# 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 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 this burden to: Information Collections Management, Department of Homeland

not send your completed form to this address.	Sileet, Svv, vvasi	iiigton, DC	20472-3100,	raperwork Net	duction Froject (	1000-0047). NOTE. DO	
I. TRACKING INFORMATION (FEMA Use Or	nly)						
State					Resource Request Number 2604-566988		
Program Code/Event Number 4480DR-NY: COVID-19 PANDEMIC						Date/Time Received 04/24/2021 12:23	
II. ASSISTANCE REQUIRED   See Attached							
Assistance Requested Amend 1 - MA# 4480DRNYUSFS01 is operationally closed as of Plan Act of 2021 is on MA 349938-4480DRNYUSFS04.  VC - New York State is requesting command and control support							
Delivery Location Multiple, Multiple Multiple, NY 00000		Interna	Control Num	ber	Date/Time	Date/Time Required 04/23/2021	
Initiator/Requestor Name	24 Hour Phone	Number	Email Address		•	Date	
Jennifer M Wacha	(518) 948-367	75	Jennifer.Wacha@dhses.ny.gov		04/24/2021		
Site POC Name	24 Hour Phone	Number	Email Addr	Email Address		Date	
Newton Tang	(917) 558-524	40				04/24/2021	
III. INITIAL FEDERAL COORDINATION (Operation	s Section)						
Action to: X ESF#: 5 Other:			Date/Time Priority 04/23/2021 18:02		1. Lifesaving  ☐ 3. High ☐ 2. Life sustaining ☐ 4. Normal		
IV. DESCRIPTION (Assigned Agency Action	Officer)				▼ See Atta		
Statement of Work  As directed by and in coordination with FEMA, US Forest Service not limited to command and general staff members or personnel operations as per the request from the State of New York.  Your agency must validate the unliquidated MA balance at least annulater than the third business day after fiscal quarter end close. Information that the state of th	with other specialized ually as stipulated by lation can be submitted	d qualification	s, to assist execuintain reimbursab	tion of Vaccine C	ampaign ual data must also b		
isit http://www.fema.gov/federal-agencies-providing-disaster-assistance.  Assigned Agency USFS (~~AMENDMENT - USFS)			Projected Start Date 02/17/2021			Estimated Projected End Date 04/18/2021	
☐ New or ☐ Amendment to MA # : 4480DRNY	USFS0100	Total Cos	t Estimated \$0.		Total Required this Obligation Cycle		
SF/OFA/RSF Action Officer  MARIS GABLIKS			Phone # (610) 742-7854		Email mggabliks&	Email mggabliks@fs.fed.us	
V. COORDINATION (FEMA Use Only)							
Type of MA:Direct Federal AssistanceFederal Operations SupportXState Cost Share (0%, 10%, 25%)□ State Share (0%)							
State Cost Share Percent 0 % State Cost Share Amount: \$ 0.00							
Fund Citation: 20 2 1 -06- 4 4 8 0 D R - 9 0 2	2 4 XXXX-250	8 -D /	Appropriation	code: 70X070	)2		
Mission Assignment Manager (Preparer)  EDWARD TAIT \$\sigma\$						Date 04/24/2021	
**FEMA Project Manager/Branch Director (Program Approval)  **BRYAN KRANE **					Date 04/24/2021		
**Comptroller/Funds Control (Funds Review)  **BERNHARD PREISSER **					Date 04/24/2021		

Region 2, State NY, 4480DR, MA#1509-350584 (IFMIS Closed), Amendment to MA#1509-342887 as of 04/24/2021

## **MISSION ASSIGNMENT (MA)**

VI. APPROVAL								
*State Approving Official (Required for DFA)								
**Federal Approving Official (Required for all)								
JASON WIND 🦃								
VII. OBLIGATION (FEMA Use Only)								
Mission Assignment Number 4480DR-NY-USFS-01	Amount This Action \$ 0.00	Date/Time Obligated	: 04/24/2021					
Amendment Number 01	Cumulative Amount \$ 1,350,000.00	Initials: IFMIS						
** Signature required for all MAs.								

#### **INSTRUCTIONS**

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

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)

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

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

II. ASSISTANCE REQUESTED. Completed by requestor.

<u>Assistance Requested:</u> 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.

<u>Initiator/Requestor</u>: 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.

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.

<u>Statement of Work:</u> 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.

<u>Assigned Agency:</u> 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.

<u>Projected Start/End Date</u>: 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.

<u>Total Cost Estimate</u>: 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.

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

Type of MA: Select only one.

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

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.

#### Assistance Requested Continued from Block II

vaccination of undeserved population in the State of New York.

Cross Reference RRF: 2604-490776

#### **Additional Statement of Work**

- USFS will utilize other Federal agency and State/local resources under existing agreement, as appropriate.
- USFS will pre-position resources and/or provide assistance.
- USFS is responsible for providing personnel and/or equipment necessary to accomplish the mission.

- 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

Region 2, State NY, 4480DR, MA#1509-350584 (IFMIS Closed), Amendment to MA#1509-342887 as of 04/24/2021

Print Time: 04/24/2021 15:06