DEPARTMENT OF ROMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY MISSION ASSIGNMENT (MA)							See Re Burde	See Reverse for Paperwork Burden Disclosure Notice				O.M.B. NO. 1660-0047 Expires March 31, 2014	
I. TRACI	KING INFOR	MATION (FEMA Use Only)	_										
										NE	EMIS Nun	nber	
Program Code/E 3349EN		RICANE SANDY								Dε		Received 9/2012 19:11	
	TANCE REQ							IX)	See Atta	ached			
Assistance Requested Activate USFS and DOI to provide emergency road clearing (chainsaw crews with supervision) in support of ESF #3 during disaster response operations. Activate ESF #3 (USFS & DOI personnel and equipment) necessary to clear fallen trees, brush and debris from State, COunty and City roads to facilitate emergency access to disaster area.													
Delivery Location	ividi yii	rland State EOC, 5401 Rue S terstown, DE 00000	Saint	Lo Dr	Internal Con	trol N	lumber			Date/T	Time Requ 10/28/20	012	
Initiator/Request TBD	or Name			24 Hour Phone N	lumber	Ema	ail Address	_				Date 10/29/2012	
Site POC Name DEMURO, JOS				24 Hour Phone N (215) 931-5592			ail Address eph.demui		@fema.dhs.	.gov		Date 10/29/2012	
* State Approving Official (Required for DFA and TA) Date													
		COORDINATION (Operation:		•		_							
Action to:	区 ESF#:_ ☐ Other:	4	Date	e/Time 10/29/2012	15:49],	Priority		1. Lifesavi 2. Life sus	•	_	3. High 4. Medium	
IV. DESCI	I	ssigned Agency Action Office	.er)_					_			ee Attach		
Activate ESF 4(ISFS and DOI personnel and equipment) necessary to clear fallen trees, brush and debris from State, County and City roads to facilitate emergency access in the disaster area 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. FC		(VICE)					Projected S 10		Date /2012			cted End Date 1/13/2012	
		nent to MA #:	_			7	Total Cost I	Estin					
ESF/OFA Action		ERT HARTLOVE	_			F	Phone No. (610) 557			Email	ve@fs.fe		
V. COOR		(FEMA Use Only)	—			_	(010) 33.	/	31	Maruo	V e @is.iv	30.us	
Type of M	<u>-</u>	Direct Federal Assistance State Cost Share (0%, 109)	·/ ₂ 2	5%)	☐ Technica	al Ass	sistance			Fede	eral Opera e Share (0	ations Support	
State Cost Share Percent 0.0 % State Cost Share Amount: \$ 0.00													
Fund Citation:	- : : - : - : - : - : - : - : - : - 	3-3349EM-9034-XXXX-2501-	<u>-D</u>				n code: 70						
Mission Assignm	ient Manager		TH	OMAS MURRAY		_		-		_		Date 10/29/2012	
** FEMA Project	Manager/Bra	anch Director (Program Approv	val)									Date	
** Comptroller/Fu	unds Control /	(Funds Review)		SEPH DEMURO					,			10/29/2012 Date 10/30/2012	
GARCIA, LISA M. 10/30/2012 VI. APPROVAL													
		uired for DFA and TA):										Date	
**Federal Approv	**Federal Approving Official (required for all): EUGENE GRUBER											Date 10/29/2012	
VII. OBLI	IGATION (FE	EMA Use Only)				_		_					
Mission Assignment Number 3349EM-MD-USFS-01 Amount This Action \$ 700,000.00							Date/Time Obligated 10/30/					/30/2012	
Amendment Nurr	nber	00	Cu	mulative Amount \$	\$ 700,000.0	0_			_ InitialsI	FMIS			
	* Signature required for Direct Federal Assistance and Technical Assistance MAs.												

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.

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

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

Print Time: 10/30/2012 17:52