

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

**O.M.B. No. 1660-0002**  
**Expires May 31, 2017**

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, 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 this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0047). **NOTE: Do not send your completed form to this address.**

**I. TRACKING INFORMATION (FEMA Use Only)**

State WY (Wyoming) Incident:2020030901-COVID-19 Pandemic	Resource Request Number 2661-140585
Program Code/Event Number 4535DR-WY: COVID-19 PANDEMIC	Date/Time Received 04/14/2020 15:26

**II. ASSISTANCE REQUIRED**

See Attached

Assistance Requested  
Request for USFS command and control support with augmentation to local emergency operations centers in support of COVID Operations in Wyoming.  
See MATO for initial requests and Counties.  
This MA replaces 3479EM-WY-USFS-01; Task ID #1509-314990

Delivery Location Various locations in Wy, 6 South Bench Road Pinedale, WY 82941	Internal Control Number	Date/Time Required 04/04/2020
Initiator/Requestor Name Shad Cooper	24 Hour Phone Number (307) 367-4550	Email Address shad.cooper@sublettefire.com
Site POC Name Jim Mitchell	24 Hour Phone Number (307) 367-2284	Date 04/14/2020

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

Action to:	<input checked="" type="checkbox"/> ESF # : 4 <input type="checkbox"/> Other : _____ <input type="checkbox"/> RSF: _____	Date/Time 04/14/2020 15:02	Priority <input type="checkbox"/> 1. Lifesaving <input type="checkbox"/> 3. High <input type="checkbox"/> 2. Life sustaining <input checked="" type="checkbox"/> 4. Normal
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**IV. DESCRIPTION (Assigned Agency Action Officer)**

See Attached

Statement of Work  
As directed by and in coordination with FEMA, US Forest Service (USFS) and DOI will provide command, control, and coordination resources, to include command and general  
  
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 to FEMA-Disaster-MA-ULO@dhs.gov. For MA billing and reimbursement information, please visit <http://www.fema.gov/federal-agencies-providing-disaster-assistance>.

Assigned Agency USFS (U.S. FOREST SERVICE)	Projected Start Date 04/04/2020	Estimated Projected End Date 04/28/2020
<input checked="" type="checkbox"/> New or <input type="checkbox"/> Amendment to MA # : _____	Total Cost Estimated \$28,000.00	Total Required this Obligation Cycle
ESF/OFA/RSF Action Officer SCOTT SUGG	Phone # (303) 941-2779	Email scott.sugg@usda.gov

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

<b>Type of MA:</b> <input checked="" type="checkbox"/> Direct Federal Assistance <input type="checkbox"/> State Cost Share (0%, 10%, 25%)	<input type="checkbox"/> Federal Operations Support <input type="checkbox"/> State Share (0%)
State Cost Share Percent      25 %	State Cost Share Amount: \$    7,000.00
Fund Citation: 20 <u>2</u> <u>0</u> -06- <u>4</u> <u>5</u> <u>3</u> <u>5</u> <u>DR</u> - <u>9</u> <u>0</u> <u>8</u> <u>4</u> XXXX-250 <u>8</u> -D    Appropriation code: 70X0702	
Mission Assignment Manager (Preparer) ADAM ESPINOSA	Date 04/14/2020
**FEMA Project Manager/Branch Director (Program Approval) SCOTT PANZER	Date 04/14/2020
**Comptroller/Funds Control (Funds Review) PATRICIA BORSOS	Date 04/15/2020

## MISSION ASSIGNMENT (MA)

<b>VI. APPROVAL</b>		
*State Approving Official (Required for DFA)	Date	
**Federal Approving Official (Required for all)	Date	
<i>LEE DEPALO</i>	04/15/2020	
<b>VII. OBLIGATION (FEMA Use Only)</b>		
Mission Assignment Number <u>4535DR-WY-USFS-01</u>	Amount This Action \$ <u>28,000.00</u>	Date/Time Obligated : <u>04/15/2020</u>
Amendment Number <u>00</u>	Cumulative Amount \$ <u>28,000.00</u>	Initials: IFMIS
<b>** Signature required for all MAs.</b>		
<b>INSTRUCTIONS</b>		
Items on the Mission Assignment (MA) form that are not listed are self-explanatory.		
<b>I. TRACKING INFORMATION.</b> 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.		
<b>II. ASSISTANCE REQUESTED.</b> Completed by requestor.		
<u>Assistance Requested:</u> Details from the Resource Request Form will provide information concerning the assistance requested. <u>Internal Control No.:</u> 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.		
<b>III. INITIAL FEDERAL COORDINATION.</b> Completed by FEMA Personnel with Delegated Authority.		
<u>Action to:</u> 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.		
<b>IV. DESCRIPTION.</b> 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.		
<b>V. COORDINATION.</b> 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.		
<b>VI. APPROVAL.</b> Completed by State Approving Official and Federal Approving Official.		
<b>VII. OBLIGATION.</b> 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. <u>Cumulative Amount:</u> Cumulative amount for this MA, including amendments.		

### **Additional Statement of Work**

staff members or personnel with other specialized qualifications, to assist FEMA with firefighting and emergency operations in support of response operations for Wyoming COVID19.event, FEMA3479 EM WY. AS authorized by FEMA, USFS will provide planning, communication and coordination support to county/state level Emergency Operations Center (EOC) in the state of Wyoming.

Personnel assigned must be 1) able to work virtually, or 2) can drive to and from the assigned location without needing to stop overnight in order to remain in compliance with the Standards for Interagency Incident Business Practices.Utilize USFS, DOI, other Federal agency and State/local resources under existing agreement, as appropriate.

a. MA task orders may be issued by FEMA for specific requirements, personnel, location(s), date(s), and duration of assignment(s).

b. Agencies will be reimbursed for all eligible expenses pursuant to 44 CFR. Supporting documentation is required for reimbursement.

c. All equipment and supply purchases must be coordinated with a FEMA Project Manager. If approved, documentation is necessary to ensure reimbursement. . (refer Federal Personal Property Management Manual)

d. Activation of agency command center(s), if required, must be coordinated with FEMA as a separate MA.

e. 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

f. 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.