DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY MISSION ASSIGNMENT (MA)								See Revers Burden Dis		O.M.B. NO. 1660-0047 Expires March 31, 2014			
	CKIN	G INFOR	RMATION (FEMA Use Only)										
State NJ (N	lew J	ersey) in	ncident:2012102505-Hurrica	ine S	andy					NE	EMIS N	umber	
-	DR-N	IJ: HURR	RICANE SANDY							Da		e Received /01/2012 00:13	
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	ergeno	cy Road	Clearing (Chainsaw Crew o States of New York and Nev			ort disaster op	erati	ons in respon	ise				
Delivery Location Various Locations,						Internal Cont	rol Ni	ımber		Date/T	ime Re 10/31/	• •	
Initiator/Reques Dan Best		lame			24 Hour Phone N (202) 646-2828		Email	il Address		J		Date 11/01/2012	
Site POC Name BRESLIN, TH	HOM/				24 Hour Phone N (808) 851-7905			il Address nas.breslin@f	fema.dhs.ç	Jov		Date 11/01/2012	
State Approvi	ng Ot	ficial (Re	equired for DFA and TA)									Date	
III. INITIA	II. INITIAL FEDERAL COORDINATION (Operations Section)												
Action to:	IXI □	ESF#:_ Other:		_	e/Time 11/01/2012	00:02	P	riority 🖂	1. Lifesav 2. Life sus	•		3. High 4. Medium	
IV. DESC			ssigned Agency Action Offic	:er)_		50.02			E:		ee Attac		
Your agency must validate the unliquidated MA balance at least annually as stipulated by FEMA provided to FEMA no later than the third business day after fiscal quarter end close. Information Assigned Agency USFS (U.S. FOREST SERVICE)							Pr	ean be submitted FEMA-Disaster-MA-ULO@ Projected Start Date Proj				Jata must also be DHS.gov Jected End Date 11/05/2012	
New or Ne		Amendm	nent to MA #:				To	otal Cost Estim	nate				
ESF/OFA Action	n Offi							hone No.	0,000.00	Email		17.	
V. COO	االات		DY SACHS (FEMA Use Only)					(540) 265-512	22				
Type of I			Direct Federal Assistance		rov. [Technical	Assi	stance		Feder	ral Ope	erations Support	
State Cost Shar			State Cost Share (0%, 109	%, 25	i%)	State Sha	ere (0%	%)		☐ State	Share ((0%)	
State Cost Shar Fund Citation:			-4086DR-9024-XXXX-2508-	-				are Amount: \$.00			
Mission Assignm								NGC.	-			Date	
			anch Director (Program Approv		RIEL GLOVER							11/01/2012	
			,		OMAS BRESLIN							Date 11/01/2012	
			•	KEN	NNEY, JEFFREY	F						Date 11/01/2012	
	ROVA g Offi		uired for DFA and TA):									Date	
			required for all):						_	,		Date	
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			MA Use Only) 4086DR-N.I-USES-02	1.7	A-Han 6	. 500,000 (11.			
_	-		4086DR-NJ-USFS-02	+	Amount This Action \$ 1,500,000.00				- 			1/01/2012	
Amendment Nur	nber		00	Cun	nulative Amount \$	nulative Amount \$ 1,500,000.00 Ini				nitials IFMIS			
Signature re	quir	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, Ariington, 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.

1. 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)

<u>Action Request No.</u>: 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, 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.

<u>Action to</u>: 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.

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RFA #1509-158087 Financial Program: 4086DR

Additional Mission Statement

Use USFS and Department of Interior (DOI) resources as appropriate.

 \mbox{MA} task orders will be Issued for specific personnel requirements, location(s), dates, and duration of assignment(s).

All equipment and supply purchases must be coordinated with FEMA. Prior FEMA approval is necessary to ensure reimbursement.

Region 2, State NJ, 4086DR, MA#1509-158087 (IFMIS Closed) as of 11/01/2012

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