# DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

# **MISSION ASSIGNMENT (MA)**

### 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.

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I. TRACKING INFORMATION (FEMA Use Or	ıly)							
State CA (California) Incident:2018110903-November 2018 California Wildfires					Resource Request Number 2223-36904			
Program Code/Event Number 3409EM-CA: WILDFIRES					Date/Time Received 11/10/2018 05:07			
II. ASSISTANCE REQUIRED   See Attached								
Assistance Requested Activate USFS to the RRCC, IOF,JFO or other facilities in suppor	t of response operatio	ons						
Delivery Location CAL OES, 3650 Schriever Ave Mather, CA 95655		Internal	Internal Control Number			Date/Time Required 11/09/2018		
Initiator/Requestor Name	24 Hour Phone	one Number Email Address				Date		
Christine Borgognoni	(510) 368-579	794 christine.borgognoni				11/10/2018		
Site POC Name	24 Hour Phone	Number	er Email Address				Date	
Chris Walsh	(940) 235-295	9					11/10/2018	
III. INITIAL FEDERAL COORDINATION (Operations	s Section)							
Action to: X ESF #: 4 Other	:	Date	e/Time	Priority	П	1. Lifesavin	g 🛛 3. High	
RSF:	-		10/2018 04:54	<b>5</b> 4		2. Life sustaining ☐ 4. Normal		
IV. DESCRIPTION (Assigned Agency Action	Officer)							
Statement of Work  As directed by and in coordination with FEMA, US Forest Service facilities in support of disaster operations.  Your agency must validate the unliquidated MA balance at least annulater than the third business day after fiscal quarter end close. Inform visit http://www.fema.gov/federal-agencies-providing-disaster-assista	ually as stipulated by lation can be submitte	FEMA to mai	ntain reimbursable	authority. A	ccrual d	ata must also b		
Assigned Agency USFS (U.S. FOREST SERVICE)			Projected Start Date 11/10/2018			Estimated Projected End Date 11/20/2018		
New or _ Amendment to MA # :		Total Cost	Estimated \$5,0	00.00	Total Required this Obligation Cycl		this Obligation Cycle	
ESF/OFA/RSF Action Officer  BARB GERINGER			Phone # (707) 656-6080		•	Email bgeringerfrazier@fs.fed.us		
V. COORDINATION (FEMA Use Only)								
Type of MA:  □ Direct Federal Assistan  □ State Cost Share (0%,			Federal Opera State Share (		port			
State Cost Share Percent 0.0 %		State	e Cost Share A	Amount: \$	0.00	)		
Fund Citation: 20 <u>1</u> <u>9</u> -06- <u>3</u> 4 <u>0</u> 9 <u>E</u> M- 9 <u>0</u> 9	9 <u>4</u> XXXX-250	1 -D A	ppropriation c	ode: 70X(	0702			
Mission Assignment Manager (Preparer)  DELANE GARNER 🗫						Date 11/10/2018		
**FEMA Project Manager/Branch Director (Program Approval)  **CHRISTINE BORGOGNONI**						Date 11/10/2018		
**Comptroller/Funds Control (Funds Review) OEHRLI, ROBERT W. >>							Date 11/10/2018	

Print Time: 11/11/2018 01:33

# MISSION ASSIGNMENT (MA)

VI. APPROVAL									
*State Approving Official (Required for DFA)				Date					
**Federal Approving Official (Required for all)									
JAMES CHO 🦫									
VII. OBLIGATION (FEMA Use Only)									
Mission Assignment Number 3409EM-CA-USFS-01	Amount This Action \$	5,000.00	Date/Time Obligated	: 11/10/2018					
Amendment Number 00	Cumulative Amount \$	5,000.00	Initials: IFMIS						
** Signature required for all MAs.									
INOTRICTIONS									

INSTRUCTIONS

Items on the Mission Assignment (MA) form that are not listed are self-explanatory.

**TRACKING INFORMATION.** Completed by Resource Support Section or Operations staff. Required for all requests.

State: If multi-State, choose State most likely to receive resource(s), (i.e., when using 7220-SU Program Code)

Resource Request No.: Based on chronological log number. Used for tracking.

Program Code/Event No.: The pre-declaration, emergency, or major disaster number assigned for funding the event. Examples: 7220-SU, 3130-EM, 1248-DR.

II. ASSISTANCE REQUESTED. Completed by requestor.

Assistance Requested: Details from the Resource Request Form will provide information concerning the assistance requested. 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.

III. INITIAL FEDERAL COORDINATION. Completed by FEMA Personnel with Delegated Authority.

Action to: 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.

IV. **DESCRIPTION**. Completed by assigned agency Action Officer.

Statement of Work: 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.

Assigned Agency: 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.

Projected Start/End Date: 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.

Total Cost Estimate: 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.

**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. Reporting: MA agencies are required to provide reporting as determined by the Program Manager.

VI. APPROVAL. Completed by State Approving Official and Federal Approving Official.

**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.

#### **Additional Statement of Work**

Print Time: 11/11/2018 01:33

MA task orders may be issued by FEMA for specific requirements, personnel, location(s), date(s), and duration of assignment(s).

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

Agencies will be reimbursed for all eligible expenses pursuant to 44 CFR. Supporting documentation is required for reimbursement.

If required and authorized by FEMA, activation of agency command center(s) will be covered under a separate MA. 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.

MAs shall be considered for closure after 180 days with no financial activity in accordance with FEMA CFO Bulletin #157. For MAs still operationally open, requests for additional obligations may be withheld if no invoicing, ULO Validation, or additional justification has been provided.

Region 9, State CA, 3409EM, MA#1509-275607 (IFMIS Closed) as of 11/11/2018