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** FL (Florida) Incident:2017083101-RIV Hurricane IRMA 1509-237963 Program Code/Event Number Date/Time Received 7220SU-Pre-Declaration Disaster Surge Account 09/05/2017 14:20 ASSISTANCE REQUIRED See Attached Assistance Requested Activate US Forestry Service (USFS) to the FEMA Region IV Regional Response Coordination Center (RRCC), IOF, JFO or as directed to support of disaster operations. Internal Control Number Date/Time Required Delivery Location various, as directed, 1870-302706 09/04/2017 Initiator/Requestor Name 24 Hour Phone Number Email Address terry.brown5@fema.dhs.gov Terry Brown (770) 853-7157 09/05/2017 24 Hour Phone Number Site POC Name Email Address HARE, KERTZ MELBERT (404) 909-1600 kertz.hare@fema.dhs.gov 09/05/2017 State Approving Official (Required for DFA and TA) Date INITIAL FEDERAL COORDINATION (Operations Section) X ESF #: 1. Lifesaving 3. High Date/Time П X Action to: **Priority** Other: 2. Life sustaining 4. Medium 09/05/2017 14:09 See Attached **DESCRIPTION (Assigned Agency Action Officer)** Statement of Work Activation for appropriate USFS personnel to perform the functions of ESF 4 in the RRCC, IOF, JFO, Incident Management Assistance Team (IMAT), Preliminary Damage Assessment (PDA) Team, or other teams and locations, at the direction and coordination of FEMA. 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) 09/04/2017 09/14/2017 Total Cost Estimate ☐ Amendment to MA #: \$10.000.00 ESF/OFA Action Officer Phone No. Email PAUL GELLERSTEDT (404) 585-9154 pgellerstedt@fs.fed.us **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: 2017-06-7220SU-9044-XXXX-2501-D Date Mission Assignment Manager (Preparer) CHRISTOPHER MANOWSKI 09/05/2017 * FEMA Project Manager/Branch Director (Program Approval) KERTZ HARE 09/05/2017 Comptroller/Funds Control (Funds Review) HARMON, MERLE P. 09/05/2017 VI. **APPROVAL** Date *State Approving Official (required for DFA and TA): Date *Federal Approving Official (required for all): TERRY BROWN 09/05/2017 VII. **OBLIGATION (FEMA Use Only)** Mission Assignment Number FL-17083101-USFS-01 Date/Time Obligated 09/05/2017 Amount This Action \$ 10,000.00 Amendment Number Cumulative Amount \$ 10,000.00 Initials: IFMIS Signature required for Direct Federal Assistance and Technical Assistance MAs. * Signature required for all MAs.

Additional Mission Statement

Equipment purchases are not authorized under this Mission Assignment. MA task orders may be issued for specific personnel, requirements, location(s), dates, and duration of assignment(s).		
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Print Time: 09/05/2017 18:46

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.

<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 4, State FL, 7220SU, MA#1509-237963 (IFMIS Closed) as of 09/05/2017