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

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 Resource Requ AZ (Arizona) Incident:2020030901-COVID-19 Pandemic 2616-530698						•	st Number			
Program Code/Event Number 4524DR-AZ: COVID-19 PANDEMIC					Date/Time Received 03/22/2021 22:16					
II. ASSISTANCE REQUIRED X See Attached										
Assistance Requested BOC-2508 (VC) Amendment #1 USFS to provide the State of Arizona 100 qualified medical vaccinators for 32 days, POP 4/6-5/8/21.										
BOC-2508 (VC) USFS to provide the State of Arizona 96 qualified medical vaccinators for a period of 60 days to assist with Arizona multiple										
Delivery Location AZDHS, 250 North 17th Ave Phoenix, AZ 85007			Internal Control Number			Date/Time Required 04/06/2021				
Initiator/Requestor Name		24 Hour Phone Number Email Address				Date				
Teresa Ehnert	(602) 725-2881	(602) 725-2881 teresa.ehnert@azdhs			ov 03/22/202		03/22/2021			
Site POC Name	24 Hour Phone N	umber	Email Addres	S			Date			
Rachel Garcia	(480) 493-9651						03/22/2021			
III. INITIAL FEDERAL COORDINATION (Operations Section)										
Action to: IX ESF # : Other : □ RSF: Other :						Lifesaving 🔲 3. High Life sustaining 🗌 4. Normal				
IV. DESCRIPTION (Assigned Agency Action Officer)							ached			
Statement of Work In coordination with FEMA and the State of Arizona , USFS will provide the appropriate medical personnel to administer vaccines (vaccinators) as directed and at locations determined by FEMA and the State of Arizona. USDA and DOI through ESF4 will support the COVID Vaccine Campaign with appropriate EMT resources to administer vaccinations only. The resources working on site will follow all CDC, National Wildfire Coordinating 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 guarter 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			Projected Start Date			Estimated Projected End Date				
USFS (~~DO-NOT-USE-USFS)	1		02/05/2021			05/08/2021				
New or Amendment to MA # : 4524DRAZ		otal Cost	Estimated \$6,40	0,000.00	Total Required this Obligation		this Obligation Cycle			
ESF/OFA/RSF Action Officer			Phone #		Email					
TIMOTHY DUNFEE			(760) 920-7515			timothy.dunfee@usda.gov				
V. COORDINATION (FEMA Use Only)										
Type of MA:Direct Federal AssistanceFederal Operations SupportImage: State Cost Share (0%, 10%, 25%)Image: State Share (0%)										
State Cost Share Percent 0 % State Cost Share Amount: \$ 0.00										
Fund Citation: 20 <u>2</u> <u>1</u> -06- <u>4</u> 5 <u>2</u> 4 <u>DR-9094</u> XXXX-250 <u>8</u> -D Appropriation code: 70X0702										
Mission Assignment Manager (Preparer)							Date			
**FEMA Project Manager/Branch Director (Program Approval)						Date				
**Comptroller/Funds Control (Funds Review)						Date				
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MISSION ASSIGNMENT (MA)

VI. APPROVAL								
*State Approving Official (Required for DFA)	Date							
**Federal Approving Official (Required for all)	Date							
VII. OBLIGATION (FEMA Use Only)				1				
Mission Assignment Number <u>4524DR-AZ-USFS-01</u>	Amount This Action \$_	6,400,000.00	Date/Time Obligated	:				
Amendment Number 01	Cumulative Amount \$	17,920,000.00	Initials:					
** 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. State: If multi-State, choose State most likely to receive resource(s), (i.e., when using 7220-SU Program Code)								
Resource Request No.: 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.								
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.								
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.								
IV. DESCRIPTION. 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 deta other costs. The cost estimate should include the total co cycle is used to obligate funding in 90 day increments wh	iled budget outlining per ost projection for the MA	sonnel, equipment, across the entire ler	contract, sub-tasked a ngth of the MA. The 9	igency, travel and				
V. COORDINATION. Completed by MAM, except f	or Project Manager and	Comptroller signatu	res.					
Type of MA: Select only one. <u>Appropriation Code</u> : Static data. Do not change. This is f <u>Reporting</u> : MA agencies are required to provide reporting			port internal agency fi	nances 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.

Cumulative Amount: Cumulative amount for this MA, including amendments.

Assistance Requested Continued from Block II

vaccine POD operations to include the Counties of Yavapai, Mohave, Navajo, Coconino, and Pima.

Additional Statement of Work

Group (NWCG), and Fire Management Board (FMB) guidance for the prevention and mitigation of COVID-19. A safety in-briefing and appropriate training will be provided by ranking clinical personnel upon the resources arrival for duty. PPE will be provided by the state. If N95 masks are expected to be worn, fit testing must be provided by the vaccination site. Resources administering vaccinations will not be assigned other tasks unless cleared through the Regional ESF4 Liaison. FEMA will approve the activation and costs of support personnel which will be negotiated and based upon the scale of the deployment. Personnel may include timekeepers, safety officers, agency reps, or mobilization personnel, etc.

ADDITIONAL NOTES from FEMA:

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

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

--- All equipment and supply purchases must be coordinated with FEMA. If approved, documentation is necessary to ensure reimbursement.

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

--- 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.

--- 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