

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO: _____

DIVISION: _____

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

VS.

SUNSHINE CLARKE

FILED
2015 AUG 18 P 2:18
CIVIL DISTRICT COURT

**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 Sunshine Clarke, a major domiciliary of Orleans Parish, who voluntarily participated in HMGP to mitigate her home after Hurricane Katrina.

2.

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

3.

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

4.

FEMA grant funds in the amount of \$26,065.00 were paid to Defendant by HMGP on or about March 25, 2010 and June 8, 2010 for the specific purpose of elevation measures and individual mitigation measures (hereinafter "Elevation/IMM") at her home located at 1917 Wildair Drive, New Orleans, Louisiana 70122. Defendant received \$19,612.00 for Elevation and \$6,653.00 for IMM. Defendant returned \$200.00 on or about June 13, 2014 resulting in the Defendant owing a total of \$26,065.00 to HMGP. *Exhibit B.*

5.

Photographs dated March 12, 2015 show that although the FEMA grant funds were received, Defendant's home was not mitigated. *Exhibit C (in globo).*

6.

Five (5) separate collection letters were mailed to Defendant at 1917 Wildair Drive, New Orleans, Louisiana 70122, which was the address submitted by her when she applied for the HMGP grant. The first letter dated April 26, 2013 was sent by certified mail and informed Defendant that the FEMA grant funds had to be returned to the State of Louisiana. Said letter was delivered and received by Defendant per the return receipt. *Exhibit D (in globo).*

7.

The second letter dated June 5, 2013 was sent via certified mail. Said letter was delivered and received per the return receipt. *Exhibit E (in globo).*

8.

The third letter dated March 21, 2014 was mailed to Defendant. *Exhibit F (in globo).*

9.

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

10.

The fifth letter dated May 13, 2015 was sent by certified mail. Said letter was delivered and received and the return receipt was signed on May 15, 2015. *Exhibit H (in globo).*

11.

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

12.

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

13.

HMGP must account to FEMA for all funds issued to homeowners. Failure of HMGP to recover the FEMA Grant Funds from Defendant will result in reimbursement to FEMA.

14.

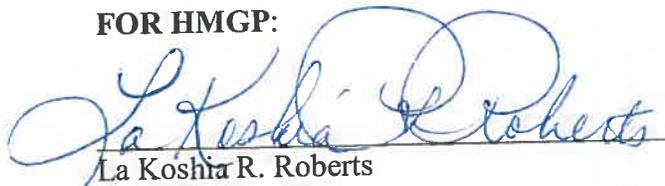
HMGP requests that the debt of \$26,065.00, owed by Sunshine Clarke to HMGP, be recognized and that judgment in favor of HMGP be granted, directing Defendant to return and pay the FEMA Grant Funds to the State, in full.

ALL PREMISES CONSIDERED, WHEREFORE, HMGP PRAYS:

- a. That this Honorable Court declare that Defendant, Sunshine Clarke, is non-compliant with the Voluntary Participation Agreement signed by her;
- b. That this Honorable Court declare that Defendant, Sunshine Clarke, is indebted to HMGP in the amount of \$26,065.00 because of her failure to mitigate her home according to her agreement to abide by HMGP guidelines, including using HMGP funds for their intended purpose;
- c. That Defendant, Sunshine Clarke, be ordered to return the \$26,065.00 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendant, Sunshine Clarke the full sum of \$26,065.00;
- e. That Defendant, Sunshine Clarke, 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
Email: LaKoshia.Roberts@la.gov

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

PLEASE SERVE:

**SUNSHINE CLARKE
1917 WILDAIR DRIVE
NEW ORLEANS, LOUISIANA 70122**

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

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO: _____

DIVISION: _____

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

VS.

SUNSHINE CLARKE

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 17th DAY OF August 2015 IN, NEW ORLEANS,
LOUISIANA.



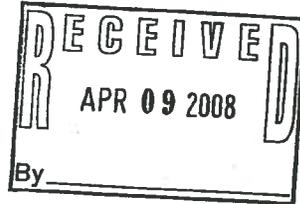
Craig P. Taffaro, Jr.



La Koshia Reconda Roberts

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

HMGP AWARD FORM
Complete and return this form by mail to:
Elevation Programs
PO Box 5098
Baton Rouge, LA 70821-5098



RECEIVED APR 01 2008

SECTION 1: ELEVATION ELECTION (check one)

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

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

Applicant or Co-applicant Name	Applicant or Co-Applicant signature	Date
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Home Phone: ()	Cell Phone: ()
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Are you signing as an agent with the Power of Attorney for an applicant? YES NO
 If signing as agent with Power of Attorney (POA):

Agent name (person w/ POA)	Agent signature	Date
----------------------------	-----------------	------

I AM INTERESTED IN RECEIVING A HMGP AWARD. IF YOU CHECK THE BOX, YOU NEED TO COMPLETE SECTION 2 & 3

SECTION 2: Complete this section only if you are interested in receiving an HMGP Award

1. The status of elevation work to my home is: (Select the one answer that most closely fits your situation)

- As of March 16, 2008, I have completed or will have completed elevation of my home to meet the latest elevation standards in my community.
- As of March 16, 2008, I will have started, but not completed, elevation of my home to meet the latest elevation standards in my community.
- I do not plan to start elevation of my home to meet the latest elevation standards in my community before March 16th. I expect to start by _____.

2. My home to be elevated was initially constructed: (mark all that apply)

- During or before 1964
- My damaged home from the time of the storm has been demolished or cleared.
- After 1964
- Don't know

SECTION 3: Complete this section only if you are interested in receiving an HMGP Award

Voluntary Participation Agreement
Statement of Compliance

This Agreement of Voluntary Participation is made on _____ (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:

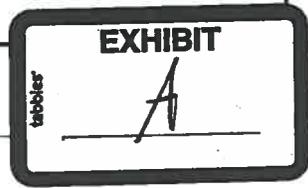
1917 W. Baird Dr NO Orleans (the "Property").
 Street City Parish ZIP

We currently plan to participate in the HMGP Award program. I/we understand that the elevation of this Property with an HMGP Award is voluntary in nature; that I/we are under no obligation to participate; and that I/we may drop out of the program at any time before receiving an award. I/we understand that once the home is elevated that I/we must secure and maintain a flood insurance policy.

<u>Suzanne Clark</u> Applicant or Co-Applicant Name	<u>[Signature]</u> Applicant or Co-Applicant signature	<u>4/5/08</u> Date
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Are you signing as an agent with the Power of Attorney for an applicant? YES NO
 If signing as agent with Power of Attorney (POA):

Agent name (person w/ POA)	Agent signature	Date
----------------------------	-----------------	------





Office of Statewide Reporting and Accounting Policy **NEOLouisiana**

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- [Supplemental Report](#)
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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:
1917 WILDAIR DR
NEW ORLEANS, LA 70122

Check/EFT Number: EF 00000476201
Check/EFT Date: 03/25/2010
Status Change Date: 03/25/2010
Status: Cleared

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

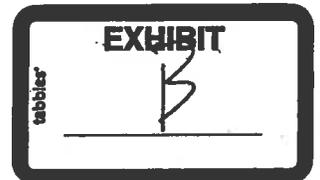
Check/EFT Total: 6,653.00

Total Number of Lines : 1

Agency	Document ID	Ref Doc ID	Invoice #	Comments	Line Amount
107	PVQ00036545		HM0300000533	06HH020803	6,653.00

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

https://wwwprd.doa.louisiana.gov/vendsearch/detail.cfm?check_number=00000476201



Office of Statewide Reporting and Accounting Policy
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- [Accounts Receivable](#)
- [Payee](#)
- [Invoice Report](#)
- [Payment and Procedures Manual](#)
- [OSRAP Reports](#)
- [Supplier Manual](#)
- [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:
 1917 WILDAIR DR
 NEW ORLEANS, LA 70122

Check/EFT Number: EF 00000494075
Check/EFT Date: 06/08/2010
Status Change Date: 06/08/2010
Status: Cleared

Check/EFT Line Details:
 (click on agency for contact information) **Check/EFT Total:** 19,612.00

Total Number of Lines : 1

Agency	Document ID	Ref Doc ID	Invoice #	Comments	Line Amount
107	PV000038038		HM030001285	06HKG20803	19,612.00

[ISIS Calendar \(CV\)](#) [Help Desk](#) [GASB 34 and 35](#) [Search OSRAP](#) [Contacts](#)

020063

TIME OF OBSERVATION: 9:45 AM

OCD DRU HNGP
IMM FINAL INSPECTION CHECK LIST

APPLICANT ID: 020063
DAMAGED PROPERTY ADDRESS: 1917 WILDOR DR. NO. 70122

DAMAGED PROPERTY COORDINATES: LATITUDE: _____ LONGITUDE: _____

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 Number of Windows Not Mitigated: _____

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

Solid	Door with Glass	

Total Number of Doors with Glass Not Mitigated: _____

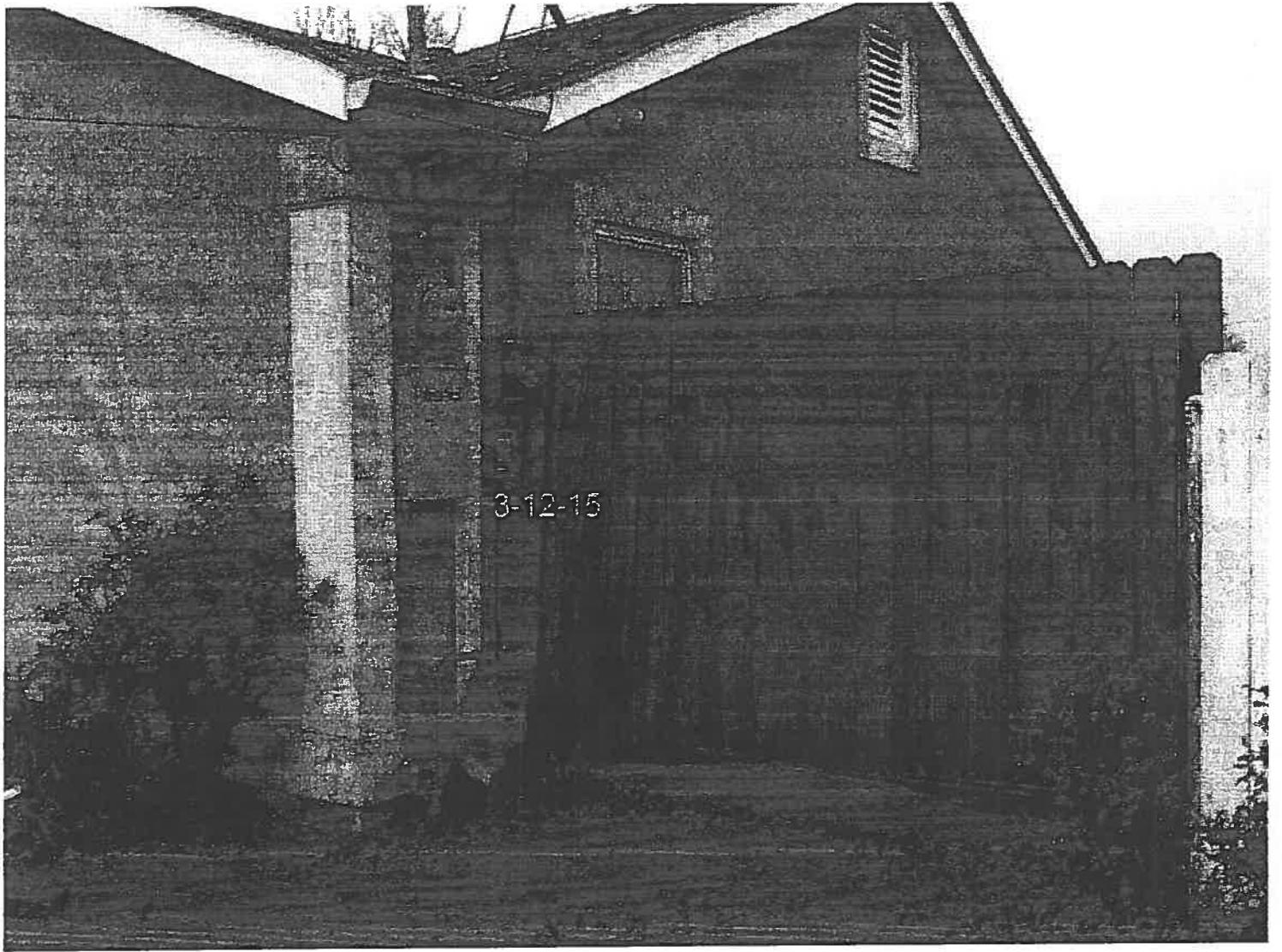
EXHIBIT
C



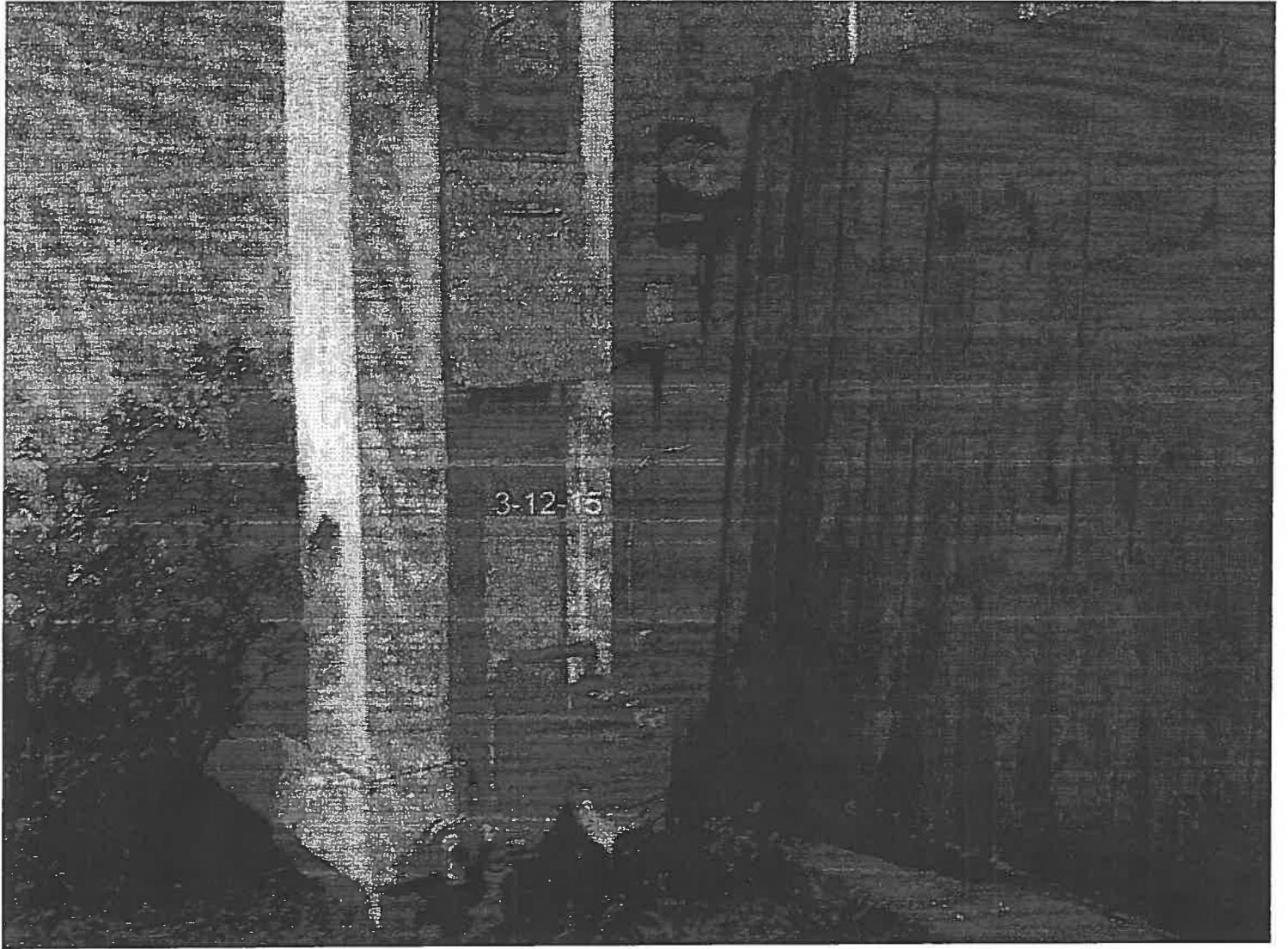


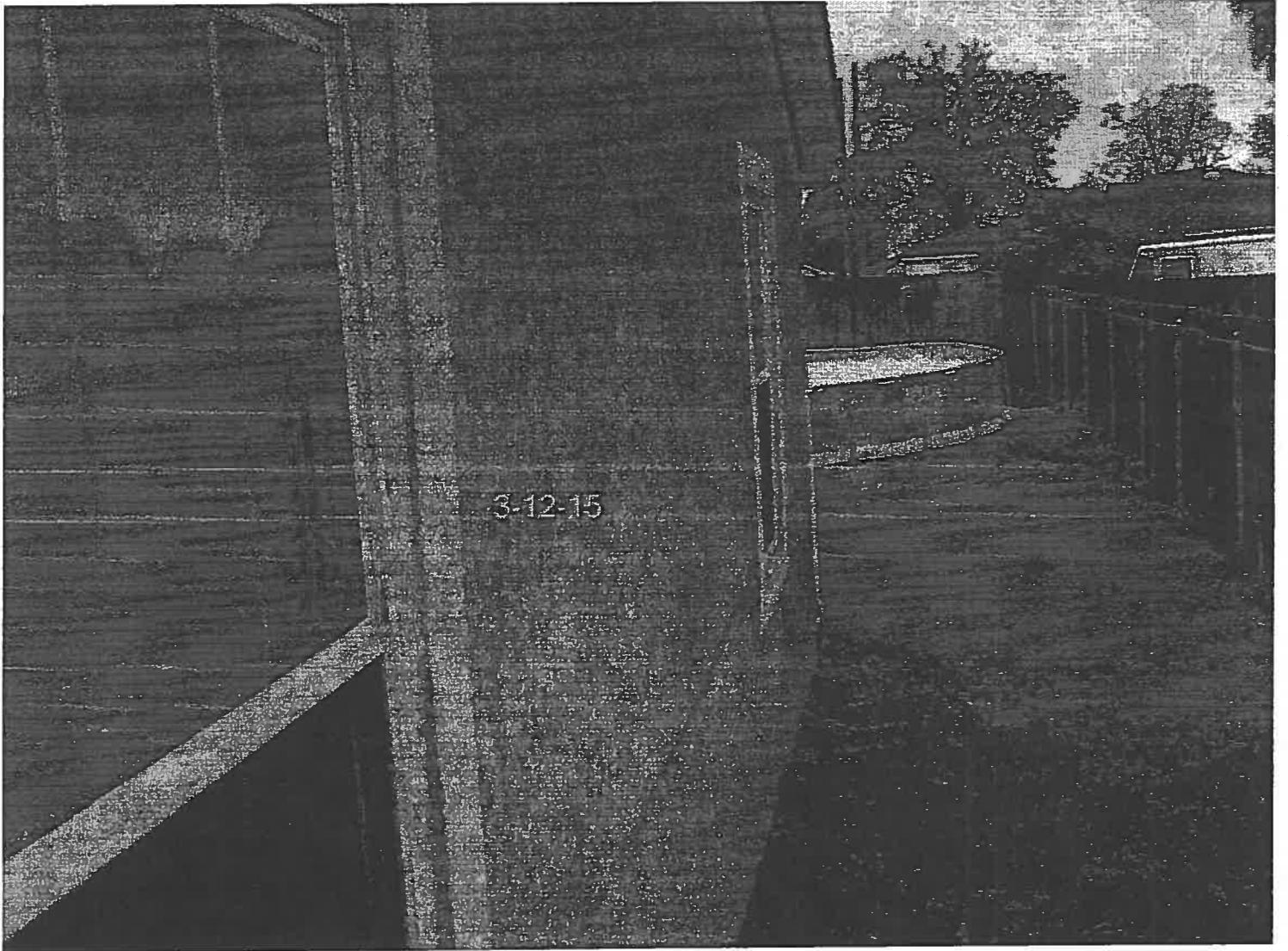
3-12-15

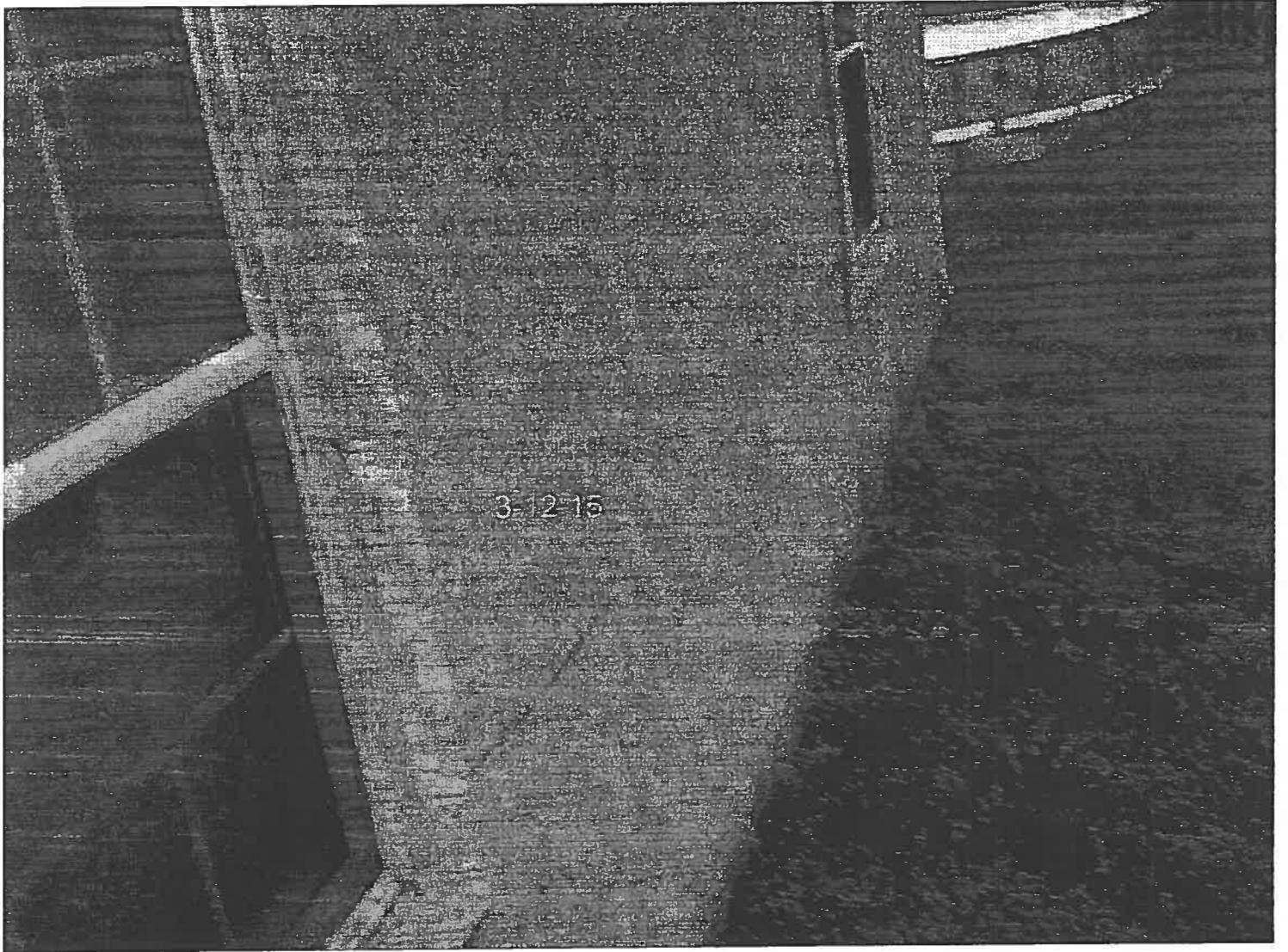


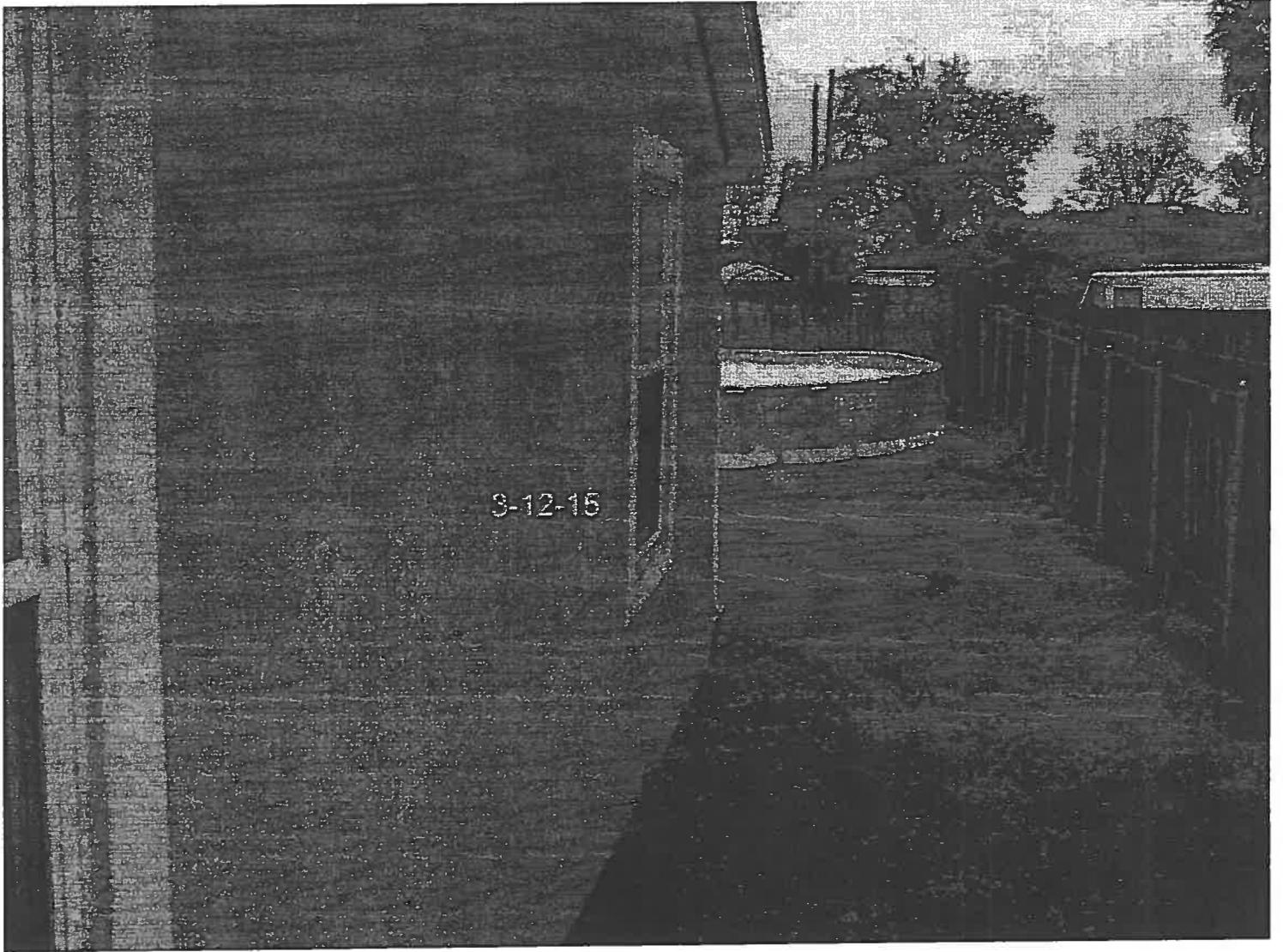


3-12-15

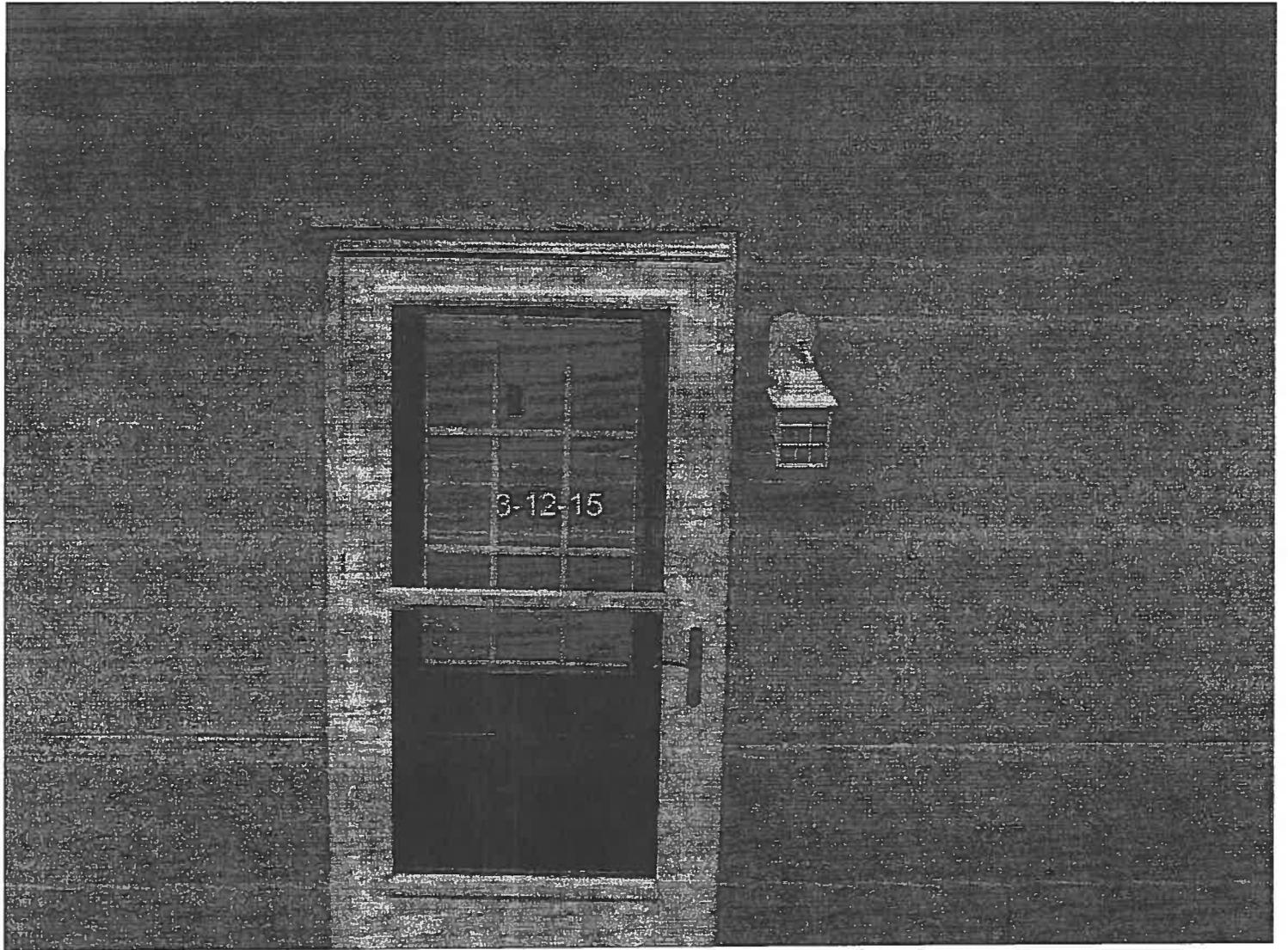














APPLICANT: INVESTOR
 OCCUPANCY: RENTAL
 DAMAGED PROPERTY ADDRESS: 1111 S. 1st St.
 DAMAGED PROPERTY COORDINATE(S): 1111 S. 1st St.
 How Occupied: RENTAL

Windows - Count the number of windows with the following characteristics:		Yes	No
Impact	Acoustical	0	0
	Energy	2	0
	Colored	0	0
	Multi-Pane	0	0
	Other	0	0

Total Number of Windows Meeting Criteria: 2

Doors - Count the number of doors with the following characteristics:

Solid	Door with Glass	0	2
-------	-----------------	---	---

Total Number of Doors with Glass Meeting Criteria: 2

Electric Meter in Structure: Yes
 Gas Meter in Structure: Yes
 INFM Criteria Met: Yes
 Reason Criteria Not Met: No

Additional Notes: No other issues
 Date: 11/11/11
 Inspector: [Signature]

City: [Signature]
 State: [Signature]
 ZIP: [Signature]



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

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

April 26, 2013

Road Home ID: 06HH020603

MS SUNSHINE THOMASINE CLARKE
1917 WILDAIR DR
NEW ORLEANS, LA 70122

SUBJECT: Verification of Mitigation Grant Funds

Dear MS SUNSHINE THOMASINE CLARKE:

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

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

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

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

Table with 4 columns: Category, Original Value, Adjusted Category, Adjusted Value. Rows include Elevation Grant, Individual Mitigation Measures (IMM), Reconstruction Grant, and Total HMGP Funds Received.

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH020603 is \$26,265.00.

EXHIBIT
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D

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 thirty (30) days of the date at the top of this notification letter. If you have additional questions regarding this letter, please call 225-330-0703 or send email to 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.

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

Sincerely,

Office of Community Development - HMGP

Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT ON OR BEFORE May 31, 2013.

Road Home ID: 06HH020603

MS SUNSHINE THOMASINE CLARKE
1917 WILDAIR DR
NEW ORLEANS, LA 70122

Case Manager: Reginald Webb

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 \$26,265.00 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:

7012 3050 0001 2084 9367

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

CERTIFIED MAIL™



7012 3050 0001 2084 9367

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:

SUNSHINE CLARKE
1917 WILDAIR DR
NEW ORLEANS, LA 70122
20603

COMPLETE THIS SECTION ON DELIVERY

A. Signature *S. Howard* Agent
B. Received by (Printed Name) Addressed

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

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

2. Article Number
(Transfer from service label)

7012 3050 0001 2084 9367

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

OCD DRU HMGP
P.O. BOX 5098
BATON ROUGE, LA 70824





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@mitigatcla.org

June 5, 2013

Road Home ID: 06HH020603

MS SUNSHINE THOMASINE CLARKE
1917 WILDAIR DR
NEW ORLEANS, LA 70122



SUBJECT: Verification of Mitigation Grant Funds

Dear MS SUNSHINE THOMASINE CLARKE:

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

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

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

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

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

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH020603 is \$26,265.00.

EXHIBIT E

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 for assistance.

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

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

Sincerely,

Office of Community Development - HMGP

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

The Office of Community Development Disaster Recovery Unit does not discriminate on the basis of race, color, national origin, sex, age, religion or disability, and provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. Any persons requiring special needs assistance should contact a Call Center Specialist, at (877) 324-8312 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.hardcorelay.com/state/la/howto.htm>.

Attachment 1

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

Road Home ID: 06HH020603

MS SUNSHINE THOMASINE CLARKE
1917 WILDAIR DR
NEW ORLEANS, LA 70122

Case Manager: Reginald Webb

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 \$26,265.00 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:

7012 3460 0000 1290 4146

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

CERTIFIED MAIL™



7012 3460 0000 1290 4146

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:

SUNSHINE CLARKE
 1917 WILDAIR DR
 NEW ORLEANS, LA 70122
 20603

2. Article Number
(Transfer from service label)

7012 3460 0000 1290 4146

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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? Yes

No

If YES, enter delivery address below:

3. Service Type

Certified Mail

Registered

Insured Mail

Express Mail

Return Receipt for Merchandise

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

OCD DRU HMGF
P.O. BOX 5098
BATON ROUGE, LA 70821





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

«Date»

«App_First_Name» «App_Last_Name»
 «Mailing_Address»
 «Mailing_City», «Mailing_State» «Mailing_Zip»
 Road Home ID: «App_ID»

SUBJECT: Final HMGP Collection Attempt

Dear «App_First_Name» «App_Last_Name»:

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. 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) 284-4020 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,

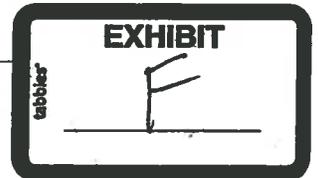
Craig P. Taffaro, Jr.
 Director, Hazard Mitigation Grant Program
 and Recovery Coordination

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.

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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 «Grant_Type» grant(s):

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	«Elevation Gross Paid»	Elevation Grant	«Elevation Adjusted»
Individual Mitigation Measures (IMM)	«IMM Gross Paid»	Individual Mitigation Measures (IMM)	«IMM Adjusted»
Reconstruction Grant	«Recon Gross Paid»	Reconstruction Grant	«Recon Adjusted»
Total HMGP Funds Received	«Gross Paid»	Total Hazard Mitigation Benefit	«Net Amount»

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant «App_ID» is «Net_Amount».

Confirmed by: *Sage King*
MOM *Andrew*
 STA NEW ORLEANS

App ID	App First Name	App Last Name	Mailing Address	Mailing City	Mailing State	Mailing Zip
06HH196492	MELISSA	ADAMS	5125 Senac Drive	Metairie	LA	70003
06HH174539	JULIO	ALEGRIA	230 27th	Kenner	LA	70062
06HH056852	GLENN	ALEXIS	5010 PRESS DR	NEW ORLEANS	LA	70126
06HH023672	JEANNE	ALLEN	3336 Trinity Dr.	Kenner	LA	70065
06HH155204	LOUBERTHA	ALLEN	1933 PACE BLVD	NEW ORLEANS	LA	70114
06HH157524	REGINALD	ALLEN	2116 South Village Green Street	Harvey	LA	70058
06HH178676	JAMES	ALLEN	3248 BLOOMINGDALE CT	NEW ORLEANS	LA	70125
06HH088426	ANTHONY	ALMERICCO	2921 BUFFON ST	CHALMETTE	LA	70043
06HH061793	GEORGE	ALONZO	5013 SENAC DR	METAIRIE	LA	70003
06HH066136	MARCO	ALVAREZ	1700 HORTON RD	ALBERTVILLE	AL	35950 2564
06HH051905	THARISE	ANDERSON	5808 Milladom avenue	Marrero	LA	70072
06HH074522	VANESSA	ANDERSON	673 E NIAGARA CIR	GRETNA	LA	70056
06HH076448	JAMES	ANDERSON	1700 St. Maurice Ave.	NEW ORLEANS	LA	70117
06HH133970	JOANA	ANDERSON	P.O. BOX 1182	MCDONOUGH	GA	30253
06HH080046	LEAH	AUGUSTINE	3852 PEACHTREE CT	New Orleans	LA	70131
06HH015615	DORRELL	BACHEMIN	2038 HEATHER LANE	SLIDELL	LA	70481
06HH130149	ESTELL	BADGER	1644 MARINE ST	Marrero	LA	70072
06HH006345	PAULINE	BANKS	3108 MONROE STREET	NEW ORLEANS	LA	70118
06HH097405	PAUL	BANKS	2552 RIDGECREST RD	MARRERO	LA	70072 5373
06HH023830	MONIQUE	BARCONEY	3214 Camellia Avenue	Houma	LA	70363
06HH051289	CORNELIA	BARDALES	4114 Saint Elizabeth Dr	Kenner	LA	70065 1643
06HH015414	FELICIA	BARNES	P.O. Box 3058	Slidell	LA	70461 7045
06HH046648	SHAMARIE	BARNETT	329 PAT DR	AVONDALE	LA	70084
06HH024798	WILBERT	BASTIAN	5705 BACCICH ST	New Orleans	LA	70122
06HH101879	JUANITA	BATISTE	5818 Louis Prima West Drive	New Orleans	LA	70128
06HH148866	EARL	BATTLE	1100 MARTIN DR	MARRERO	LA	70072
06HH039940	REGINALD	BEACO	2601 ARTS ST	NEW ORLEANS	LA	70117 5529
06HH006134	MELANIE	BECNEL	3820 Red Cedar Lane	Harvey	LA	70058 1607
06HH023696	MICHAEL	BELL	8541 Morrison Rd	New Orleans	LA	70127
06HH104779	BETTY	BENDER	PO BOX 1544	SLIDELL	LA	70459
06HH063216	JOSEPH	BENOIT	102 W SEGURA ST	ERATH	LA	70533
06HH054058	PATRICIA	BICKHAM	5044 CLAYTON DR	BATON ROUGE	LA	70805
06HH108356	GEORGE	BICKHAM	4942 LURLINE STREET	NEW ORLEANS	LA	70127
06HH225286	MILDRED	BIRDEN	9461 CABILDO LN	WESTVEGO	LA	70094



06HH149463	BETTY	BLASIO	533 EMILE AVE	WESTWEGO	LA	70094
06HH113489	YOLANDA	BOLDEN	3234 MALLARD DR	GRETNA	LA	70056
06HH056374	LOUISE	BOOTH	6571 SAINT ANTHONY AVENUE	NEW ORLEANS	LA	70122
06HH069977	JOSEPH	BOUDION	3805 REDBUD LANE	HARVEY	LA	70058
06HH063687	ROSALYNN	BOUDREAUX	5886 Shimpers Row	Houma	LA	70363
06HH140345	DAVID	BOURGEAIS	1933 MELBA PLACE	MARRERO	LA	70072
06HH085749	MAURICE	BOWIE	1619 FELICIANA ST	NEW ORLEANS	LA	70117 6531
06HH030932	JEROME	BRADLEY	PO BOX 2636	GRETNA	LA	70054 2636
06HH067991	DELITHA	BRADLEY	PO BOX 73067	METairie	LA	70033
06HH108923	ROBERT	BRADLEY	3712 woodhlar dr	harvey	LA	70058
06HH007846	WANDA	BROWN	3108 Dumaine Street	New Orleans	LA	70119
06HH022608	JOSE	BROWN	4230 EAGLE STREET	NEW ORLEANS	LA	70118
06HH084630	DEBRA	BROWN	7510 Shaw Drive	New Orleans	LA	70127
06HH127825	DENISE	BROWN	2219 LASALLE ST APT B	NEW ORLEANS	LA	70113
06HH115756	ERNEST	BRUNET	100 RHODES AVE	NEW ORLEANS	LA	70131 3920
06HH172626	LINDA	BULLOCK	3133 CONERSTONE PARK DRIVE APT #1125	HOUSTON	TX	77014
06HH047477	JEANETTA	BURTON	3137 N MIRO ST	NEW ORLEANS	LA	70117
06HH100880	PATRICIA	BUTLER	7031 Pine Brook Drive	New Orleans	LA	70128
06HH029635	HAYDEE	CABALLEROS	2401 Blanchard Drive	Chalmette	LA	70043
06HH010370	SUSAN	CAPEL	58 clayton dr	norco	LA	70079
06HH048428	ERVIN	CARR	PO BOX 1784 100 CONCORD LOUPE TR. #100	PEARL RIVER	LA	70452
06HH088425	SYLVIA	CARTER	7120 READ BLVD	NEW ORLEANS	LA	70127
06HH109422	SAMMIE	CARTER	2212 SAUVAGE AVE.	MARRERO	LA	70072
06HH206011	DIANE	CARTER	729 TURTELCREEK LANE	ST ROSE	LA	70087
06HH055419	IRMALEE	CASNAVE	28016 NAPOLEON	LACOMBE	LA	70445
06HH151896	ALINE	CAUSEY	P. O. Box 41753	Baton Rouge	LA	70835 1753
06HH111449	RASHELL	CAVALIER	5147 Timberhaven Lane	New Orleans	LA	70131
06HH028949	FREDDIE	CAVET	1817 David Dr	Metairie	LA	70003
06HH103852	JOY	CHAIRS	3713 Shannon Dr	Harvey	LA	70058
06HH150782	LEONARD	CHASE	2040 SAUVAGE AVE.	MARRERO	LA	70072
06HH186829	VINCENT	CLARK	2129 STUMPF BLVD	TERRYTOWN	LA	70056
06HH020603	SUNSHINE	CLARKE	1917 Wildair Dr.	New Orleans	LA	70122
06HH013007	ANITA	COBBINS	14047 PARTRIDGE LANE	NEW ORLEANS	LA	70128
06HH140594	ANN	COBOS	4016 South Windmere St	Harvey	LA	70068
06HH031566	CHANTEL	COLBERT	1807 Donna Dr	Franklin	LA	70517 7053



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

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

April 13, 2015

06HH020603
SUNSHINE CLARKE
1917 WILDAIR DRIVE
NEW ORLEANS LA 70122

Re: Collection of Outstanding Debt in the Amount of **\$19,612.00**

Dear SUNSHINE CLARKE:

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 1917 WILDAIR DRIVE NEW ORLEANS.

You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **\$19,612.00**. 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.

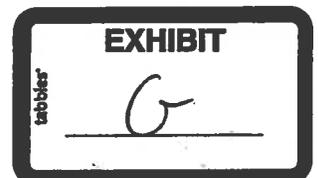
If payments have been paid pursuant to a payment agreement, then you should immediately contact the Program to verify the amount currently owed to the Program.

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

Sincerely,

A handwritten signature in black ink that reads "La Koshia R. Roberts".

La Koshia R. Roberts
Attorney for HMGP



7014 0510 0001 1416 8348

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

Postmark
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Sent to Sunshine Clarke
 Street, Apt. No.,
 or PO Box No. 1917 Wildair Dr.
 City, State, ZIP+4 New Orleans LA 70122

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p><i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Sunshine Clarke 1917 Wildair Dr. New Orleans, LA 020603 70122</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number <small>(Transfer from service label)</small></p>	<p>3. Service Type</p> <p><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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 2013</p>	<p>7014 0510 0001 1416 8348</p> <p>Domestic Return Receipt</p>



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Product & Tracking Information

Available Actions

Postal Product:

Features:
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
April 15, 2015 , 3:59 pm	Delivered	NEW ORLEANS, LA 70122
Your item was delivered at 3:59 pm on April 15, 2015 in NEW ORLEANS, LA 70122.		
April 14, 2015 , 1:26 am	Departed USPS Facility	NEW ORLEANS, LA 70113
April 13, 2015 , 7:57 pm	Arrived at USPS Facility	NEW ORLEANS, LA 70113

Track Another Package

Tracking (or receipt) number

Track It

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State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

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

5/13/2015

06HH020603
SUNSHINE CLARKE
1917 WILDAIR DRIVE
NEW ORLEANS, LA 70122

Re: Collection of Outstanding Debt in the Amount of \$6,453.00

Dear SUNSHINE CLARKE:

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 1917 WILDAIR DRIVE, NEW ORLEANS, 70122.

You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of \$6,453.00. 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,

A handwritten signature in cursive script that reads "La Koshia R. Roberts".

La Koshia R. Roberts
Attorney for HMGP



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

Postmark
Here

020603

Sent To Sunshine Clarke
Street, Apt. No.,
or PO Box No. 1917 Wildair Dr.
City, State, ZIP+4 New Orleans, LA 70122

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Sunshine Clarke 1917 Wildair Dr New Orleans, LA 070603 70122</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, enter delivery address below: _____</p>
<p>2. Article Number <small>(Transfer from service label)</small></p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee)™ <input type="checkbox"/> Yes</p>
<p>7014 0510 0001 1415 9568</p>	
<p>S Form 3811, July 2013 Domestic Return Receipt</p>	



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Features:
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DATE & TIME	STATUS OF ITEM	LOCATION
May 15, 2015 , 10:15 am	Delivered	NEW ORLEANS, LA 70122
Your item was delivered at 10:15 am on May 15, 2015 in NEW ORLEANS, LA 70122.		
May 15, 2015 , 1:23 am	Departed USPS Facility	NEW ORLEANS, LA 70113
May 14, 2015 , 8:29 pm	Arrived at USPS Facility	NEW ORLEANS, LA 70113

Track Another Package

Tracking (or receipt) number

Track It

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