

29TH JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. CHARLES

STATE OF LOUISIANA

NO: 80,209

DIVISION: DIV. D  
JUDGE  
M. LAUREN LEMMON

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

VS.

TONI M. CRUSHFIELD

FILE FOR RECORD  
CLERK OF COURT  
ST. CHARLES PARISH, LA  
2015 JUL 20 AM 11:13  
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 Toni M. Crushfield, a major domiciliary of St. Charles 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 executed Voluntary Participation Agreements (hereinafter "VPA") on April 27, 2010 and July 1, 2010 to participate in HMGP and to receive HMGP grants. 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 \$41,825.00 were paid to Defendant by HMGP on or about July 13, 2010 for the specific purpose of Elevation Measures and Individual Mitigation Measures (hereinafter "Elevation/IMM") at her home located at 264 Dianne Drive, St. Rose, LA 70087. Defendant received \$34,875.00 for Elevation and \$6,950.00 for IMM. On September 21, 2010, Defendant returned \$25,000.00 leaving a balance due HMGP of \$16,825.00 (hereinafter "FEMA Grant Funds"). *Exhibit B.*

5.

Photographs dated April 8, 2015 show that although the FEMA Grant Funds were received, Defendant's home was not mitigated. *Exhibit C.*

6.

Four (4) separate collection letters were mailed to Defendant at 264 Dianne Drive, St. Rose, LA 70087, which was the address submitted by Defendant when she applied for the HMGP grant. The first letter dated June 5, 2013 was sent Certified Mail 7012 3460 0000 1290 4450 and informed Defendant that the FEMA Grant Funds in the amount of \$16,825.00 had to be returned to the State of Louisiana. The Return Receipt was signed June 8, 2013. *Exhibit D (in globo).*

7.

The second letter dated March 21, 2014 was mailed. *Exhibit E (in globo).*

8.

The third letter dated April 13, 2015 was sent Certified Mail 7014 0510 0001 1417 0846 and the Return Receipt was signed on April 14, 2015. *Exhibit F (in globo).*

9.

The fourth letter dated May 11, 2015 was sent Certified Mail 7014 0510 0001 1416 7136 and the Return Receipt was signed on May 14, 2015. *Exhibit G (in globo)*

10.

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

11.

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

12.

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

13.

HMGP requests that the debt of \$16,825.00, owed by Defendant 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, Toni M. Crushfield, is non-compliant with the Voluntary Participation Agreements signed by her;
- b. That this Honorable Court declare that Defendant, Toni M. Crushfield, is indebted to HMGP in the amount of \$16,825.00 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, Toni M. Crushfield, be ordered to return the \$16,825.00 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendant, Toni M. Crushfield, in the full sum of \$16,825.00;
- e. That Defendant, Toni M. Crushfield, 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

**PLEASE SERVE:**

**TONI M. CRUSHFIELD  
264 DIANNE DRIVE  
ST. ROSE, LOUISIANA 70087**

29<sup>TH</sup> JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. CHARLES

STATE OF LOUISIANA

NO: 80,209

DIV. D  
JUDGE  
M. LAUREN LEMMON  
DIVISION: \_\_\_\_\_

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

VS.

TONI M. CRUSHFIELD

FILE FOR RECORD  
CLERK OF COURT  
ST. CHARLES PARISH, LA.  
2015 JUL 20 AM 11:13  
DEPUTY

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 14<sup>th</sup> 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.

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

**OCD-DRU  
HAZARD MITIGATION PROGRAM  
VOLUNTARY PARTICIPATION AGREEMENT (VPA)**

Road Home # 084H 156683

**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 are 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: ( ) \_\_\_\_\_ Call Phone: ( ) \_\_\_\_\_ 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 \_\_\_\_\_

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 4/27/16 (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:

214 Diana Dr. St Rose St Charles LA (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.

Toni Rash Seld Toni M. Rash Seld 4/27/16  
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

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

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 unknown
2. My home was initially constructed: (mark all that apply)
- During or before 1964
  - After 1964
  - My damaged home from the time of the storm has been demolished or cleared.
  - Don't know

For official use only.



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 7/1/10 (date). I/We am/are the owner of the following property, eligible for Road Home assistance and damaged by Hurricane Katrina and/or Rita at the following municipal address:

264 DIANNE Dr. St. Rose St. Charles 70087 (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.

Toni Crushfield Toni Crushfield 7/1/10  
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

For official use only.

Office of Statewide Reporting and Accounting Policy



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

Payee Detail

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

**Payee Remittance Address:**  
 264 DIANNE DR  
 ST ROSE, LA 70087

**Check/EFT Number:** AD 00003847719  
**Check/EFT Date:** 07/13/2010  
**Status Change Date:** //  
**Status:** Outstanding

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

**Check/EFT Total:** 41,825.00

Total Number of Lines : 2

Agency	Document ID	Ref Doc ID	Invoice #	Comments	Line Amount
107	PV000038589		HMO300001508	06HH156683	34,875.00
107	PV000038865		HMO300001691	06HH156683	6,950.00

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



TIME OF OBSERVATION

8:30 AM

OGD DRU HMGP  
DMR FINAL INSPECTION CHECKLIST

APPLICANT ID: 0111156083

DAMAGED PROPERTY ADDRESS: 264 Pioneer Dr. (615) 70087

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

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

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

Solid	Door with Glass	None on Doors

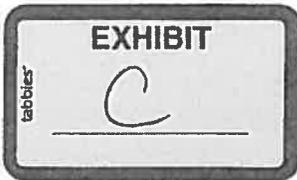
Total Number of Doors with Glass Not Mitigated: \_\_\_\_\_

HMGP does not require solid doors to be mitigated.

Electric Meter on Structure: Yes  No

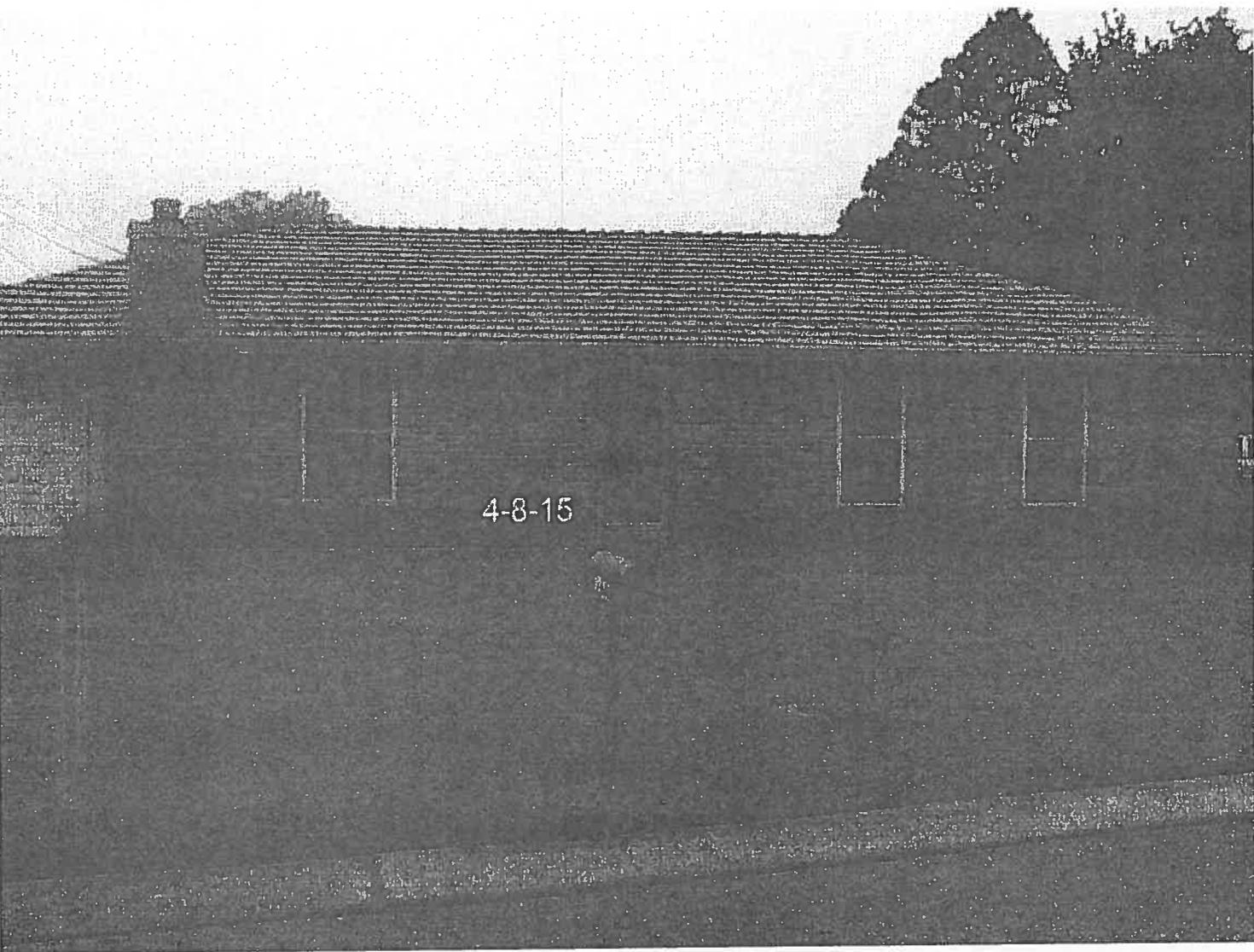
Gas Meter on Structure: Yes  No

SMV Electric Meter: Yes  No



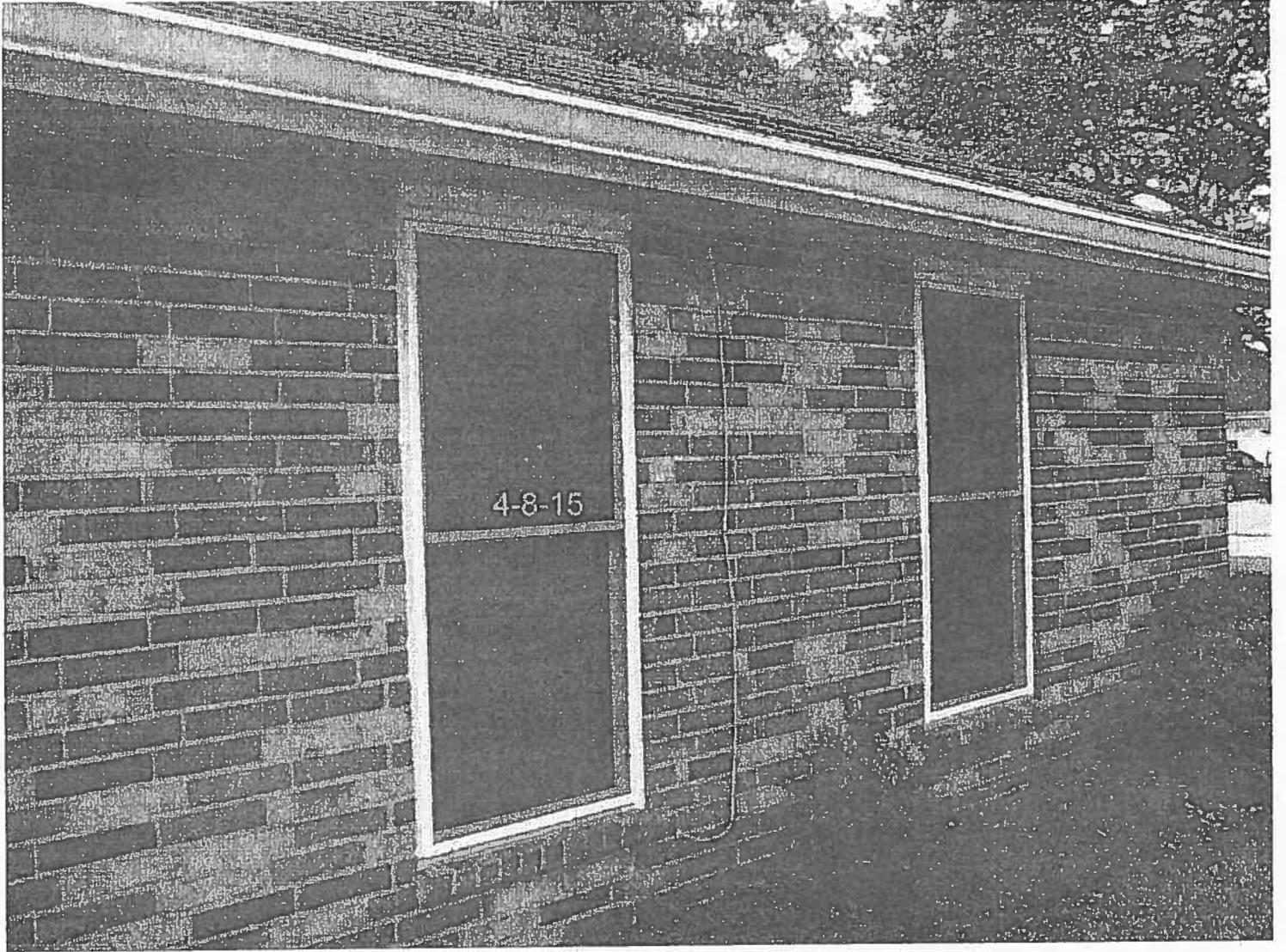


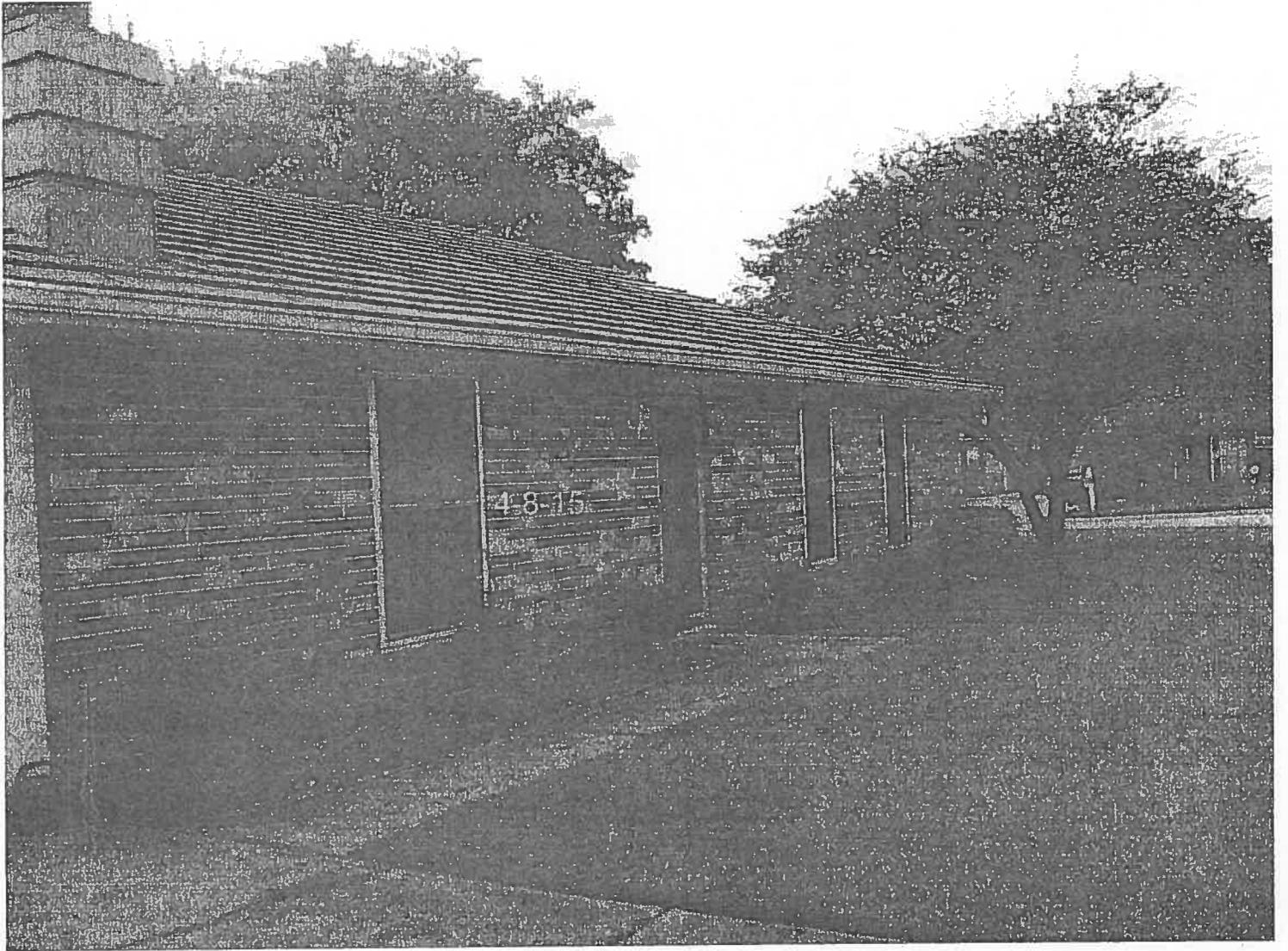
264

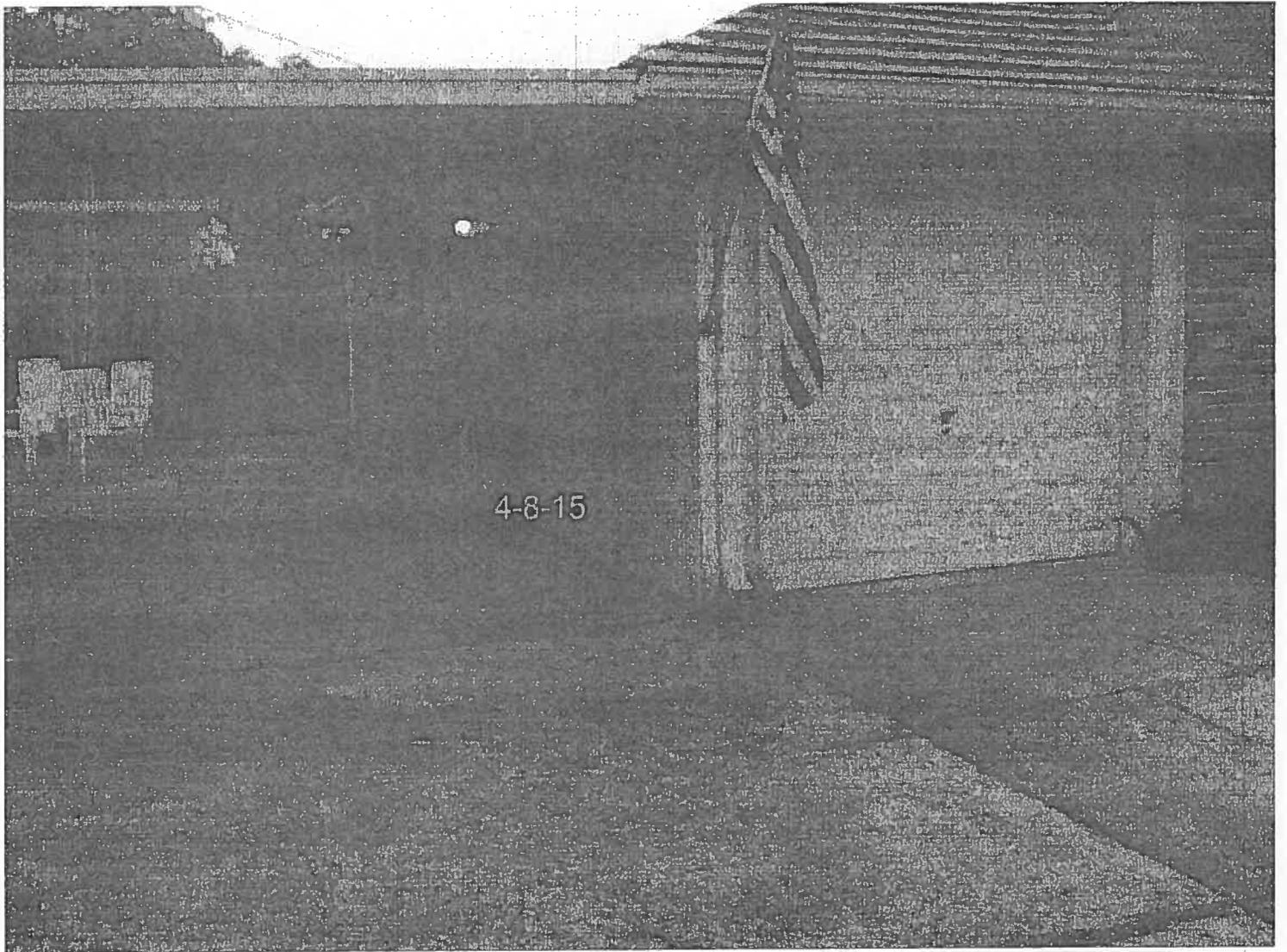


4-8-15



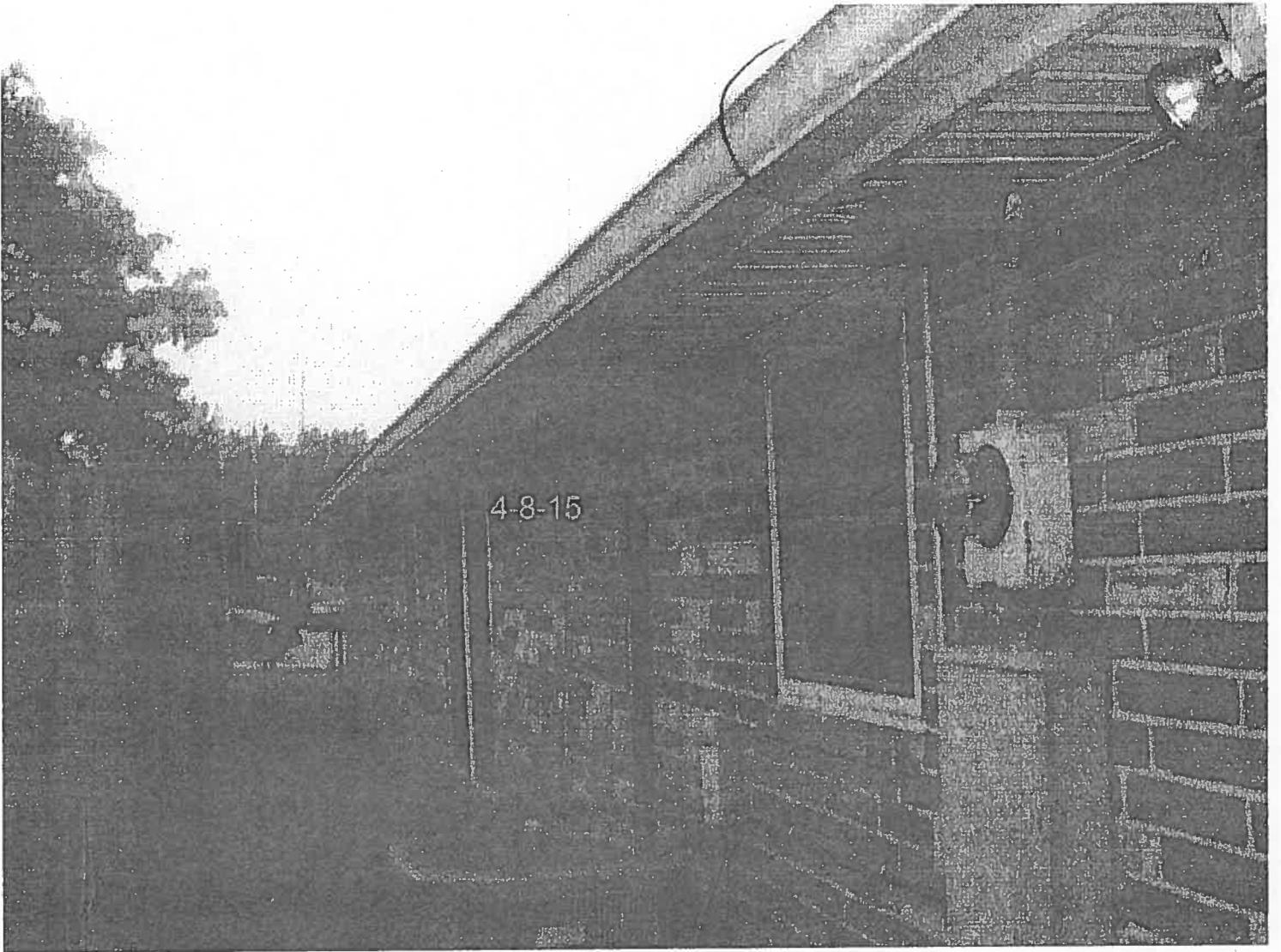


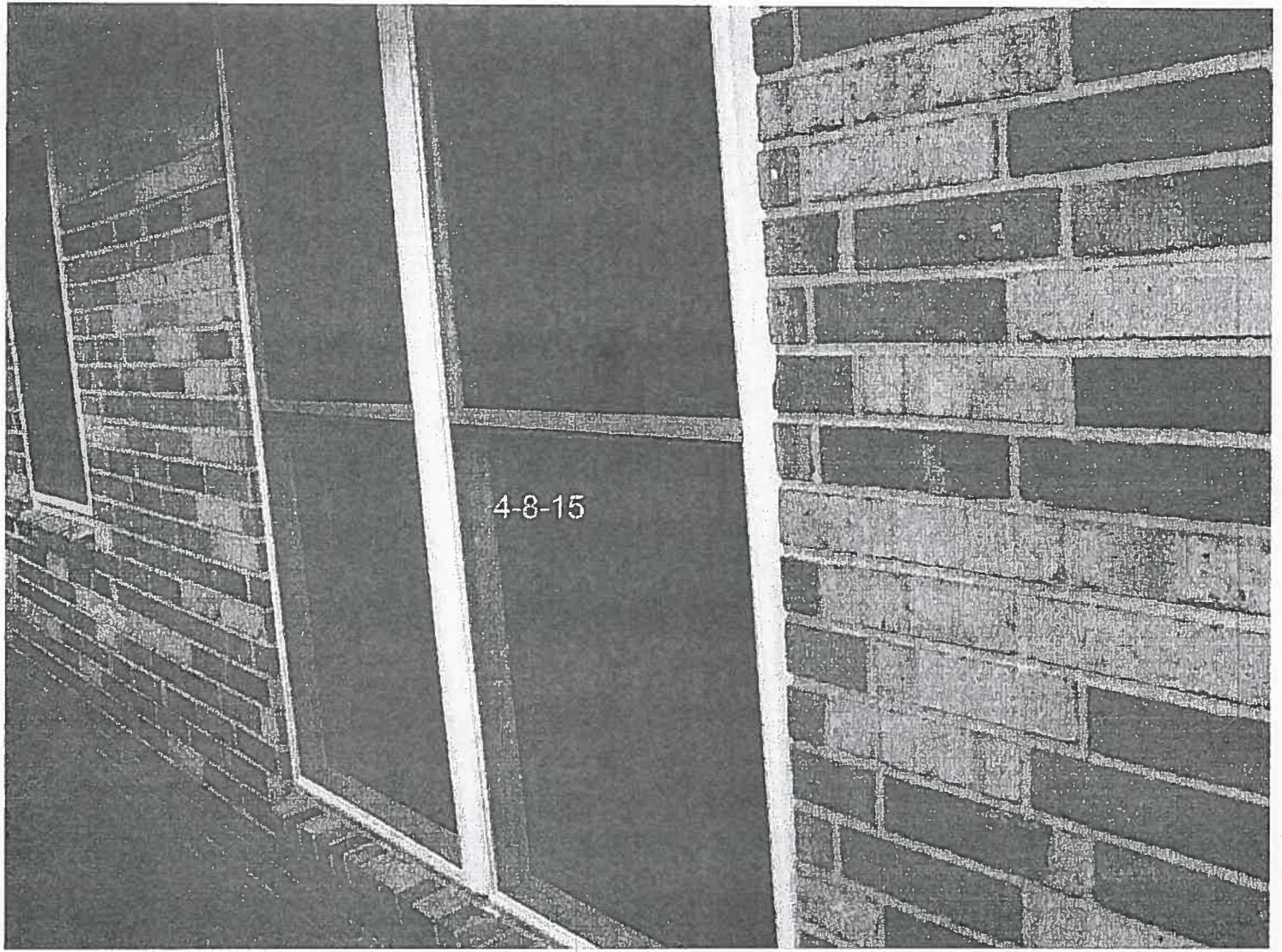




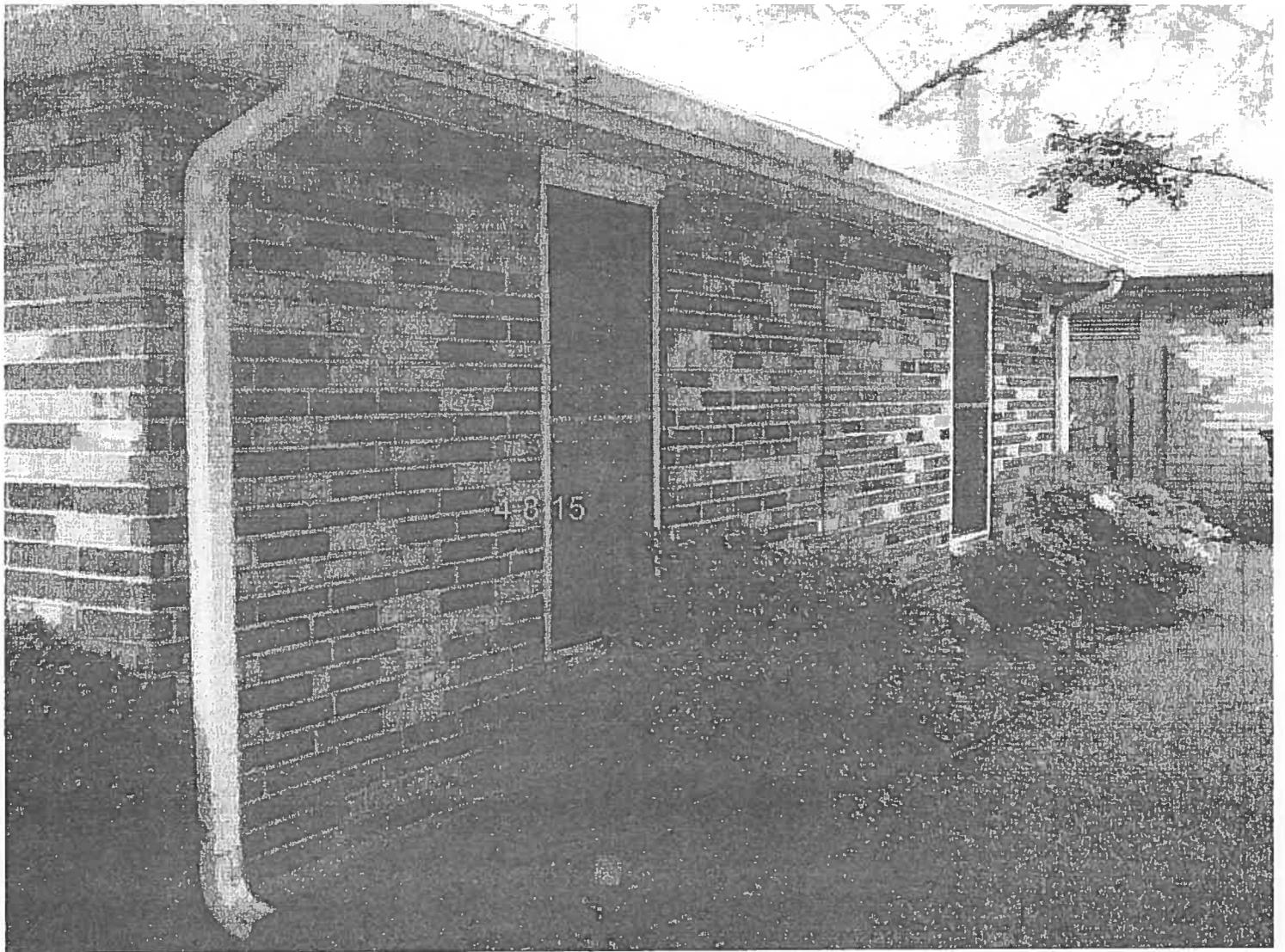
4-8-15

4-8-15









BY THE DIRECTOR  
OFFICE OF THE DIRECTOR  
DEPARTMENT OF HEALTH

STATE OF NEW YORK  
COUNTY OF [ ]  
[ ]

TABLE 1. Count the number of individuals, specified and hereby price the table.

Individual	Residence	Occupation	Age	Sex	Color	Religion	Education	Marital Status	Other

Number of individuals [ ]  
[ ]

Yes	No
[ ]	[ ]

Number of hours and other [ ]

Number of hours [ ]  
[ ]

Number of hours [ ]  
[ ]

DATE [ ]



State of Louisiana

**HAZARD MITIGATION GRANT PROGRAM**

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

June 5, 2013

Road Home ID: 06HH156683

MRS TONI M CRUSHFIELD  
264 DIANNE DR  
ST. ROSE, LA 70087

**SECOND NOTICE**

SUBJECT: Verification of Mitigation Grant Funds

Dear MRS TONI M CRUSHFIELD:

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.

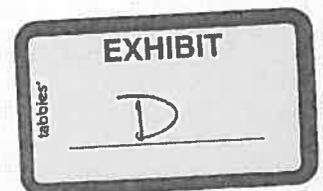
Our review has determined that the following apply to your grant(s).

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

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

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$9,875.00	Elevation Grant	\$0.00
Individual Mitigation Measures (IMM)	\$6,950.00	Individual Mitigation Measures (IMM)	\$0.00
Reconstruction Grant	\$0.00	Reconstruction Grant	\$0.00
<b>Total HMGP Funds Received</b>	<b>\$16,825.00</b>	<b>Total Hazard Mitigation Benefit</b>	<b>\$0.00</b>

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH156683 is \$16,825.00.



7012 3460 0000 1290 4450

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

**CERTIFIED MAIL™**



7012 3460 0000 1290 4450

**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:

TONI CRUSHFIELD  
264 DIANNE DR  
ST. ROSE, LA 70087  
156683

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X Tony Washburn*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

6/8/13

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

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)

7022 3460 0000 1290 4450

PS Form 3811, February 2004

Domestic Return Receipt

T02595-02-M-1540

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 Deidra Davis, 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 225-330-0719 or send email to [deidra.davis@mitigatefa.org](mailto:deidra.davis@mitigatefa.org) for assistance.**

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

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

Sincerely,

Office of Community Development - HMGP

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

The Office of Community Development Disaster Recovery Unit does not discriminate on the basis of race, color, national origin, sex, age, religion or disability, and provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. Any persons requiring special needs assistance should contact a Call Center Specialist, at (877) 824-8312 at least five business days prior to any scheduled meeting. The TDD number for the hearing impaired is 1-800-846-5277. Additional information regarding the use of the Louisiana Relay service can be found at the following link: [http://www.hamiltonrelay.com/states/la\\_howto.htm](http://www.hamiltonrelay.com/states/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: 06HH156683  
MRS TONI M CRUSHFIELD  
264 DIANNE DR  
ST. ROSE, LA 70087

Case Manager: Deidra Davis

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 \$16,825.00 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:

\_\_\_\_\_



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,

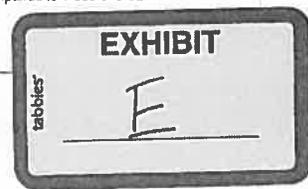
Craig P. Taffaro, Jr.  
Director, Hazard Mitigation Grant Program  
and Recovery Coordination

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](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 «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»
<b>Total HMGP Funds Received</b>	«Gross_Paid»	<b>Total Hazard Mitigation Benefit</b>	«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*  
*Monk* *Quinn*



App ID	App First Name	App Last Name	Mailing Address	Mailing City	Mailing State	Mailing Zip
06HH196492	MELISSA	ADAMS	5125 Senec 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	ALMERICO	2921 BUFON ST	CHALMETTE	LA	70043
06HH061793	GEORGE	ALONZO	5013 SENAC DR	METairie	LA	70003
06HH066138	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 1162	MCDONOUGH	GA	30253
06HH080046	LEAH	AUGUSTINE	3852 PEACHTREE CT	New Orleans	LA	70131
06HH015615	DORRELL	BACHEMIN	2038 HEATHER LANE	SLIDELL	LA	70461
06HH130149	ESTELL	BADGER	1644 MARINE ST	Marrero	LA	70072
06HH006345	PAULINE	BANKS	3106 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 3056	Slidell	LA	70461 7045
06HH046648	SHAMARIE	BARNETT	329 PAT DR	AVONDALE	LA	70094
06HH024796	WILBERT	BASTIAN	5705 BACCICH ST	New Orleans	LA	70122
06HH101679	JUANITA	BATISTE	5818 Louis Prima West Drive	New Orleans	LA	70128
06HH148666	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
06HH106356	GEORGE	BICKHAM	4942 LURLINE STREET	NEW ORLEANS	LA	70127
06HH225286	MILDRED	BIRDEN	9461 CABILDO LN	WESTWEGO	LA	70094

06HH043050	MAXMILLIAN	COLE	2786 FOLIAGE DR.	Marrero	LA	70072
06HH169067	JACQUELINE	COLEMAN	2344 WESTMERE ST	Harvey	LA	70058
06HH037322	TIFFANY	COLLINS	1320 HENDEE ST	NEW ORLEANS	LA	70114
06HH095670	SHAVONNDA	COLLINS	5131 BUNDY ROAD APT F 32	NEW ORLEANS	LA	70127
06HH172245	CASEY	COLLINS	7070 EDGEFIELD DR	NEW ORLEANS	LA	70128
06HH171546	BRENDA	COLLINS	416 LEBOUF ST	NEW ORLEANS	LA	70114
06HH131055	DONALD	COLLOR	401 DANDELION DR	Wagaman	LA	70094
06HH019276	RENEE	COOPER	240 Simmons Dr	New Orleans	LA	70126
06HH004425	BONNIE	COSTON	6275 BOULDER HIGHWAY APT. #2028	LAS VEGAS	NV	89122
06HH116225	RANDOLPH	CRAWFORD	6743 Maumus Ave	New Orleans	LA	70131
06HH116637	LEROY	CRAWFORD	3335 Munger Avenue Apt 1405	Dallas	TX	75204
06HH031121	THERESE	CREPPEL	2604 Fawwood Rd.	Marrero	LA	70072
06HH075597	MURIEL	CROON	7904 NEVADA	METAIRIE	LA	70003
06HH143913	CHUCKY	CROSBY	715 Ave F	Marrero	LA	70072
06HH118358	ALTON	CROWDEN	4936 ROSALIE DR	NEW ORLEANS	LA	70127
06HH156683	TONI	CRUSHFIELD	264 DIANNE DR	ST. ROSE	LA	70087
06HH145472	GUMERCINDA	CRUZ	629 GREER AVE	HARVEY	LA	70058
06HH052358	LOUVADER	CUREAUX	2200 FELICIANA STREET	NEW ORLEANS	LA	70117
06HH074828	CINDY	DANDRIDGE	2076 HODGES DR	MARRERO	LA	70072
06HH013948	SHIRLEY	DANGERFIELD	5411 Piety Dr.	New Orleans	LA	70126
06HH013698	SYLVESTER	DANIELS	5301 Macarthur Blvd	New Orleans	LA	70131
06HH026617	ELSIE	DANIELS	PO BOX 8278	NEW ORLEANS	LA	70182 8278
06HH111303	DAVID	DAPREMONT	4630 Wilson Ave	New Orleans	LA	70126
06HH039941	DINA	DAVIS	7409 ALVERSTONE DR.	FORT WORTH	TX	76120 5529
06HH046545	RAESCHELLE	DAWSON	649 Tartan Trace	Covington	LA	70435
06HH031613	NIKITA	DELANEY	2029 ELLINGTON DR	MARRERO	LA	70072
06HH120183	DEETRA	DENNIS	2419 NEW YORK ST	NEW ORLEANS	LA	70122
06HH043104	CEDRIC	DESPUNES	7335 AVON PARK BLVD.	NEW ORLEANS	LA	70128
06HH085769	MARILYN	DEXTER	3128 BAINBRIDGE AVE	KENNER	LA	70065
06HH086343	KATHY	DIGGS	1944 MELBA PL	MARRERO	LA	70072
06HH060599	PATRICIA	DILLON	1112 N HOWARD AVE	METAIRIE	LA	70003 5626
06HH123743	CARRIE	DONALD	1509 mansfield dr	Marrero	LA	70072
06HH116782	JIMMY	DYSON	PO BOX 418	CAMERON	LA	70631
06HH035888	KAREN	EASON	1109 moisant st	kenner	LA	70062
06HH142418	DWAYNE	EDGERSON	802 Evergreen Dr	Gretna	LA	70053



State of Louisiana  
**HAZARD MITIGATION GRANT PROGRAM**

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

April 13, 2015

06HH156683  
TONI CRUSHFIELD  
264 DIANNE DRIVE  
ST. ROSE LA 70087

Re: Collection of Outstanding Debt in the Amount of **\$6,950.00**

Dear TONI CRUSHFIELD:

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 264 DIANNE DRIVE ST. ROSE.

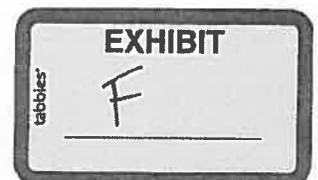
You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **\$6,950.00**. However, you have continuously disregarded these notices. You have also been given the opportunity to execute a re-payment agreement which would allow you to satisfy your debt within an agreed upon timeframe and at an agreed monthly amount. However, as of this date, you have failed to and/or refused to execute a re-payment agreement.

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

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

Sincerely,

La Koshia R. Roberts  
Attorney for HMGP



156 683

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>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Toni Crushfield</i></p> <p>B. Received by (Printed Name) _____ Date of Delivery <i>4/14/15</i></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>
1. Article Addressed to:  <i>Toni Crushfield 264 Dianne Dr. St. Rose, LA 70087</i>	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
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 2013	7014 0510 0001 1417 0846 Domestic Return Receipt



State of Louisiana

**HAZARD MITIGATION GRANT PROGRAM**

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

5/11/2015

06HH156683  
TONI M CRUSHFIELD  
264 DIANNE DRIVE  
ST. ROSE, LA 70087

Re: Collection of Outstanding Debt in the Amount of \$9,875.00

Dear TONI M CRUSHFIELD:

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 264 DIANNE DRIVE, ST. ROSE, 70087.

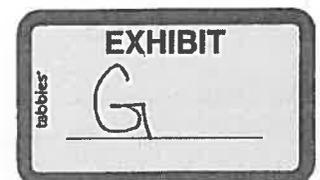
You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of \$9,875.00. However, you have continuously disregarded these notices. You have also been given the opportunity to execute a re-payment agreement which would allow you to satisfy your debt within an agreed upon timeframe and at an agreed monthly amount. However, as of this date, you have failed to and/or refused to execute a re-payment agreement.

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

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

Sincerely,

La Koshia R. Roberts  
Attorney for HMGP



**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:

Toni M. Crushfield  
264 Dianne Dr.  
St. Rose, LA 70087  
156683

2. Article Number

(Transfer from service label)

7014 0510 0001 1416 7136

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x Toni Crushfield  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/14/15

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