| DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY MISSION ASSIGNMENT (MA) | | | | | | See R Burde | See Reverse for Paperwork Burden Disclosure Notice | | | O.M.B. NO. 1660-0047 Expires March 31, 2014 | | |
|---|--|------|---|-----------------|-----------------------|---|---|-------------------------------------|--|--|----------------------|--|
| I. TRACKING INFORMATION (FEMA Use Only) | | | | | | | | | | | | |
| State NY (New York) Incident:2012102505-Hurricane Sandy | | | | | | | | | S Num | ber | | |
| Program Code/Event Number 4085DR-NY: HURRICANE SANDY | | | | | | | | | Date/Time Received 10/31/2012 22:12 | | | |
| II. ASSISTANCE REQUIRED See Attached | | | | | | | | | | | | |
| Assistance Requested Provide Emergency Road Clearing (Chainsaw Crew or equivalent) to support disaster operations in response to Hurricane Sandy in the States of New York and New Jersey | | | | | | | | | | | | |
| Delivery Location Various Location, | | | Internal Control Number | | | | | | | e Requ 0/31/20 | | |
| Initiator/Requestor Name Dan Best | | | 24 Hour Phone N (202) 646-2828 | 8 | | nail Addres | | | | Date 10/31/2012 | | |
| Site POC Name SMITH, TIMOTHY D | | | 24 Hour Phone Number Em (202) 646-3025 tin | | | nail Address mothy.smith5@fema.dhs.gov | | | οv | | Date 10/31/2012 | |
| * State Approving Official (Required for DFA and TA) Date | | | | | | | | | | | | |
| III. INITIAL FEDERAL COORDINATION (Operations Section) | | | | | | | | | | | | |
| Action to: | to: | | | 21:44 | | Priority 🔲 1. Life | | | ing staining | | 3. High 4. Medium | |
| IV. DESC | RIPTION (Assigned Agency Action Office | cer) | | | | | | | ⊠ See | Attach | ed | |
| As directed by and in coordination with pre-positioned FEMA (and USACE #ESF 3)resources, USFS will provide resources (personnel and equipment) necessary to clear fallen trees, brush, and debris as assigned by state, county, and city roads to facilitate emergency access in disaster area. The expected duration of this assignment is 14 days. 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) | | | | | | | 2012 | | Projected End Date 11/05/2012 | | | |
| New or | | | | | | Total Cos | | nate 0,000.00 | | | | |
| ESF/OFA Action Officer | | | | | The first | Phone No | | Email | nail | | | |
| GORDY SACHS | | | | | | (540) 2 | 22 | | | | | |
| v. coo | RDINATION (FEMA Use Only) | | | | lack-1- 1- | neista | | | Ender | il Ones | ations Support | |
| Type of MA: Direct Federal Assistance Technical Assistance State Cost Share (0%, 10%, 25%) Direct Federal Assistance State Share (0%) Technical Assistance State Share (0%) | | | | | | | | al Operations Support Share (0%) | | | | |
| State Cost Share Percent 95.0 % State Cost Share Amount: \$ 375,000.00 | | | | | | | | | | | | |
| Fund Citation: 2813-06-4085DR-9024-XXXX-2508-D Appropriation code: 70X0702 | | | | | | | | | | | | |
| Mission Assignment Manager (Preparer) ARNIE GONZALEZ | | | | | | | | | | Date 10/31/2012 | | |
| ** FEMA Project Manager/Branch Director (Program Approval) TIMOTHY SMITH | | | | | | | | | Date 10/31/2012 | | | |
| ** Comptroller/Funds Control (Funds Review) Date | | | | | | | | | | | | |
| VI. APPROVAL | | | | | | | | | | | | |
| *State Approving Official (required for DFA and TA): | | | | | | | | | | | | |
| **Federal Approving Official (required for all): DANIEL BEST | | | | | | | | | Date 11/01/2012 | | | |
| VII. OBLIGATION (FEMA Use Only) | | | | | | | | | | | | |
| Mission Assign | ssion Assignment Number 4085DR-NY-USFS-03 Amount This Action \$ 1,500,000.00 | | | | | | Date/Time Obligated | | | | | |
| Amendment Number 00 Cumulative Amount | | | | t \$ <u>1,5</u> | 1,500,000.00 Initials | | | | | M | | |
| | * Signature required for Direct Federal Assistance and Technical Assistance MAs. ** Signature required for all 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.

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.

<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.

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.

<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.

RFA #1509-158066 Financial Program: 4085DR

Additional Mission Statement

Use USFS and Department of Interior (DOI) resources as appropriate.

MA task orders will be issued for specific personnel requirements, location(s), dates, and duration of assignment(s).

All equipment and supply purchases must be coordinated with FEMA. Prior FEMA approval is necessary to ensure reimbursement.

Region 2, State NY, 4085DR, MA#1509-158066 (Closed) as of 11/01/2012

Print Time: 11/01/2012 15:09

