DEPARTMENT OF HOMELAND SECURITY O.M.B. NO. 1660-0047 See Reverse for Paperwork FEDERAL EMERGENCY MANAGEMENT AGENCY Expires March 31, 2014 Burden Disclosure Notice **MISSION ASSIGNMENT (MA)** TRACKING INFORMATION (FEMA Use Only) State **NEMIS Number** NY (New York) Incident:2012102503-Hurricane Sandy 1509-157613 Program Code/Event Number 3351EM-NY: HURRICANE SANDY Date/Time Received 10/29/2012 15:29 **ASSISTANCE REQUIRED** See Attached Assistance Requested Request United State Forest Service (USFS), and as appropriate Dept. of Interior (DOI), to provide emergency road clearing, to include chainsaw crews with supervision, in support of ESF 3 during disaster response operations. Initial request for 4 teams, may be increased/decreased as required by FEMA via Task Order. New York State Emergency Management Office, 1221 Washington William 22 Albany, NY 12207 Date/Time Required Delivery Location 10/28/2012 Initiator/Requestor Name 24 Hour Phone Number Email Address John Kapsimalis (917) 455-6834 10/29/2012 john.kapsinmalis@fema.dhs.gov Site POC Name 24 Hour Phone Number Email Address NEIDERMEYER, ALAN B (212) 680-8614 alan.neidermeyer@fema.dhs.gov 10/29/2012 State Approving Official (Required for DFA and TA) Date INITIAL FEDERAL COORDINATION (Operations Section) 1. Lifesaving X 3. High Date/Time П Action to: **Priority** Other: 10/29/2012 14:32 2. Life sustaining 4. Medium See Attached **DESCRIPTION (Assigned Agency Action Officer)** Statement of Work Request ESF 4 (USFS and 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. 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 Assianed Aaency Projected Start Date Projected End Date USFS (U.S. FOREST SERVICE) 11/04/2012 10/29/2012 Total Cost Estimate New or ☐ Amendment to MA #: \$250,000.00 ESF/OFA Action Officer Phone No. Email MARIS GABLIKS (610) 742-7854 mggabliks@fs.fed.us **COORDINATION (FEMA Use Only)** Direct Federal Assistance Technical Assistance Federal Operations Support Type of MA: State Cost Share (0%, 10%, 25%) State Share (0%) State Share (0%) 25.0 State Cost Share Percent State Cost Share Amount: \$ 62,500.00 Appropriation code: 70X0702 Fund Citation: 2013-06-3351EM-9024-XXXX-2508-D Mission Assignment Manager (Preparer) Date **BRICE ACOSTA** 10/30/2012 * FEMA Project Manager/Branch Director (Program Approval) ALAN NEIDERMEYER 10/30/2012 Comptroller/Funds Control (Funds Review) Date VI. **APPROVAL** Date State Approving Official (required for DFA and TA): Date *Federal Approving Official (required for all): JOSE DOSSANTOS 10/30/2012 VII. **OBLIGATION (FEMA Use Only)** 3351EM-NY-USFS-02 Mission Assignment Number Amount This Action \$ 250,000.00 Date/Time Obligated Amendment Number 00 Cumulative Amount \$ 250,000.00 Initials Signature required for Direct Federal Assistance and Technical Assistance MAs. * Signature required for all MAs.

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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.

<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.

<u>Action to</u>: 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.

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

<u>Assigned Agency</u>: 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.

<u>Project Completion Date/End Date</u>: 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. <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.
- 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.

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RFA #1509-157613 Financial Program: 3351EM

Additional Mission Statement

Specific requirements and tasks to be assigned by FEMA via Task Orders.

Purchase of equipment/supplies to be coordinated with FEMA Logistics (via FEMA PM) prior to purchase.

Crew (20 people) + overhead (1 manager): Daily cost: \$7,665/day, support/supply costs: \$3,801, Mobilization cost \$21,000, Per Diem \$2,310/day = \$62,500.00/5 days \$175,000/5 days per team. Original estimate \$700K. Will provide additional funding as needed.

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