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 PR (Puerto Rico) Incident:2017091701-Hurricane Maria							NEM	NEMIS Number 1509-242536		
Program Code/Event Number 4339DR-PR: HURRICANE MARIA						Date	Date/Time Received 10/01/2017 02:32			
II. ASSISTANCE REQUIRED  See Attached										
Assistance Requested All Hazard IMT able to manage statement of work. Requires s	trong liaison, plans, and	I logistics.								
			ternal Control Number Da 1872-353375					ate/Time Required 10/01/2017		
Initiator/Requestor Name LuAnn Grover				mail Address grover@fs.fed.us				Date 10/01/2017		
Site POC Name CAMIT, PETER PABLO					ail Address ter.camit@fema.dhs.gov			Date 10/01/2017		
* State Approving Official (Required for DFA and TA)									Date	
III. INITIAL FEDERAL COORDINATION (Operatio	ns Section)								1	
IXI ESE # 4	I ESE # 4 Date/Time □ 1 Lifesavin							X	3. High	
Action to:	10/01/2017	02:24	P	riority		2. Life sus	0		4. Medium	
IV. DESCRIPTION (Assigned Agency Action Officer)							□ See	Attach	ed	
As directed by and in coordination with FEMA, US Forest Sen include command and general staff members orpersonnel with organizing, logistics or emergency operations in support of FE Your agency must validate the unliquidated MA balance a provided to FEMA no later than the third business day aft	h other specialized qual MA response operation at least annually as stip	ifications, such as is. pulated by FEM	s assis A to m	at ESF#8	HHS wi	th all-haza sable auti	ard planning	rual da		
Assigned Agency USFS (U.S. FOREST SERVICE)				Projected Start Date 10/01/2017				Projected End Date 10/28/2017		
New or Amendment to MA #:			Тс	otal Cost	Estima	te		10	120/2011	
ESF/OFA Action Officer				\$500,000.00 Phone No. Em				ail		
MIKE MATTFELDT				(202) 306-2444						
V. COORDINATION (FEMA Use Only)										
Type of MA:       Direct Federal Assistance State Cost Share (0%, 10%, 25%)       Technical Assistance State Share (0%)						State S	Federal Operations Support State Share (0%)			
State Cost Share Percent 0.0 %	State Cost Share Percent 0.0 % State Cost Share Amount: \$ 0.00									
Fund Citation: 2018-06-4339DR-9024-XXXX-2501-D Appropriation code: 70X0702										
Mission Assignment Manager (Preparer) HONEY HARKENRIDER								Date 10/01/2017		
** FEMA Project Manager/Branch Director (Program Approval) PETER CAMIT								Date 10/01/2017		
** Comptroller/Funds Control (Funds Review) PITTMAN, JAMES									Date 10/01/2017	
VI. APPROVAL	·									
*State Approving Official (required for DFA and TA):									Date	
**Federal Approving Official (required for all): DENIS ONIEAL								Date 10/01/2017		
VII. OBLIGATION (FEMA Use Only)										
Mission Assignment Number4339DR-PR-USFS-08	Amount This Action \$ 500,000.00 Date/Time						ime Obliga	e Obligated 10/02/2017		
Amendment Number 00	Cumulative Amour	Cumulative Amount \$ 500,000.00 In					nitials: IFMIS			
<ul> <li>* Signature required for Direct Federal Assistance</li> <li>** Signature required for all MAs.</li> </ul>	and Technical Ass	istance MAs.								

#### **Additional Mission Statement**

- USFS, DOI, other Federal agency and State/local resources under existing agreement may be utilized as appropriate.

USFS is responsible for providing personnel and/or equipment necessary to accomplish the mission.

All purchases and expenditures must be coordinated with 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 (MATOs) 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, 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.

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

<u>State</u>: 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.

<u>Initiator/Requestor</u>: The initiator may be an individual filling out the mission assignment and making a request on behalf of the POC. <u>POC Name</u>: The person coordinating reception and utilization of the requested resources. 24-hour contact information required. <u>State Approving Official</u>: 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.

<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.

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. <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. <u>Amendment No</u>.: 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.