DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

MISSION ASSIGNMENT (MA)

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing Instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting this form. This collection of information is required to lobtain or retain benefits. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments

regarding the accuracy of the burden estimate and any sug Security, Federal Emergency Management Agency, 500 C not send your completed form to this address.	gestions for reducing	g this burd	len to: Informati	on Collections	s Mana	gement, D	Department of Homeland
I. TRACKING INFORMATION (FEMA Use On	ly)						
State CA (California) Incident:2020030901-COVID-19 Pandemic					Resource Request Number 2665-569631		
Program Code/Event Number 4482DR-CA: COVID-19 PANDEMIC					Date/Time Received 04/26/2021 22:58		
II. ASSISTANCE REQUIRED		⊠ See Attached					
Assistance Requested BOC 2501(VC) (ARPA) Request to Increase funding by \$15,000.0 This MA is a continuation of MA #4482DR-CA-USDA-FS-02-00 ar		dress the c			erican Re	escue	
Delivery Location RRCC, 1111 Broadway Oakland, CA 94607			Internal Control Number			Date/Time Required 05/01/2021	
Initiator/Requestor Name Shawn Matz	24 Hour Phone N (510) 627-7035	umber	Email Addres	38	Date 04/26/2021		
Site POC Name	24 Hour Phone N	umber	Email Address			Date	
Shawn Matz	(510) 627-7035						04/26/2021
III. INITIAL FEDERAL COORDINATION (Operations	Section)						
Action to: TX ESF#: 4	•	04/00/0004 00:50			ifesaving	g	
IV. DESCRIPTION (Assigned Agency Action C	Officer)	=_1		12		See Atta	
Statement of Work As directed by and in coordination with FEMA, US Forest Service facilities in support of disaster operations. Your agency must validate the unliquidated MA balance at least annulater than the third business day after fiscal quarter end close. Information of the providing-disaster assister agencies providing-disaster assister.	ally as stipulated by FE	MA to main	tain reimbursable	authority. Accru	ıal data	must also be	e provided to FEMA no rsement information, please
Assigned Agency USDA-FS (USDA-FS (STATE/PRIV FORESTRY))		Projected Start Date 05/01/2021				Estimated Projected End Date 05/13/2021	
New or	T	otal Cost	Estimated \$15,0	00.00	Total Required this Obligation Cycle		
ESF/OFA/RSF Action Officer TIMOTHY DUNFEE			Phone # (760) 920)-7515	Email timothy.dunfee@usda.gov		
V. COORDINATION (FEMA Use Only)							
Type of MA: Direct Federal Assistance State Cost Share (0%, 1			Federal Opera State Share (0		ort		
State Cost Share Percent 0 %	V	State	Cost Share A	mount: \$	0.00		
Fund Citation: 20 <u>2</u> <u>1</u> -06- <u>4</u> 4.8 2 <u>DR-</u> 9 <u>0</u> 9	4 XXXX-250 ₁	L-D A	ppropriation c	ode: 70X070)2		
Mission Assignment Manager (Preparer) SIMONE SMITH 90			-				Date 04/26/2021
**FEMA Project Manager/Branch Director (Program A THOMAS ERICKSON 90	pproval)						Date 04/27/2021
**Comptroller/Funds Control (Funds Review) **KAREN LONG SO				,		100 1 0 0	Date 04/29/2021

FEMA FORM 010-0-8

PREVIOUSLY FF 90-129

Region 9, State CA, 4482DR, MA#1509-350765 (IFMIS Closed) as of 04/29/2021

MISSION ASSIGNMENT (MA)								
VI. APPROVAL			Manager and the second					
*State Approving Official (Required for DFA)			Date / 130/21					
**Federal Approving Official (Required for all)								
ROBERT PESAPANE 🗫								
VII. OBLIGATION (FEMA Use Only)								
Mission Assignment Number 4482DR-CA-USDA-FS-08	Amount This Action \$ 15,000.00	Date/Time Obligated	: 04/29/2021					
Amendment Number 00	Cumulative Amount \$ 15,000.00	Initials: IFMIS						
** Signature required for all MAs.								
INSTRUCTIONS								
Items on the Mission Assignment (MA) form that are not listed are self-explanatory.								
I. TRACKING INFORMATION. Completed by Resource Support Section or Operations staff. Required for all requests.								
State: If multi-State, choose State most likely to receive resource(s), (i.e., when using 7220-SU Program Code)								

ASSISTANCE REQUESTED. Completed by requestor.

7220-SU, 3130-EM, 1248-DR.

Resource Request No.: Based on chronological log number. Used for tracking.

Assistance Requested: Details from the Resource Request Form will provide information concerning the assistance requested. Internal Control No.: Internal requestor reference, log, or control number, if applicable. Initiator/Requestor: The initiator may be an individual filling out the mission assignment and making a request on behalf of the POC.

Program Code/Event No.: The pre-declaration, emergency, or major disaster number assigned for funding the event. Examples:

POC Name: The person coordinating reception and utilization of the requested resources. 24-hour contact information required.

III. INITIAL FEDERAL COORDINATION. Completed by FEMA Personnel with Delegated Authority.

Action to: May be Emergency Support Function (ESF), Recovery Support Function (RSF), internal FEMA organization, or other organization, which assigns the Action Officer.

Remainder of MA used only if solution is to request Federal agency to perform reimbursable work under (MA). Deliberate validation and verification of information must occur before MA is completed and issued.

IV. **DESCRIPTION**. Completed by assigned agency Action Officer.

Statement of Work: Detailed description of work to be performed that includes: Overview of MA, objectives, tasks, resources, personnel, deliverable, location, period of performance and comprehensive cost estimate for period of performance. Statement of Work may be attached. Additional guidance concerning the writing of a Statement of Work can be found in the Mission Assignment Guide and FAR.

Assigned Agency: Agency receiving the MA from FEMA. Activities within the scope of an ESF/RSF result in an MA to primary agency. Cite subordinate organization if applicable, Example; DOT-FAA, COE-SAD.

Projected Start/End Date: If end date is not clear, estimate and budget for 30, 60, or 90 days, then reevaluate. TBD is not acceptable; a date must be entered.

Total Cost Estimate: Enter dollar value and attach a detailed budget outlining personnel, equipment, contract, sub-tasked agency, travel and other costs. The cost estimate should include the total cost projection for the MA across the entire length of the MA. The 90 day obligation cycle is used to obligate funding in 90 day increments when completion period is expected to exceed 90 days.

COORDINATION. Completed by MAM, except for Project Manager and Comptroller signatures.

Type of MA: Select only one.

Appropriation Code: Static data. Do not change. This is for information only, should not be used to report internal agency finances to Treasury. Reporting: MA agencies are required to provide reporting as determined by the Program Manager.

VI. APPROVAL. Completed by State Approving Official and Federal Approving Official.

OBLIGATION. Completed by Financial Specialist

Mission Assignment No.: Assigned in FEMA financial system chronologically using assigned agency acronym and two digit number.

Amendment No.: Note supplement number. For example: COE: SAD-01, Supp. 1, or DOR-08, Supp. 3.

Amount this Action: Taken from total cost estimate above.

Cumulative Amount: Cumulative amount for this MA, including amendments.

PREVIOUSLY FF 90-129

Page 2 of 2

Region 9, State CA, 4482DR, MA#1509-350765 (IFMIS Closed) as of 04/29/2021

Assistance Requested Continued from Block II

Plan Act of 2021.

Activate USFS to the RRCC, IOF JFO or other facilities in support of Covid Operations

Additional Statement of Work

This MA is funded with American Rescue Plan Act of 2021 funding and must be operationally complete by 09/30/2025. Any expenditures under this MA must submitted to FEMA no later than 09/30/2030

- ADDITIONAL NOTES from FEMA:
 ---- MA task orders (MATOs) may be issued by FEMA for specific requirements, personnel, location(s), date(s), and duration of assignment(s).
- --- Agencies will be reimbursed for all eligible expenses pursuant to 44 CFR, Supporting documentation is required for reimbursement.
- --- All equipment and supply purchases must be coordinated with FEMA. If approved, documentation is necessary to ensure reimbursement.
- -- Activation of agency command center(s), if required, must be coordinated with FEMA as a separate MA.
- --- The mission-assigned agency is responsible for ensuring that all activity is properly authorized, goods are received, services are provided, and that costs are reasonable and supported by documentation maintained by the respective agency
- --- MAs shall be considered for closure after 180 days with no financial activity in accordance with FEMA CFO Bulletin #157.

For MAs still operationally open, requests for additional obligations may be withheld if no invoicing, ULO Validation, or additional justification has been provided.

Region 9, State CA, 4482DR, MA#1509-350765 (IFMIS Closed) as of 04/29/2021

Print Time: 04/29/2021 20:10