DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency **MISSION ASSIGNMENT (MA)**

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to ave searching existing data sources, gathering and maintaining obtain or retain benefits. You are not required to respon- 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.	the needed data, and d to this collection o ggestions for reducing	d completin of informati g this burd	ng and submittin on unless it dis en to: Information	ng this form splays a v on Collecti	n. This c alid OM ons Mar	ollection of B control n nagement, I	information is required to umber. Send comments Department of Homeland	
I. TRACKING INFORMATION (FEMA Use O	nly)							
State Resource Requ AZ (Arizona) Incident:2020030901-COVID-19 Pandemic 2616-575584							st Number	
Program Code/Event Number 4524DR-AZ: COVID-19 PANDEMIC						Date/Time Received 05/04/2021 22:41		
II. ASSISTANCE REQUIRED				☐ See	Attach	ied		
Assistance Requested BOC 2508-(ARPA) (VC) - This MA is a continuation of MA# 4524 the American Rescue Plan Act of 2021. Request Vaccinators to p administration of vaccines to individuals at vaccination centers in	provide assistance to pe	rform as nee	eded services inclu	uding, but no	n funding ot limited	through to,		
Delivery Location Don Wenschhof -AZEOC, 5636 E McDowell Rd., Buildi Phoenix, AZ 85008		Internal Control Number		er	1	Date/Time	Required 05/02/2021	
Initiator/Requestor Name		4 Hour Phone Number Email Address					Date	
Teresa Ehnert	(602) 725-2881 teresa.ehnert@azd		•	s.gov		05/04/2021		
Site POC Name	24 Hour Phone Number Ema		Email Addres	mail Address			Date	
Don Wenschhof	(202) 655-8821						05/04/2021	
III. INITIAL FEDERAL COORDINATION (Operations Section) Action to: IX ESF # : 4 Cother : Date/Time Priority 1. Lifesaving 3. High								
Action to: IX ESF # : Other : □ RSF: Other :								
IV. DESCRIPTION (Assigned Agency Action Officer) IV. DESCRIPTION (Assigned Agency Action Officer)							• —	
Statement of Work In coordination with FEMA and the State of Arizona , USFS will p directed and at locations determined by FEMA and the State of A with appropriate EMT resources to administer vaccinations only. Your agency must validate the unliquidated MA balance at least ann later than the third business day after fiscal quarter end close. Inform visit http://www.fema.gov/federal-agencies-providing-disaster-assista	vizona. USDA and DOI The resources working ually as stipulated by FE nation can be submitted	through ESF on site will fo	F4 will support the blow all CDC, Nat	COVID Vac tional Wildfin authority. A	cine Carr coordin	npaign lating ta must also b		
Assigned Agency USFS (~~AMENDMENT - USFS)			Projected Start Date Est 05/09/2021				mated Projected End Date 05/20/2021	
IX New or ☐ Amendment to MA # :	Total Cost Estimated \$960,000		,000.00	Total	Total Required this Obligation Cycle			
ESF/OFA/RSF Action Officer BILLY ZAMORA			Phone # (505) 362-7001			Email billy_zamora@firenet.gov		
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 A	mount: \$	0.00			
Fund Citation: 20 <u>2</u> <u>1</u> -06- <u>4 5 2 4 D R - 9 0</u>	9 <u>4</u> XXXX-250 <u>8</u>	_B -D A	ppropriation co	ode: 70X()702			
Mission Assignment Manager (Preparer) SIMONE SMITH S						Date 05/04/2021		
**FEMA Project Manager/Branch Director (Program Approval) THOMAS ERICKSON S>						Date 05/04/2021		
**Comptroller/Funds Control (Funds Review) KAREN LONG S						Date 05/07/2021		
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VI. APPROVAL							
*State Approving Official (Required for DFA)	Date						
**Federal Approving Official (Required for all)	Date 05/06/2021						
VII. OBLIGATION (FEMA Use Only)							
Mission Assignment Number <u>4524DR-AZ-USFS-02</u> Amount This Ad	tion \$ Date/Time Obligated : 05/07/2021						
Amendment Number 00 Cumulative Amount \$ _960,000.00 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.							
<u>State:</u> If multi-State, choose State most likely to receive resource(s), (i.e., when using 7220-SU Program Code) <u>Resource Request No.</u> : 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.							
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. <u>Initiator/Requestor</u> : The initiator may be an individual filling out the mission assignment and making a request on behalf of the POC. <u>POC Name</u> : 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. 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

<u>Mission Assignment No</u>.: Assigned in FEMA financial system chronologically using assigned agency acronym and two digit number. <u>Amendment No</u>.: Note supplement number. For example: COE: SAD-01, Supp. 1, or DOR-08, Supp. 3. <u>Amount this Action</u>: Taken from total cost estimate above.

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

Additional Statement of Work

Group (NWCG), and Fire Management Board (FMB) guidance for the prevention and mitigation of COVID-19. A safety in-briefing and appropriate training will be provided by ranking clinical personnel upon the resources arrival for duty. PPE will be provided by the state. If N95 masks

are expected to be worn, fit testing must be provided by the vaccination site. Resources administering vaccinations

will not be assigned other tasks unless cleared through the Regional ESF4 Liaison. FEMA will approve the activation and costs of support personnel which will be negotiated and based upon the scale of the deployment. Personnel may include timekeepers, safety officers, agency reps, or mobilization personnel, etc. This MA is funded with American Rescue Plan Act of 2021 funding and must be noperationally complete by 09/30/2025. Any expenditures under this MA

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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.