

ESF MISSION ASSIGNMENT SUBTASKING REQUEST

FEMA-Assigned MA Number: 4505DR-RI-USFS-01 **ESF Primary Agency:** U.S. Forest Service

Subtasked Agency: Department of the Interior **State:** RI **Disaster No:** 4505DR

Tasking Statement/Statement of Work

At the request of the State of Rhode Island and as directed by and in coordination with FEMA, United States Forest Service (USFS) will provide clinical assistance with medical and non-medical personnel to perform as needed services including, but not limited to, administration of vaccines to individuals and post-vaccination observation at vaccination centers in the State. USFS through ESF4 will support the COVID Vaccine Campaign. F92115 0901

Project Completion Date: See Mission Assignment **Authorized Funding:** See Mission Assignment

Reimbursement Procedure: Upon completion of scope of work, the subtasked Federal agency will submit a SF 1081, or other approved Treasury form to request reimbursement, detailing expenditures and activities to:

USDA / Forest Service, ASC-IF
5141 Masthead
Albuquerque, NM 87109

The ESF primary agency will:

- (1) Review the reimbursement request and recommend approval or disapproval within 10 workdays of receipt.
- (2) Return approved reimbursement requests to subtasked agencies that use the Intra-governmental Payment and Collection (IPAC) system for transaction processing and simultaneously forwarding supporting documentation to the DFC.
- (3) Forward approved reimbursement requests from non-IPAC agencies to the Disaster Finance Center. The Disaster Finance Center will send payment directly to the subtasked agency for non-IPAC agencies.

Statutory Authority: Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, as amended, 42 U.S.C 5121-5201.

Authorizing Officials:

The work described in the above tasking statement will be completed in support of the Federal Response Plan.

Erin Horsburgh 03/04/2021 _____
Authorizing Official, Subtasked Agency Date Phone #

/s/ Heather J. Good 3/4/2021 986-200-9323
Authorizing Official, ESF Primary Agency Date Phone #

Following signatures please provide information copy to FEMA MAC and Project Officer.