

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
**MISSION ASSIGNMENT (MA)**

See Reverse for Paperwork  
 Burden Disclosure Notice

**O.M.B. NO. 1660-0047**  
**Expires March 31, 2014**

**I. TRACKING INFORMATION (FEMA Use Only)**

State WA (Washington) Incident:2015082102-Wildfires	NEMIS Number
Program Code/Event Number 3372EM-WA: WILDFIRES	Date/Time Received 08/25/2015 20:51

**II. ASSISTANCE REQUIRED**

See Attached

Assistance Requested  
 Amendment #1: Amendment to add funding in the amount of \$5,000.00. Change project manager to Dom Lenox.  
 Activate United States Forest Service (USFS) to the FEMA Region 10 Regional Response Coordination Center (RRCC) to perform duties of Emergency Support Function (ESF) #4 in support of Post-Declaration disaster operations in response to R10 2015 Washington Wildfires WA Okanogan 08-20-2015 in the State of Washington.

Delivery Location FEMA R10 RRCC, 130 228th St Sw Bothell, WA 98021	Internal Control Number Amendment of Task: 1509-195175	Date/Time Required 08/25/2015	
Initiator/Requestor Name Charissa Keller	24 Hour Phone Number (425) 487-4660	Email Address	Date 08/25/2015
Site POC Name LENOX, DOMINIQUE M	24 Hour Phone Number	Email Address dominique.lenox@fema.dhs.gov	Date 08/25/2015
* State Approving Official (Required for DFA and TA)			Date

**III. INITIAL FEDERAL COORDINATION (Operations Section)**

<b>Action to:</b>	<input type="checkbox"/> ESF #: _____	Date/Time 08/25/2015 20:49	<b>Priority</b>	<input type="checkbox"/> 1. Lifesaving	<input type="checkbox"/> 3. High
	<input checked="" type="checkbox"/> Other: _____			<input type="checkbox"/> 2. Life sustaining	<input checked="" type="checkbox"/> 4. Medium

**IV. DESCRIPTION (Assigned Agency Action Officer)**

See Attached

Statement of Work  
 Post-Declaration activation for appropriate USFS personnel and, as appropriate, DOI personnel, to perform the functions of ESF #4 in the RRCC and locations as identified, at the direction of and in coordination with FEMA. This activation may include overtime and administrative costs.  
 Equipment purchases are not authorized under this Mission Assignment.  
 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 quarter end close. Information can be submitted FEMA-Disaster-MA-ULO@DHS.gov

Assigned Agency USFS (U.S. FOREST SERVICE)	Projected Start Date 08/21/2015	Projected End Date 09/21/2015
<input type="checkbox"/> New or <input checked="" type="checkbox"/> Amendment to MA #: 3372EMWAUSFS0100	Total Cost Estimate \$5,000.00	
ESF/OFA Action Officer LINDA ULMER	Phone No. (503) 312-5238	Email

**V. COORDINATION (FEMA Use Only)**

<b>Type of MA:</b>	<input type="checkbox"/> Direct Federal Assistance State Cost Share (0%, 10%, 25%)	<input type="checkbox"/> Technical Assistance State Share (0%)	<input checked="" type="checkbox"/> Federal Operations Support State Share (0%)
State Cost Share Percent	0.0 %	State Cost Share Amount:	\$ 0.00
Fund Citation:	2015-06-3372EM-9104-XXXX-2501-D	Appropriation code:	70X0702

Mission Assignment Manager (Preparer) CHARISSA KELLER	Date 08/25/2015
** FEMA Project Manager/Branch Director (Program Approval) DOMINIQUE LENOX	Date 08/25/2015
** Comptroller/Funds Control (Funds Review) BANEZ JR, ELPIDIO	Date 08/26/2015

**VI. APPROVAL**

*State Approving Official (required for DFA and TA):	Date
**Federal Approving Official (required for all): BENIGNO RUIZ	Date 08/26/2015

**VII. OBLIGATION (FEMA Use Only)**

Mission Assignment Number 3372EM-WA-USFS-01	Amount This Action \$ 5,000.00	Date/Time Obligated 08/26/2015
Amendment Number 01	Cumulative Amount \$ 10,000.00	Initials IFMIS

\* Signature required for Direct Federal Assistance and Technical Assistance MAs.  
 \*\* Signature required for all MAs.

## PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 3 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0047). **Note: Do not send your completed form to this address.**

## INSTRUCTIONS

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

**I. TRACKING INFORMATION.** Completed by Action Tracker or other Operations staff. Required for all request.

State: If multi-State, choose State most likely to receive resource(s), (i.e., when using 7220-SU Program Code)

Action Request No.: Based on chronological log number. Used for tracking.

Program Code/Event No.: The pre-declaration, emergency, or major disaster number assigned for funding the event. Examples: 7220-SU, 4220-AD, 3130-EM, 1248-DR.

**II. ASSISTANCE REQUESTED.** Complete by requestor.

Assistance Requested: Detail of resource shortfalls, give specific deliverables or simply state the problem.

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.

State Approving Official: Signature certifies that State and local government cannot perform, nor contract for the performance, of the requested work and agrees to pay cost share if any.

**II. INITIAL FEDERAL COORDINATION.** Completed by the Operations Section Chief.

Action to: Operations Chief notes assigned organization. May be Emergency Support Function (ESF), internal FEMA organization, or other organization, which assigns the Action Officer.

Rest of MA used only if solution to request Federal agency to perform reimbursable work under (MA). Best solution may be internal resources or commercial vendor. Deliberate evaluation must occur before MA is completed and MA is issued.

**IV. DESCRIPTION.** Completed by assigned agency Action Officer.

Statement of Work: Description steps to complete the request. Include discussion of personnel, equipment; sub tasked agencies, contracts and other resources required. This can be provided as an attachment.

Assigned Agency: Agency receiving the MA from FEMA. Activities within the scope of an ESF result in an MA to the primary agency. Cite subordinate organization if applicable. Example; DOT-FAA, COE-SAD.

Project Completion Date/End Date: If end date is not clear, estimate and budget for 30 or 60 days, then re-evaluate. TBD is not acceptable; some date must be entered into this field.

Total Cost Estimate: A budget can be attached outlining personnel, equipment, contract, sub-tasked agency, travel, and other costs.

**V. COORDINATION.** Completed by MAM, except for Project Manager and Comptroller signatures. Type of MA: Select only one.

Appropriation Code: Static data. Do not change. This is for information only, should not be used to report internal agency finances to Treasury.

**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 Mission Statement**

MA task orders will be issued for specific personnel requirements, location(s), dates, and duration of assignment(s).