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

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to aver searching existing data sources, gathering and maintaining obtain or retain benefits. You are not required to respon- regarding the accuracy of the burden estimate and any sus Security, Federal Emergency Management Agency, 500 C not send your completed form to this address.	the needed data, and d to this collection of ggestions for reducin	d completin of informati g this burd	ng and submittin ion unless it dis len to: Informatio	g this form. Th plays a valid on Collections	is collection of OMB control r Management, I	information is required to number. Send comments Department of Homeland	
I. TRACKING INFORMATION (FEMA Use O	nly)						
State VA (Virginia) Incident:2019082401-Hurricane DORIAN					Resource Request Number 2462-83617-003		
Program Code/Event Number 7220SU-Pre-Declaration Disaster Surge Account				Date/Time Received 09/02/2019 18:40			
II. ASSISTANCE REQUIRED				☐ See Att	ached		
Assistance Requested Activate USFS to perform duties in support of disaster operations supporting the State EOC, staging areas, the FEMA Region III R necessary by FEMA	s in Region III. Resource egional Response Coor	es will suppo dination Cer	rt deployed assets hter (RRCC), or oth	in the field (IMA her locations as d	Г) esignated		
Delivery Location		Internal	Control Numbe	er	Date/Time	Required 09/02/2019	
Initiator/Requestor Name Kelly Wolslayer	24 Hour Phone N (215) 931-5955				Date 09/02/2019		
Site POC Name	24 Hour Phone N	lumber	umber Email Address			Date 09/02/2019	
III. INITIAL FEDERAL COORDINATION (Operation	s Section)						
Action to:	r:		e/Time 2/2019 18:30	Priority	1. Lifesavin 2. Life sust	g 🕅 3. High aining 🔲 4. Normal	
IV. DESCRIPTION (Assigned Agency Action	Officer)				X See Att	• _	
Statement of Work As directed by and in coordination with FEMA, United States For other facilities as requested to perform functions of ESF-13 in su authorized by FEMA, will be provided under a separate MA. MA Your agency must validate the unliquidated MA balance at least ann	pport FEMA disaster op task orders may be issu ually as stipulated by FF	erations. Fu ued by FEM/ EMA to main	nding for DOJ com A for specific requi	imand center(s), rements, personr authority. Accrua	f iel, I data must also l	pe provided to FEMA no	
later than the third business day after fiscal quarter end close. Inform visit http://www.fema.gov/federal-agencies-providing-disaster-assista		to FEMA-Di		0		· 1	
Assigned Agency USFS (U.S. FOREST SERVICE)			Projected Start Date 09/03/2019			Estimated Projected End Date 09/10/2019	
IX New or ☐ Amendment to MA # :	T	Total Cost Estimated \$10,000.00			Total Required this Obligation Cycle		
ESF/OFA/RSF Action Officer MARLIS GABLIKS	MARLIS GABLIKS		Phone # (610) 742-7854		Email mggabliks@fs.fed.us		
V. COORDINATION (FEMA Use Only)							
Type of MA:Direct Federal AssistarImage: State Cost Share (0%, State Cost Share State			Federal Opera State Share (0				
State Cost Share Percent 0 %		State	Cost Share A	mount: \$ 0.	00		
Fund Citation: 20 <u>1</u> <u>9</u> -06- <u>7</u> 2 <u>2 0 S U- 9 0</u>	3 <u>4</u> XXXX-250	<u>1</u> -D A	ppropriation co	ode: 70X0702			
Mission Assignment Manager (Preparer) ROBERT KABATA ᡐ						Date 09/02/2019	
**FEMA Project Manager/Branch Director (Program KERRY HOLMES SA	Approval)					Date 09/02/2019	
**Comptroller/Funds Control (Funds Review) WILSON, TODD E. SA						Date 09/02/2019	
FEMA FORM 010-0-8	PREVIOUS	SLY FF 90	-129			Page 1 of 2	

MISSION ASSIGNMENT (MA)	
VI. APPROVAL *State Approving Official (Required for DFA) Date	
**Federal Approving Official (Required for all) KELLY WOLSLAYER \$ Date	ate 09/02/2019
VII. OBLIGATION (FEMA Use Only)	
Mission Assignment Number VA-19082401-USFS-01 Amount This Action \$ 10,000.00 Date/Time Obligated : 09/	09/02/2019
Amendment Number 00 Cumulative Amount \$ 10,000.00 Initials: IFMIS	
** Signature required for all MAs.	
INSTRUCTIONS	
Items on the Mission Assignment (MA) form that are not listed are self-explanatory.	
I. TRACKING INFORMATION. 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.	
II. ASSISTANCE REQUESTED. Completed by requestor.	
Assistance Requested: Details from the Resource Request Form will provide information concerning the assistance requested. 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.	OC.
III. INITIAL FEDERAL COORDINATION. Completed by FEMA Personnel with Delegated Authority.	
Action to: May be Emergency Support Function (ESF), Recovery Support Function (RSF), internal FEMA organization, or other organization, which assigns the Action Officer.	organization,
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.	on and
IV. DESCRIPTION. Completed by assigned agency Action Officer.	
Statement of Work: 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.	rsonnel, y be attached. gency. Cite
is not clear, estimate e and attach a detaile include the total cost day increments when	table; a date y, travel and obligation
 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. <u>Reporting:</u> MA agencies are required to provide reporting as determined by the Program Manager. 	es to Treasury.
VI. APPROVAL. Completed by State Approving Official and Federal Approving Official.	
VII. OBLIGATION . 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.	ber.

Additional Statement of Work

location(s), date(s), and duration of assignment(s). All equipment and supply purchases must be coordinated with FEMA. Prior FAO approval is necessary to ensure reimbursement. Agencies will be reimbursed for all eligible expenses pursuant to 44 CFR. Supporting documentation is required for reimbursement. 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 agencies. 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.