

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
**MISSION ASSIGNMENT (MA)**

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

**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.**

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

State FL (Florida) Incident:2018100601-Hurricane Michael	Resource Request Number 2202-22971
Program Code/Event Number 4399DR-FL: HURRICANE MICHAEL	Date/Time Received 10/13/2018 00:08

**II. ASSISTANCE REQUIRED**

See Attached

Assistance Requested  
Request for Type 2 Helibase Managers (HEB2) to manage on-site helicopter operations for Tallahassee Regional Airport (KTLH), with possibilities for Apalachicola Airport (KAAF) or Northwest Florida Beaches International Airport (KECP). Beginning on-site operational period 11 October 2018 approximately 0700 hours.

Delivery Location Tallahassee International A, 3300 Capital Circle SW Tallahassee, FL 32310	Internal Control Number	Date/Time Required 10/11/2018	
Initiator/Requestor Name John K Fish	24 Hour Phone Number (770) 220-5546	Email Address John.Fish@freshfromflorida.com	Date 10/13/2018
Site POC Name John K Fish	24 Hour Phone Number (770) 220-5546	Email Address	Date 10/13/2018

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

Action to:	<input checked="" type="checkbox"/> ESF # : 4 <input type="checkbox"/> Other : _____ <input type="checkbox"/> RSF: _____	Date/Time 10/12/2018 23:56	Priority <input type="checkbox"/> 1. Lifesaving <input checked="" type="checkbox"/> 3. High <input type="checkbox"/> 2. Life sustaining <input type="checkbox"/> 4. Normal
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**IV. DESCRIPTION (Assigned Agency Action Officer)**

See Attached

Statement of Work  
As requested by the State of Florida and in coordination with FEMA, USFS will provide Helibase Manager(s) and support personnel as needed in support of State of FL aviation operations at locations to be determined. Personnel should coordinate helibase operations but not directly manage any aircraft. Personnel will have no operational control or participation in missions beyond safe and efficient management of Helibase operations.

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 to FEMA-Disaster-MA-ULO@dhs.gov. For MA billing and reimbursement information, please visit <http://www.fema.gov/federal-agencies-providing-disaster-assistance>.

Assigned Agency USFS (U.S. FOREST SERVICE)	Projected Start Date 10/12/2018	Estimated Projected End Date 10/16/2018
<input checked="" type="checkbox"/> New or <input type="checkbox"/> Amendment to MA # : _____	Total Cost Estimated \$41,000.00	Total Required this Obligation Cycle
ESF/OFA/RSF Action Officer JIM CROOKS	Phone # (940) 210-3951	Email JKCrooks@embargmail.com

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

Type of MA:    Direct Federal Assistance <input checked="" type="checkbox"/> State Cost Share (0%, 10%, 25%)	Federal Operations Support <input type="checkbox"/> State Share (0%)
State Cost Share Percent    25.0 %	State Cost Share Amount: \$    10,250.00
Fund Citation: 20 1 9 -06- 4 3 9 9 DR- 9 0 4 4    XXXX-250 8 -D    Appropriation code: 70X0702	
Mission Assignment Manager (Preparer) JUDITH CHRISTIANS	Date 10/13/2018
**FEMA Project Manager/Branch Director (Program Approval) STACY MCMAHON	Date 10/13/2018
**Comptroller/Funds Control (Funds Review) THOMAN, JENNIFER L.	Date 10/13/2018

## MISSION ASSIGNMENT (MA)

<b>VI. APPROVAL</b>		
*State Approving Official (Required for DFA)	Date	
**Federal Approving Official (Required for all)	LORA GOZA	Date 10/13/2018
<b>VII. OBLIGATION (FEMA Use Only)</b>		
Mission Assignment Number <u>4399DR-FL-USFS-02</u>	Amount This Action \$ <u>41,000.00</u>	Date/Time Obligated : 10/13/2018
Amendment Number <u>00</u>	Cumulative Amount \$ <u>41,000.00</u>	Initials: IFMIS
<b>** Signature required for all MAs.</b>		
<b>INSTRUCTIONS</b>		
Items on the Mission Assignment (MA) form that are not listed are self-explanatory.		
<b>I. TRACKING INFORMATION.</b> Completed by Resource Support Section or Operations staff. Required for all requests.		
<u>State:</u> If multi-State, choose State most likely to receive resource(s), (i.e., when using 7220-SU Program Code) <u>Resource 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, 3130-EM, 1248-DR.		
<b>II. ASSISTANCE REQUESTED.</b> Completed by requestor.		
<u>Assistance Requested:</u> Details from the Resource Request Form will provide information concerning the assistance requested. <u>Internal Control No.:</u> 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.		
<b>III. INITIAL FEDERAL COORDINATION.</b> Completed by FEMA Personnel with Delegated Authority.		
<u>Action to:</u> 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.		
<b>IV. DESCRIPTION.</b> 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.		
<b>V. COORDINATION.</b> 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. <u>Reporting:</u> MA agencies are required to provide reporting as determined by the Program Manager.		
<b>VI. APPROVAL.</b> Completed by State Approving Official and Federal Approving Official.		
<b>VII. OBLIGATION.</b> 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. <u>Amount this Action:</u> Taken from total cost estimate above. <u>Cumulative Amount:</u> Cumulative amount for this MA, including amendments.		

### **Additional Statement of Work**

Each aircraft should be managed directly by their agency personnel following their standard operating and safety procedures. General expectations for Helibase Operations include: Ensure air traffic control procedures are followed and that requirements for arriving and departing helicopters and procedures for deconfliction of airspace are in effect. Establish, number, and mark touchdown pads and emergency landing areas. Ensure separation of landing areas for cargo, personnel, fueling and other specialized operations. Ensure the separation of ground vehicle traffic and parking areas from flight operations and overflight by departing or arriving helicopters. Ensure deck access is restricted to authorized personnel. Establish crash rescue procedures and manage appropriate services for the helibase. Questions and clarity on authorized support should be directed to USFS Regional Aviation Officer-Jerry Perry 478-804-1181