

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
 MISSION ASSIGNMENT (MA)

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	NEMIS Number
Program Code/Event Number 4085DR-NY: HURRICANE SANDY	Date/Time Received 11/06/2012 17:37

**II. ASSISTANCE REQUIRED**

See Attached

Assistance Requested  
 Provide Incident Management Team(s) to work with County and/or local government in the State of New York to organize and provide an incident management structure organization in support of emergency hurricane relief activities resulting from the impact of Hurricane Sandy.

Delivery Location Multiple sites in New York, 00000	Internal Control Number 197-134	Date/Time Required 10/31/2012	
Initiator/Requestor Name John Kapsimalis	24 Hour Phone Number (917) 455-6834	Email Address John.Kapsimalis@fema.dhs.gov	Date 11/06/2012
Site POC Name BENSON, SAMUEL N	24 Hour Phone Number (646) 785-9994	Email Address samuel.benson3@fema.dhs.gov	Date 11/06/2012
* State Approving Official (Required for DFA and TA)			Date

**III. INITIAL FEDERAL COORDINATION (Operations Section)**

Action to:	<input checked="" type="checkbox"/> ESF #: <u>4</u>	Date/Time 11/06/2012 17:13	Priority	<input type="checkbox"/> 1. Lifesaving	<input checked="" type="checkbox"/> 3. High
	<input type="checkbox"/> Other: _____			<input type="checkbox"/> 2. Life sustaining	<input type="checkbox"/> 4. Medium

**IV. DESCRIPTION (Assigned Agency Action Officer)**

See Attached

Statement of Work  
 As directed by and in coordination with FEMA: USFS personnel, and as appropriate, Department of the Interior (DOI) to conduct operational risk assessment and ensure controls are in place to protect responders and the public; provide incident management support for the continuity of emergency operations across the State of NY.  
 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)	Projected Start Date 10/31/2012	Projected End Date 11/21/2012
<input checked="" type="checkbox"/> New or <input type="checkbox"/> Amendment to MA #:	Total Cost Estimate \$2,000,000.00	
ESF/OFA Action Officer JAN POLASKY	Phone No. (610) 742-7619	Email

**V. COORDINATION (FEMA Use Only)**

Type of MA:	<input type="checkbox"/> Direct Federal Assistance State Cost Share (0%, 10%, 25%)	<input type="checkbox"/> Technical Assistance State Share (0%)	<input checked="" type="checkbox"/> Federal Operations Support State Share (0%)
State Cost Share Percent	0.0 %	State Cost Share Amount: \$ 0.00	
Fund Citation:	2013-06-4085DR-9024-XXXX-2501-D	Appropriation code: 70X0702	

Mission Assignment Manager (Preparer) DONNA CREEKBAUM	Date 11/06/2012
** FEMA Project Manager/Branch Director (Program Approval) SAMUEL BENSON	Date 11/07/2012
** Comptroller/Funds Control (Funds Review) KENNEY, JEFFREY F.	Date 11/08/2012

**VI. APPROVAL**

*State Approving Official (required for DFA and TA):	Date
**Federal Approving Official (required for all): PHILIP PARR	Date 11/07/2012

**VII. OBLIGATION (FEMA Use Only)**

Mission Assignment Number <u>4085DR-NY-USFS-06</u>	Amount This Action \$ <u>2,000,000.00</u>	Date/Time Obligated <u>11/08/2012</u>
Amendment Number <u>00</u>	Cumulative Amount \$ <u>2,000,000.00</u>	Initials IFMIS

\* 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.

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.

## **Additional Mission Statement**

Note: Initial concentration will be Nassau County, NY.