DEPARTMENT OF HOMELAND SECURITY O.M.B. NO. 1660-0047 See Reverse for Paperwork FEDERAL EMERGENCY MANAGEMENT AGENCY Expires March 31, 2014 Burden Disclosure Notice **MISSION ASSIGNMENT (MA)** TRACKING INFORMATION (FEMA Use Only) State **NEMIS Number** TX (Texas) Incident:2017082301-Hurricane Harvey 1509-238286 Program Code/Event Number Date/Time Received 4332DR-TX: HURRICANE HARVEY 09/06/2017 20:41 ASSISTANCE REQUIRED See Attached Assistance Requested ESF 4 - Activate United States Forest Service (USFS) and Department of Interior (DOI) to provide Fire Assistance and Suppression Planning as directed by FEMA in support of disaster response operations in the area affected by Hurricane Harvey. We will incrementally fund this Mission Assignment but are initially funding through September 9, 2017 due to the Supplemental Harvey Bill. Texas A&M Forest Service , 200 Technology Way, Suite 1162 Internal Control Number Date/Time Required Delivery Location 1855-303927 09/06/2017 College Station, TX 77840 Initiator/Requestor Name 24 Hour Phone Number Email Address Gisela Ryan-Bunger (512) 424-2208 gisela.rvan-bunger@dps.texas.gov 09/06/2017 Site POC Name 24 Hour Phone Number Email Address SALTERS, ARCHIE PHILLIP (940) 898-5222 archie.salters@fema.dhs.gov 09/06/2017 State Approving Official (Required for DFA and TA) Date INITIAL FEDERAL COORDINATION (Operations Section) X ESF #: 1. Lifesaving 3. High Date/Time X Action to: **Priority** Other: 2. Life sustaining 4. Medium 09/06/2017 20:31 See Attached **DESCRIPTION (Assigned Agency Action Officer)** Statement of Work As directed by and in coordination with FEMA and Texas A&M Forest Service will provide appropriate personnel to complete fire assistance and/or suppression implementation planning, or other emergency response and coordination planning in support of FEMA response operations. ESF 4 is responsible for providing personnel and/or equipment necessary to accomplish the mission. All purchases and expenditures must be coordinated with 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 Assianed Agency Projected Start Date Projected End Date USFS (U.S. FOREST SERVICE) 09/06/2017 09/20/2017 Total Cost Estimate ☐ Amendment to MA #: \$20,000,00 ESF/OFA Action Officer Phone No. Email LOREN WALKER (801) 641-9645 **COORDINATION (FEMA Use Only)** Technical Assistance Federal Operations Support Direct Federal Assistance Type of MA: State Share (0%) State Cost Share (0%, 10%, 25%) State Share (0%) State Cost Share Percent State Cost Share Amount: \$ 0.00 0.0 Appropriation code: 70X0702 Fund Citation: 2017-06-4332DR-9064-XXXX-2508-D Mission Assignment Manager (Preparer) Date STACY MCMAHON 09/06/2017 * FEMA Project Manager/Branch Director (Program Approval) ARCHIE SALTERS 09/06/2017 Comptroller/Funds Control (Funds Review) YORK, SHANE T. 09/08/2017 VI. **APPROVAL** Date State Approving Official (required for DFA and TA): Date *Federal Approving Official (required for all): KENNETH CLARK 09/07/2017 VII. **OBLIGATION (FEMA Use Only)** 4332DR-TX-USFS-06 Date/Time Obligated 09/08/2017 Mission Assignment Number _ Amount This Action \$ 20,000.00 Amendment Number 00 Cumulative Amount \$ 20,000.00 Initials: IFMIS Signature required for Direct Federal Assistance and Technical Assistance MAs. * Signature required for all MAs.

Additional Mission Statement

Print Time: 09/08/2017 12:07

FEMA. Prior approval, from the Federal Approving Official (FAO), is necessary to ensure reimbursement. Agencies will be reimbursed for all eligible expenses pursuant to 44 CFR 206.8 "reimbursement of Other Federal Agencies." Mission Assignment Task Orders may be issued for specific personnel, requirements, locations, dates, and duration of assignments. The mission assigned agency is responsible for ensuring that all activity is properly authorized, goods are received, and services are provided, and that costs are reasonable and supported by documentation maintained by the respective agencies.

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.

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.

<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.

<u>Statement of Work</u>: 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.

<u>Assigned Agency</u>: 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.

<u>Project Completion Date/End Date</u>: 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. <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.
- 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. 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.

Region 6, State TX, 4332DR, MA#1509-238286 (IFMIS Closed) as of 09/08/2017