

ESF MISSION ASSIGNMENT SUBTASKING REQUEST

FEMA-Assigned MA Number: 4491DR-MD-USFS-03 **ESF Primary Agency:** U.S. Forest Service

Subtasked Agency: Department of the Interior **State:** MD **Disaster No:** 4491DR

Tasking Statement/Statement of Work

As directed by and in coordination with FEMA Region III, USFS will provide up to, but not limited to, six (6) command and general staff members or personnel with other specialized qualifications, to assist with mobile vaccination support for the state of Maryland. USFS will also provide up to, but not limited to, twelve (12) vaccinators qualified as EMTs. USFS will utilize DOI, other federal agency and/or state/local resources F92118 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 03/29/2021 _____
Authorizing Official, Subtasked Agency Date Phone #

/s/ Heather J. Good 3/29/2021 986-200-9323
Authorizing Official, ESF Primary Agency Date Phone #

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