DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

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

MISSION ASSIGNMENT (MA) 3563EM-RI-USDA-FS-01; F9212321 0901. \$5,000 This MA is a reissuance of MA-21081902-USDA-FS-01

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.	J. 1001, J. 11, 1140.	g.c, 2 c	20172 0100, 1 0	porwork reduce		1000 00 11). 110121 20	
I. TRACKING INFORMATION (FEMA Use Or	nly)						
State RI (Rhode Island) Incident:2021081902-Tropical Storm Henri					Resource Request Number 3054-615026		
Program Code/Event Number 3563EM-RI: HURRICANE HENRI					Date/Time Received 08/23/2021 17:04		
II. ASSISTANCE REQUIRED	ched						
Assistance Requested This MA is a reissuance of MA# MA-21081902-USDA-FS-01/ eC Activate USFS to the RRCC, IOF JFO or other facilities. Initial red		ort only.					
Delivery Location Region 1 Federal Regional C, 08/20/2021 08:00:00 Maynard, MA 01754		Internal	Internal Control Number		Date/Time Required 08/20/2021		
Initiator/Requestor Name	r/Requestor Name 24 Hour Phone Number Email Ad		Email Addres	Address		Date	
Jarrett Devine	(617) 835-488	80	jarrett.devine@fema.dhs.gov			08/23/2021	
Site POC Name	24 Hour Phone	Number	ımber Email Address			Date	
TJ Swenson	(202) 394-860	05				08/23/2021	
III. INITIAL FEDERAL COORDINATION (Operation	s Section)						
Action to:	r:		Date/Time Priority □ 1. Lifesavii 08/23/2021 16:54 □ 2. Life sus				
IV. DESCRIPTION (Assigned Agency Action Officer)						ached	
Statement of Work As directed by and in coordination with FEMA, US Forest Service facilities in support of disaster operations. Your agency must validate the unliquidated MA balance at least ann later than the third business day after fiscal quarter end close. Inform	ually as stipulated by	FEMA to mair	ntain reimbursable a	authority. Accrual	data must also b		
visit http://www.fema.gov/federal-agencies-providing-disaster-assista		ed to FEIVIA-D	isaster-IVIA-OLO@C	ilis.gov. Foi iviA b	illing and reimbo	irsement information, please	
Assigned Agency USDA-FS (USDA-FS (STATE/PRIV FORESTRY))			Projected Start Date 08/20/2021		Estimated Projected End Date 08/24/2021		
New or Amendment to MA #:		Total Cost	Estimated \$5,00	I	Total Required this Obligation Cycle		
ESF/OFA/RSF Action Officer ROBERT CLARK			Phone # (603) 397-2243		Email Robert_Clark@firenet.gov		
V. COORDINATION (FEMA Use Only)							
Type of MA:Direct Federal AssistanceFederal Operations SupportState Cost Share (0%, 10%, 25%)☒ State Share (0%)							
State Cost Share Percent 0 %		State	e Cost Share A	mount: \$ 0.0	0		
Fund Citation: 20 <u>2</u> <u>1</u> -06- <u>3</u> <u>5</u> <u>6</u> <u>3</u> <u>E</u> <u>M-</u> <u>9</u> <u>0</u>	1 <u>4</u> XXXX-250	1 -D A	ppropriation co	ode: 70X0702			
Mission Assignment Manager (Preparer) **KIMBERLY SYKES **						Date 08/24/2021	
FEMA Project Manager/Branch Director (Program Approval) **SEAN RAUSCH *						Date 08/24/2021	
**Comptroller/Funds Control (Funds Review) MICHELE BARRETT *						Date 08/24/2021	

Region 1, State RI, 3563EM, MA#1509-359089 (IFMIS Closed) as of 08/24/2021

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MISSION ASSIGNMENT (MA)

VI. APPROVAL								
*State Approving Official (Required for DFA)				Date				
**Federal Approving Official (Required for all)								
THOMAS SWENSON JR 🧇								
VII. OBLIGATION (FEMA Use Only)								
Mission Assignment Number 3563EM-RI-USDA-FS-01	Amount This Action \$_	5,000.00	Date/Time Obligated	: 08/24/2021				
Amendment Number 00	Cumulative Amount \$	5,000.00	Initials: IFMIS					
** Signature required for all MAs.								
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INSTRUCTIONS

Items on the Mission Assignment (MA) form that are not listed are self-explanatory.

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.

<u>Assistance Requested:</u> 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.

<u>Initiator/Requestor</u>: 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 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.

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. Reporting: MA agencies are required to provide reporting as determined by the Program Manager.

VI. APPROVAL. Completed by State Approving Official and Federal Approving Official.

VII. OBLIGATION. Completed by Financial Specialist

Mission Assignment No.: Assigned in FEMA financial system chronologically using assigned agency acronym and two digit number.

Amendment No.: Note supplement number. For example: COE: SAD-01, Supp. 1, or DOR-08, Supp. 3.

Amount this Action: Taken from total cost estimate above.

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

Additional Statement of Work

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.

Region 1, State RI, 3563EM, MA#1509-359089 (IFMIS Closed) as of 08/24/2021