

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
MISSION ASSIGNMENT (MA)

See Reverse for Paperwork
Burden Disclosure Notice

O.M.B. NO. 1660-0047
Expires March 31, 2014

I. TRACKING INFORMATION (FEMA Use Only)

State FL (Florida) Incident:2017083101-Hurricane IRMA	NEMIS Number
Program Code/Event Number 4337DR-FL: HURRICANE IRMA	Date/Time Received 09/14/2017 03:43

II. ASSISTANCE REQUIRED

See Attached

Assistance Requested
Support to state of Florida for Incident Management Teams and personnel to support a Regional Staging Area, Logistics Staging Area, Responder Base Camp, and Command & Control.

Delivery Location Multiple, FL 00000	Internal Control Number 1881-322536	Date/Time Required 09/13/2017	
Initiator/Requestor Name Ashley Davis	24 Hour Phone Number (850) 329-5053	Email Address operations.hurricaneirma@gmail.com	Date 09/14/2017
Site POC Name CALLENDER, JAMES CLIFTON	24 Hour Phone Number (770) 857-2546	Email Address james.callender2@fema.dhs.gov	Date 09/14/2017
* State Approving Official (Required for DFA and TA)			Date

III. INITIAL FEDERAL COORDINATION (Operations Section)

Action to:	<input checked="" type="checkbox"/> ESF #: 4	Date/Time 09/14/2017 03:35	Priority	<input type="checkbox"/> 1. Lifesaving	<input checked="" type="checkbox"/> 3. High
	<input type="checkbox"/> Other:			<input type="checkbox"/> 2. Life sustaining	<input type="checkbox"/> 4. Medium

IV. DESCRIPTION (Assigned Agency Action Officer)

See Attached

Statement of Work

Support to state of Florida for Incident Management Teams and personnel to support a Regional Staging Area, Logistics Staging Area, Responder Base Camp, and Command & Control.

Your agency must validate the unliquidated MA balance at least annually as stipulated by FEMA to maintain reimbursable authority. Accrual data must also be provided to FEMA no later than the third business day after fiscal quarter end close. Information can be submitted FEMA-Disaster-MA-ULO@DHS.gov

Assigned Agency USFS (U.S. FOREST SERVICE)	Projected Start Date 09/14/2017	Projected End Date 09/14/2017
<input checked="" type="checkbox"/> New or <input type="checkbox"/> Amendment to MA #:	Total Cost Estimate \$2,200,000.00	
ESF/OFA Action Officer MIKE MURPHY	Phone No. (404) 227-2225	Email

V. COORDINATION (FEMA Use Only)

Type of MA:	<input checked="" type="checkbox"/> Direct Federal Assistance State Cost Share (0%, 10%, 25%)	<input type="checkbox"/> Technical Assistance State Share (0%)	<input type="checkbox"/> Federal Operations Support State Share (0%)
State Cost Share Percent	25.0 %	State Cost Share Amount: \$ 550,000.00	
Fund Citation:	2017-06-4337DR-9044-XXXX-2508-D	Appropriation code: 70X0702	
Mission Assignment Manager (Preparer)	VALERIE RODNEY	Date 09/14/2017	
** FEMA Project Manager/Branch Director (Program Approval)	JAMES CALLENDER	Date 09/14/2017	
** Comptroller/Funds Control (Funds Review)	HARMON, MERLE P.	Date 09/14/2017	

VI. APPROVAL

*State Approving Official (required for DFA and TA):	Date
**Federal Approving Official (required for all): LORA GOZA	Date 09/14/2017

VII. OBLIGATION (FEMA Use Only)

Mission Assignment Number 4337DR-FL-USFS-04	Amount This Action \$ 2,200,000.00	Date/Time Obligated 09/14/2017
Amendment Number 00	Cumulative Amount \$ 2,200,000.00	Initials: IFMIS

* Signature required for Direct Federal Assistance and Technical Assistance MAs.
** Signature required for all MAs.

Additional Mission Statement

All purchases and expenditures must be coordinated with FEMA. Prior approval, from the Federal Approving Official (FAO), is necessary to ensure reimbursement. Agencies will be reimbursed for all eligible expenses pursuant to 44 CFR 206.8, Reimbursement of Other Federal Agencies.

Work that falls within the statutory authority of the performing Federal agency is not eligible for FEMA reimbursement, per 44 CFR 206.208(c)(2).

Mission Assignment Task Orders (MATOs) may be issued for specific personnel, requirements, locations, dates, and duration of assignments.

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 agencies.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 3 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain 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 suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0047). **Note: Do not send your completed form to this address.**

INSTRUCTIONS

Items on the Mission Assignment (MA) form that are not listed are self-explanatory.

I. TRACKING INFORMATION. Completed by Action Tracker or other Operations staff. Required for all request.

State: If multi-State, choose State most likely to receive resource(s), (i.e., when using 7220-SU Program Code)

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

Program Code/Event No.: The pre-declaration, emergency, or major disaster number assigned for funding the event. Examples: 7220-SU, 4220-AD, 3130-EM, 1248-DR.

II. ASSISTANCE REQUESTED. Complete by requestor.

Assistance Requested: Detail of resource shortfalls, give specific deliverables or simply state the problem.

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.

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

State Approving Official: Signature certifies that State and local government cannot perform, nor contract for the performance, of the requested work and agrees to pay cost share if any.

II. INITIAL FEDERAL COORDINATION. Completed by the Operations Section Chief.

Action to: Operations Chief notes assigned organization. May be Emergency Support Function (ESF), internal FEMA organization, or other organization, which assigns the Action Officer.

Rest of MA used only if solution to request Federal agency to perform reimbursable work under (MA). Best solution may be internal resources or commercial vendor. Deliberate evaluation must occur before MA is completed and MA is issued.

IV. DESCRIPTION. Completed by assigned agency Action Officer.

Statement of Work: Description steps to complete the request. Include discussion of personnel, equipment; sub tasked agencies, contracts and other resources required. This can be provided as an attachment.

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

Project Completion Date/End Date: If end date is not clear, estimate and budget for 30 or 60 days, then re-evaluate. TBD is not acceptable; some date must be entered into this field.

Total Cost Estimate: A budget can be attached outlining personnel, equipment, contract, sub-tasked agency, travel, and other costs.

V. 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.

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

VII. 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.