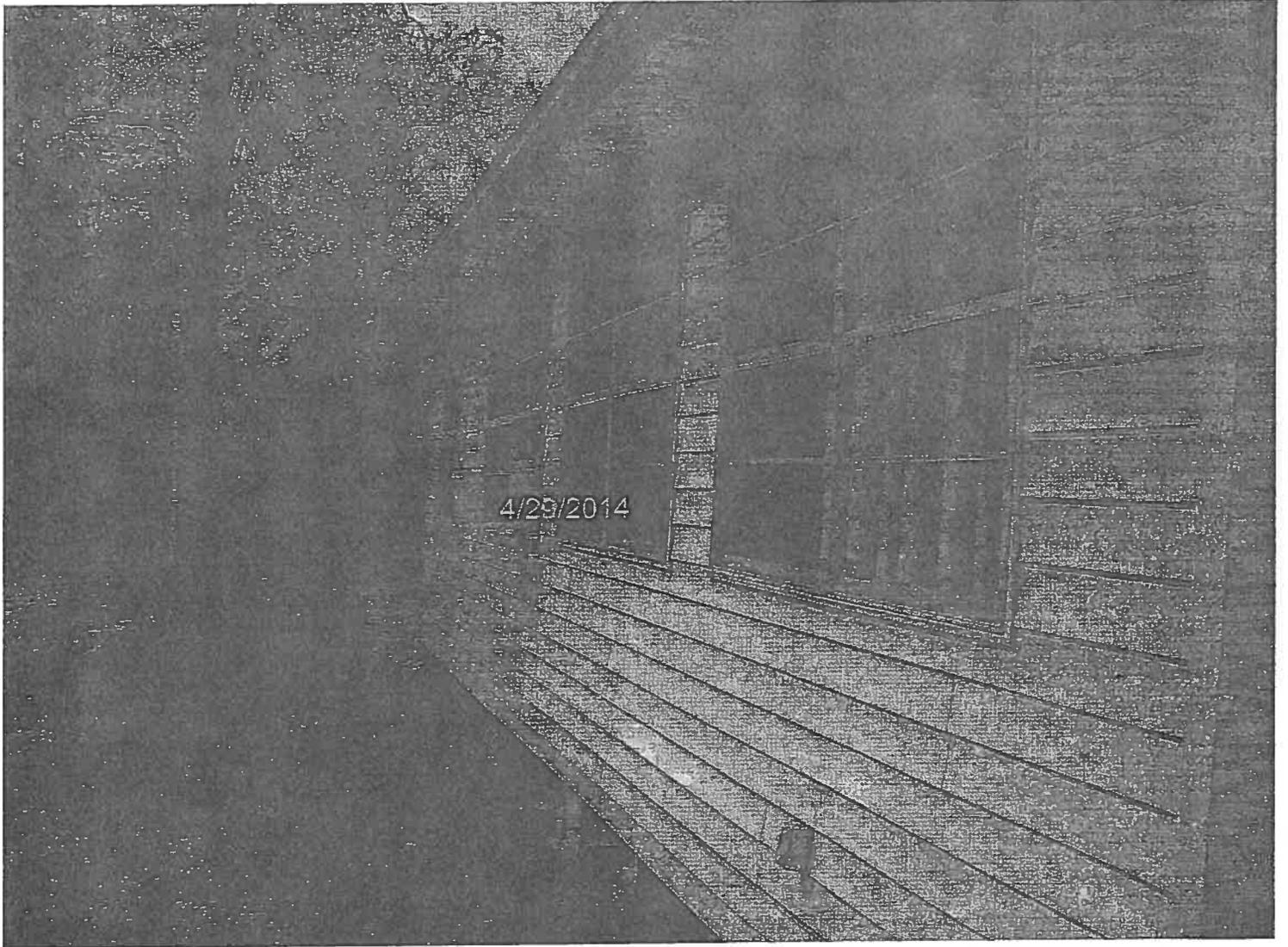




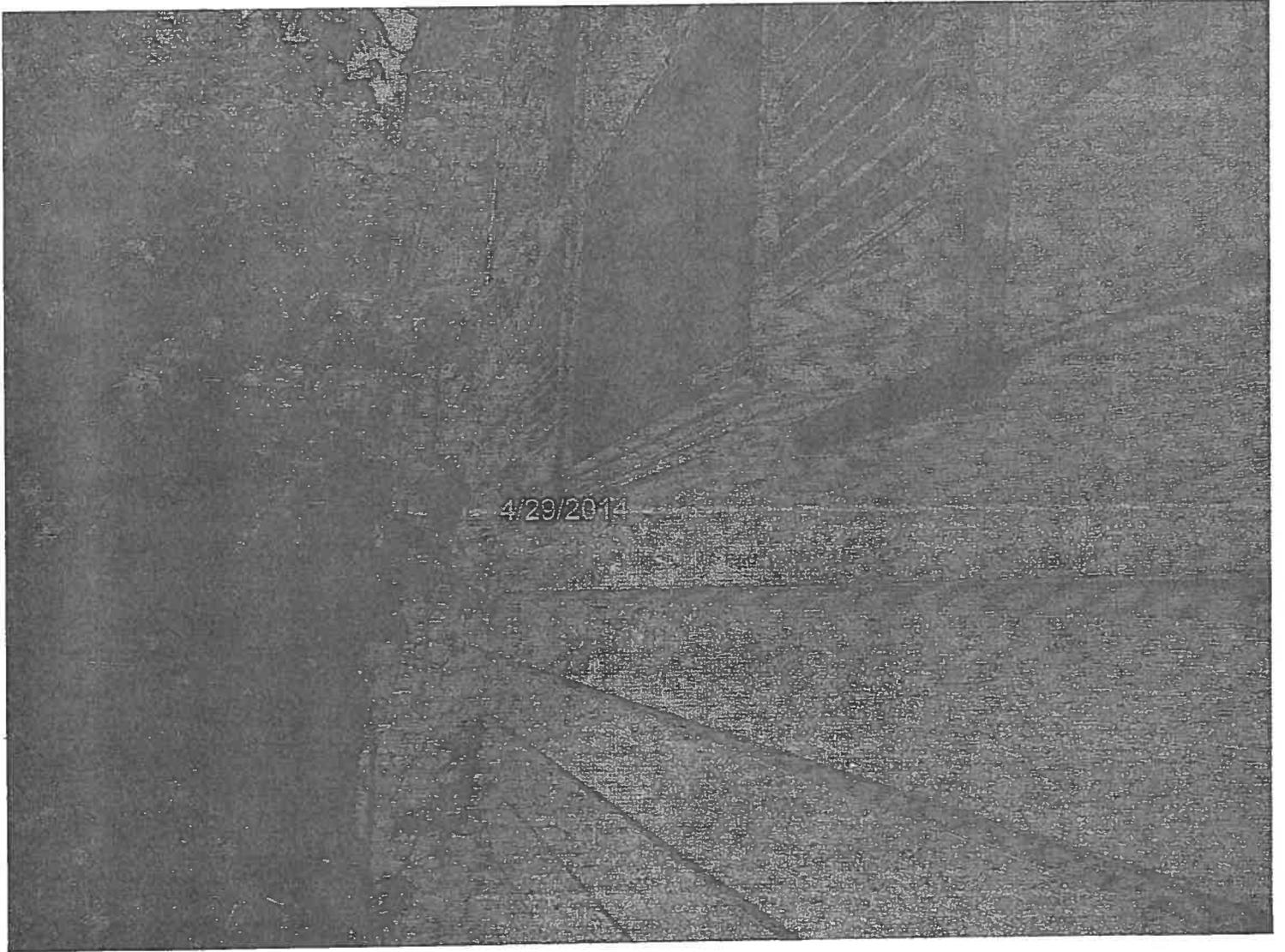
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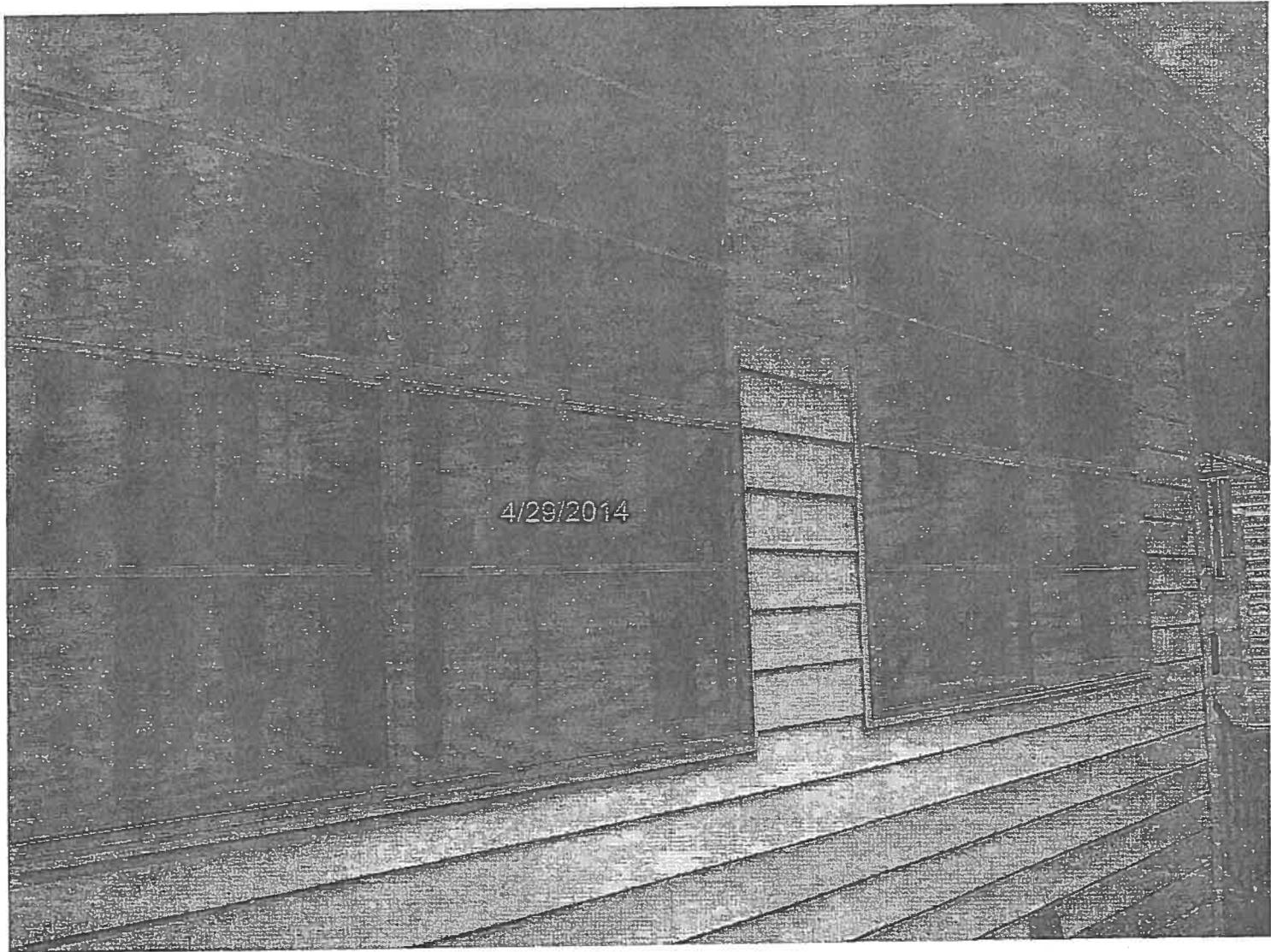


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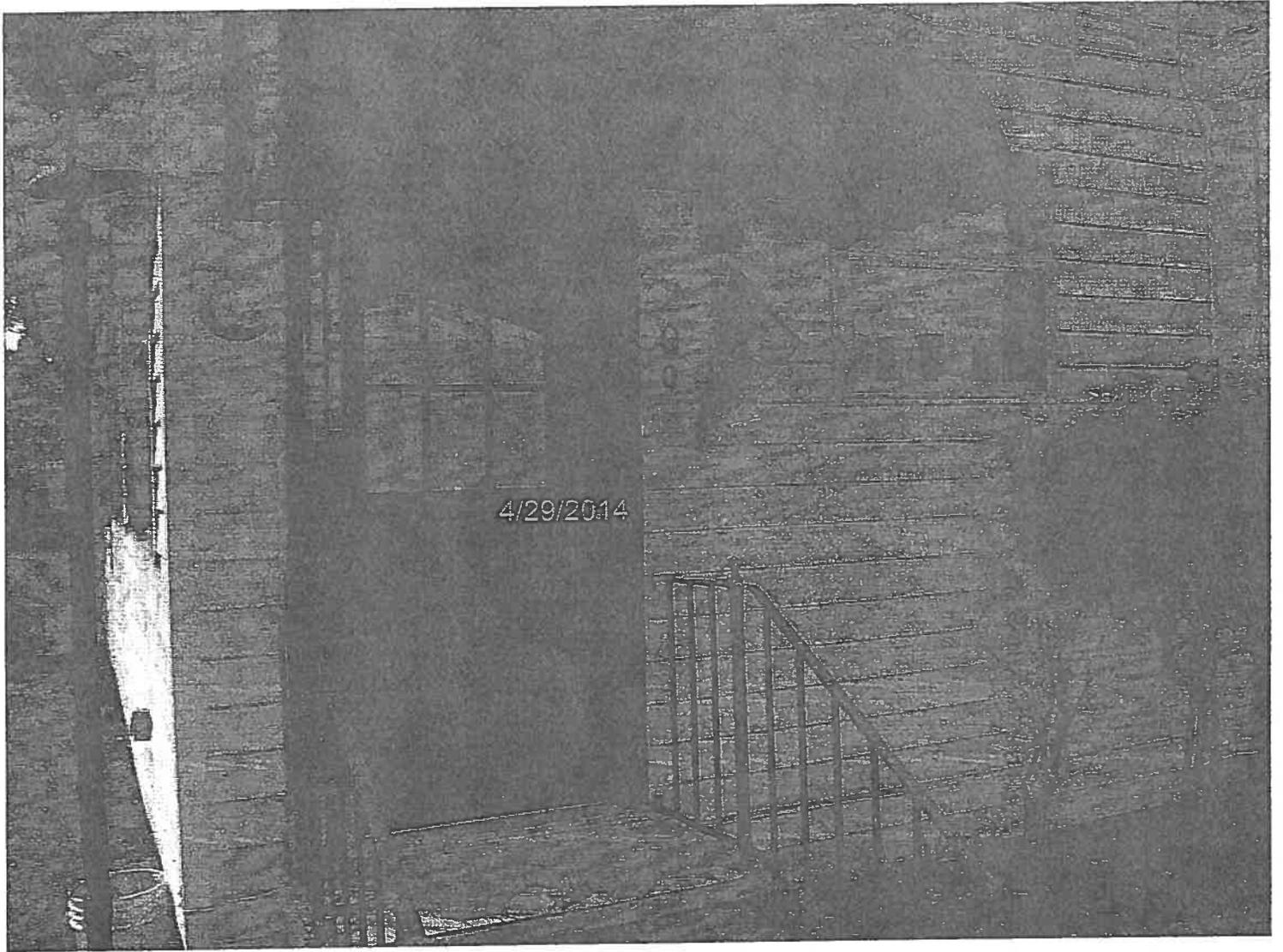


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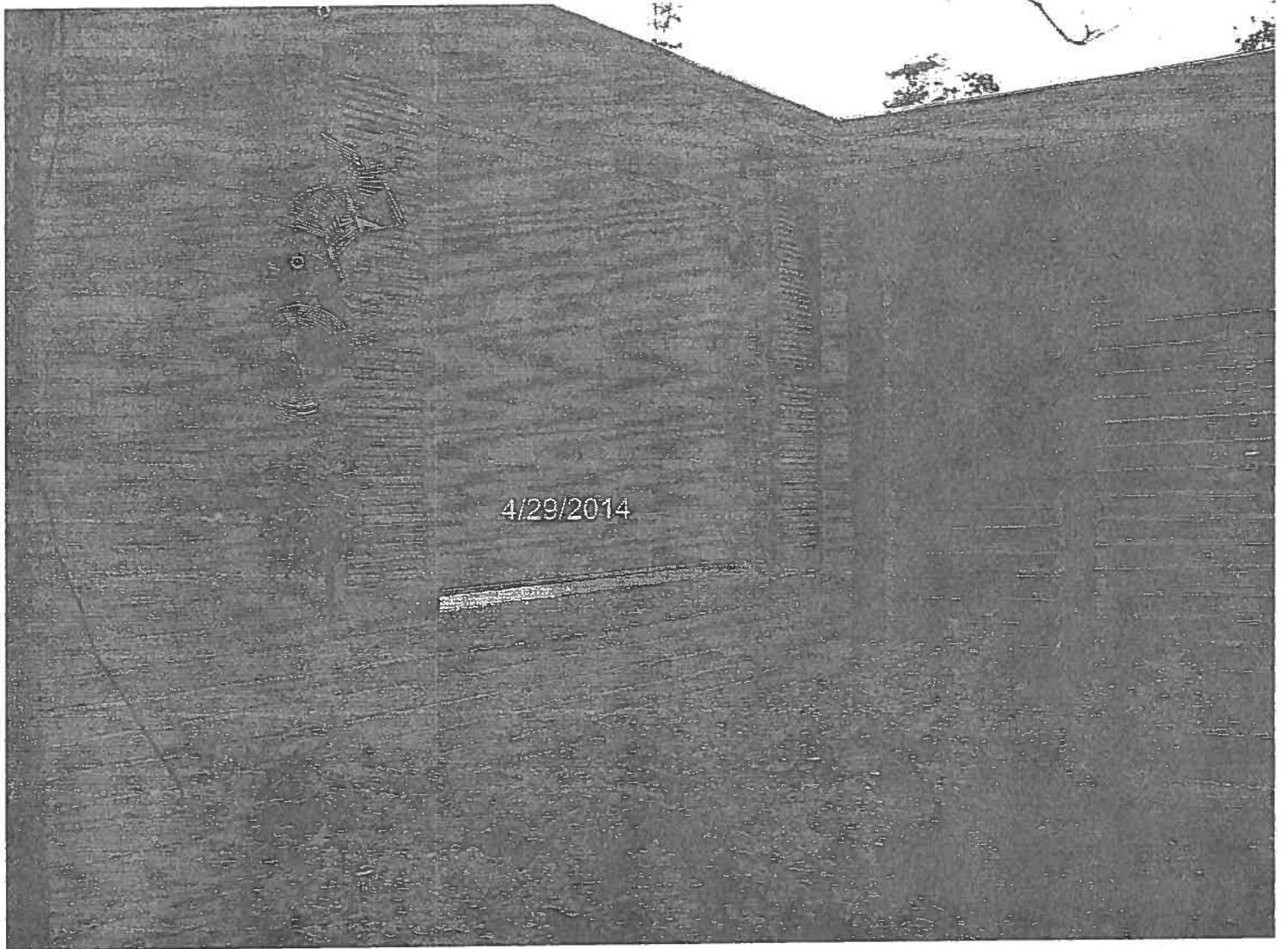


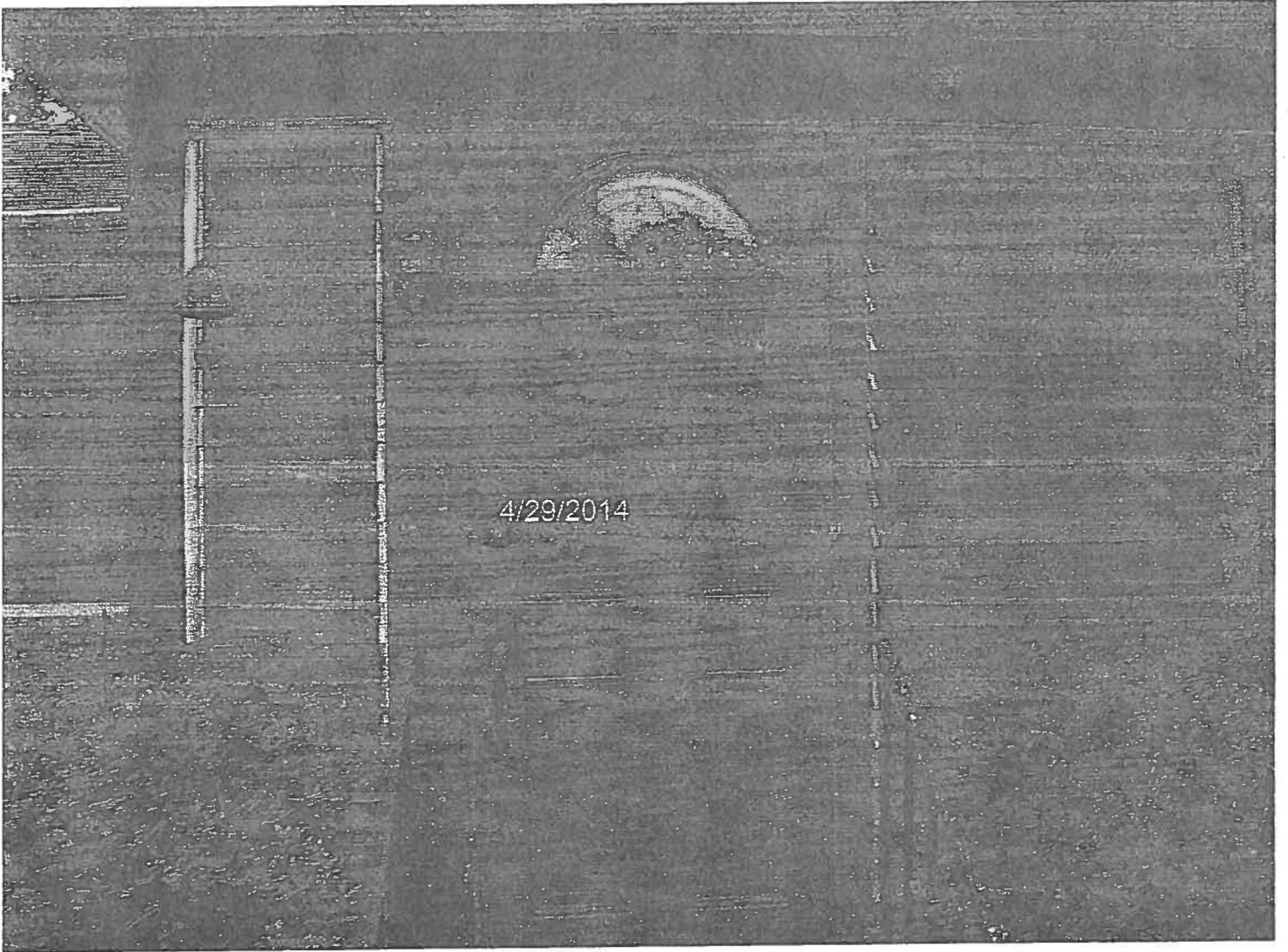
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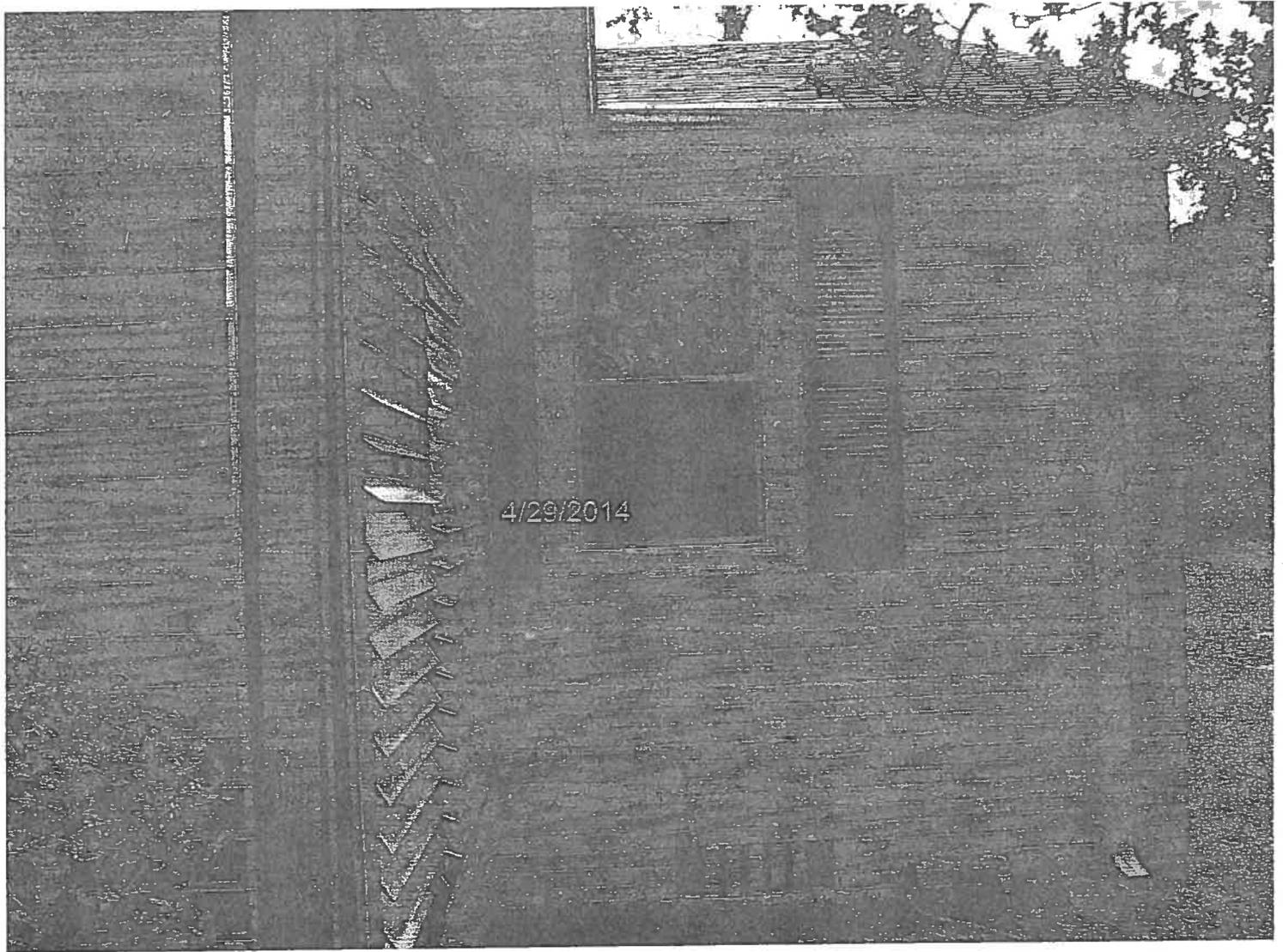
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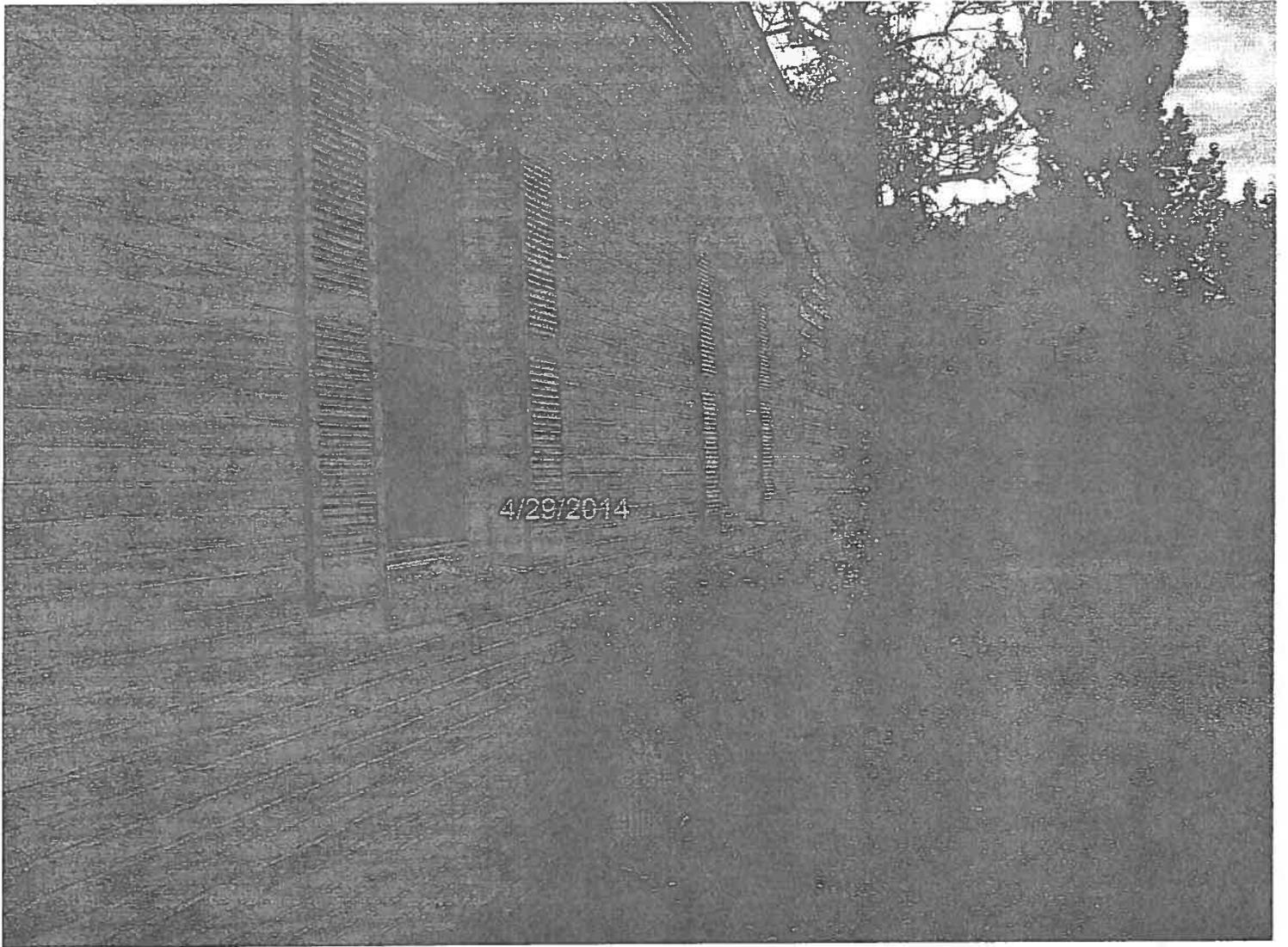
4/29/2014





4/29/2014





4/29/2014

2015-12950G

FILED

JUL 20 2015



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

MALISE PRIETO-CLERK
Deputy *Malise Prieto*

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8512 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

June 12, 2013

Road Home ID: 06HH087638

KARL MARIUS STIEGMAN
209 NAPOLEON AVE
SLIDELL, LA 70460

SUBJECT: Verification of Mitigation Grant Funds

Dear KARL MARIUS STIEGMAN:

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	\$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
Total HMGP Funds Received	\$7,500.00	Total Hazard Mitigation Benefit	\$0.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH087638 is \$7,500.00.

EXHIBIT
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D

7012 3460 0000 1290 4726

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

CERTIFIED MAIL



7012 3460 0000 1290 4726

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 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-ORU 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 willfully 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.charlottesville.com/state/la_hmgs.htm

Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT ON OR BEFORE July 17, 2013.

Road Home ID: 06HH087638

KARL MARIUS STIEGMAN
209 NAPOLEON AVE
SLIDELL, LA 70460

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 \$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:

PRINTED NAME: _____ Date _____

SIGNATURE: _____

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

FILED

2015-12950 G

JUL 20 2015



State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

MALISE PRIETO-CLERK
Deputy *V. Addie*

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8512 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

July 26, 2013

Road Home ID: 06HH087638

KARL MARIUS STIEGMAN
209 NAPOLEON AVE
SLIDELL, LA 70460



SUBJECT: Verification of Mitigation Grant Funds

Dear KARL MARIUS STIEGMAN:

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.

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Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH087638 is \$7,500.00.



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.

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Sincerely,

Office of Community Development - HMGP

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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 August 15, 2013.

Road Home ID: 06HH087638

KARL MARIUS STIEGMAN
209 NAPOLEON AVE
SLIDELL, LA 70460

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 \$7,500.00 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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- 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:

7012 3460 0000 1289 8964

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

CERTIFIED MAIL™



7012 3460 0000 1289 8964

English

Customer Service

USPS Mobile

Register / Sign In



USPS Tracking™



Tracking Number: 7012346000012898964

Product & Tracking Information

Av:

Postal Product:

Features:
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
August 14, 2013 , 2:56 pm	Delivered	SLIDELL, LA 70460
Your item was delivered at 2:56 pm on August 14, 2013 in SLIDELL, LA 70460.		
July 31, 2013 , 1:35 pm	Notice Left	SLIDELL, LA 70460
July 31, 2013 , 12:37 am	Departed USPS Facility	NEW ORLEANS, LA 70113
July 30, 2013 , 5:18 pm	Arrived at USPS Facility	NEW ORLEANS, LA 70113
July 30, 2013 , 3:31 am	Departed USPS Facility	BATON ROUGE, LA 70826
July 29, 2013 , 8:10 pm	Arrived at USPS Facility	BATON ROUGE, LA 70826

Track Another Package

Tracking (or receipt) number

Mana

Track all y
No trackin



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

3/4/2015

KARL STIEGMAN
 209 NAPOLEON AVE
 SLIDELL, LA 70460

2015-12950 G

FILED

JUL 20 2015

Road Home ID: 06HH087638

MALISE PRIETO-CLERK
 Deputy *[Signature]*

SUBJECT: Final HMGP Collection Attempt

Dear KARL STIEGMAN,

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,

[Signature]

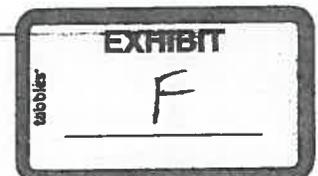
Craig P. Taffaro, Jr.
 Director, Hazard Mitigation Grant Program
 and Recovery Coordination

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.

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 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
Total HMGP Funds Received	\$7,500.00	Total Hazard Mitigation Benefit	\$7,500.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH087638 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

2015-12950G

FILED

JUL 20 2015



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

MALISE PRIETO-CLERK
Deputy *S/Adm. Robles*

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

April 13, 2015

06HH087638
KARL STIEGMAN
209 NAPOLEON AVENUE
SLIDELL LA 70460

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

Dear KARL STIEGMAN:

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 209 NAPOLEON AVENUE SLIDELL.

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,

Handwritten signature of La Koshia R. Roberts in cursive.

La Koshia R. Roberts
Attorney for HMGP

