		See Reverse for Paperwork Burden Disclosure Notice		O.M.B. NO. 1660-0047 Expires March 31, 2014			
I. TRACKING INFORMATION (FEMA Use Only)							
						NEMIS Number OPS Order	
Program Code/Event Number 7220SU-Pre-Declaration Disaster Surge Account						Date/Time Received 10/29/2012 02:42	
II. ASSISTANCE REQUIRED See Attached							
Assistance Requested							
Activate United States Forest Service (USFS) and Department of Interior to the FEMA National Response Coordination Center(NRCC) to perform duties of Emergency Support Function (ESF) #4 in support of disaster operations in response to Hurricane Sandy.							
Delivery Location NRCC, 500 C Street SW Washington, DC 20472			Internal Control Number 1509-2157569		Dat	Date/Time Required 10/29/2012	
Initiator/Requestor Bob Fenton	Name		(202) 646-3900 bob.		ail Address b.fenton@fema.dhs.gov		Date 10/29/2012
Site POC Name BRESLIN, THO	MAS M		24 Hour Phone Number En (202) 212-4449 th		a.dhs.gov		Date 10/29/2012
* State Approving Official (Required for DFA and TA) Date							
III. INITIAL FEDERAL COORDINATION (Operations Section)							
Action to:		Date/Time		. 🗆 1.	Lifesaving		3. High
		10/29/2012	02:13	Priority \square 2.	Life sustaini	ng 🗌 4	4. Medium
IV. DESCRIPTION (Assigned Agency Action Officer)							эd
Pre-Declaration activation for appropriate USFS personnel and, as appropriate, DOI personnel, to perform the functions of ESF #4 in the NRCC supporting National-level coordination efforts and Regional response activities at the direction and coordination of FEMA,beginning 10/29/2012. This activation may include overtime and administrative costs. 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							
Assigned Agency USFS (U.S. FOREST SERVICE)							ted End Date /11/2012
New or Amendment to MA #:				Total Cost Estimate \$10,000.00			
ESF/OFA Action C	Phone No.						
DALE DAGUE				(202) 205-1500	ddague@fs.fed.us		
V. COORDINATION (FEMA Use Only)							
Type of MA:Direct Federal Assistance State Cost Share (0%, 10%, 25%)Direct Federal Assistance State Share (0%)Technical Assistance State Share (0%)Federal Ope State Share							tions Support %)
State Cost Share Percent 0.0 % State Cost Share Amount: \$ 0.00							
Fund Citation: 2013-06-7220SU-4400-XXXX-2501-D Appropriation code: 70X0702							
Mission Assignment Manager (Preparer) Date 10/29/20							Date 10/29/2012
** FEMA Project Manager/Branch Director (Program Approval) THOMAS BRESLIN							Date 10/29/2012
** Comptroller/Funds Control (Funds Review) BROWN, DEBORAH I.							Date 10/29/2012
VI. APPROVAL							
*State Approving Official (required for DFA and TA):							Date
**Federal Approving Official (required for all): STEPHAN REISSMAN							Date 10/29/2012
VII. OBLIGATION (FEMA Use Only)							
Mission Assignme	nt Number NJ-12102503-USFS-01	Amount This Action \$ 10,000.00 Date/Time Oblig					/29/2012
Amendment Number Cumulative Amount \$ 10,000.00					InitialsIFMIS		
* Signature required for Direct Federal Assistance and Technical Assistance MAs. ** Signature required for all MAs.							

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.

Additional Mission Statement

Equipment purchases are not authorized under this Mission Assignment.

MA task orders will be issued for specific personnel requirements, location(s), dates, and duration of assignment(s).