| DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY MISSION ASSIGNMENT (MA)  |  |   |                             |   | See Reverse for Paperwork<br>Burden Disclosure Notice |                                     |        |  | O.M.B. NO. 1660-0047<br>Expires March 31, 2014 |   |  |
|--|--|---|-----------------------------|---|---|-------------------------------------|--------|--|--|---|--|
| I. TRACKING INFORMATION (FE  | MA Use Only)                               |   |                             |   |   |                                     |        |  |  |   |  |
| State NY (New York) Incident:2012102504-DO NOT USE - Hurricane Sandy   |  |   |                             |   |   |                                     |        | NEM                                    | NEMIS Number<br>1509-157417                    |   |  |
| Program Code/Event Number 7220SU-Pre-Declaration Disaster Surge Account  |  |   |                             |   |   |                                     | Date   | Date/Time Received<br>10/27/2012 16:40 |  |   |  |
| II. ASSISTANCE REQUIRED See Attached   |  |   |                             |   |   |                                     |        | ched                                   | l  |   |  |
| Assistance Requested Provide Mobilization Center Support in  | support of disaster                        | operations in res                             | ponse to Hurrio             | cane                                      | Sandy ir  | the Stat                            | e of N | ew York.                               |  |   |  |
| Delivery Location Multiple Sites in I<br>NY 00000  |  | Internal Control Number<br>ARF/RTN 188-25, 26 |                             |   | Date/Time Required<br>10/26/2012                      |                                     |        |  |  |   |  |
| Initiator/Requestor Name<br>Phil Parr  |  | 24 Hour Phone Number<br>(518) 292-2200        |                             | Email Address<br>Philip.Parr@FEMA.DHS.GC  |   |                                     | S.GO   | DV                                     |  | Date<br>10/27/2012                              |  |
| Site POC Name<br>NEIDERMEYER, ALAN B   |  |   |                             | mail Address<br>lan.neidermeyer@fema.dhs. |   |                                     | .gov   | gov Date<br>10/27/2                    |  |   |  |
| * State Approving Official (Required for DFA and TA)   |  |   |                             |   |   |                                     |        |  | Date   |   |  |
| III. INITIAL FEDERAL COORDINA  | TION (Operations Se                        | ection)                                       |                             |   |   |                                     |        |  |  |   |  |
| Action to:   | te/Time<br>10/27/2012 14:20                |   |                             | Priority 1. Lifesav                       |   |                                     | _      |  | 3. High<br>4. Medium                           |   |  |
| IV. DESCRIPTION (Assigned Age  | ncy Action Officer)                        |   |                             |   |   |                                     |        | See                                    | Attach   | ed  |  |
| up, receiving, staging, and distribution laundry, incidental medical, and secur Your agency must validate the unliquidate provided to FEMA no later than the third in the stage of the stag | ity, needs for personed MA balance at leas | nnel assigned to                              | support the Mulated by FEMA | lobiliz<br>to m<br>can b                  | zation Ce<br>laintain rei<br>be submitt               | enter duri<br>imbursabl<br>ted FEMA | ng the | e respons                              | se phas<br>rual dat<br>LO@DI                   | se of the disaster<br>ta must also be<br>HS.gov |  |
| Assigned Agency USFS (U.S. FOREST SERVICE)   |  |   |                             |   | 1 -   |                                     |        |  |  | oted End Date<br>/02/2012                       |  |
| ⊠ New or   |  |   |                             |   | Total Cost Estimate \$1,000,000.00                    |                                     |        |  |  |   |  |
| ESF/OFA Action Officer   |  |   |                             |   | Phone No. Email                                       |                                     |        |  |  | ad us   |  |
|  |  |   |                             |   |   | 610) 557-4161   rhartlove@fs.fed.us |        |  |  |   |  |
| V. COORDINATION (FEMA Use C  |  |   | Tochnical                   | Accie                                     | rtanco  |                                     |        | Fodora                                 | l Opora  | ations Support                                  |  |
|  |  |   |                             |   |   |                                     |        | ate Share (0%)                         |  |   |  |
| tate Cost Share Percent 0.0 % State Cost Share Amount: \$ 0.00   |  |   |                             |   |   |                                     |        |  |  |   |  |
| Fund Citation: 2013-06-7220SU-9024-XXXX-2501-D Appropriation code: 70X0702   |  |   |                             |   |   |                                     |        |  |  |   |  |
| Mission Assignment Manager (Preparer)  BRICE ACOSTA  |  |   |                             |   |   |                                     |        |  | Date<br>10/27/2012                             |   |  |
| ** FEMA Project Manager/Branch Director (Program Approval)  ALAN NEIDERMEYER   |  |   |                             |   |   |                                     |        |  | Date<br>10/27/2012                             |   |  |
| ** Comptroller/Funds Control (Funds Review)  WAGNER, MICHAEL A.  |  |   |                             |   |   |                                     |        | Date 10/27/2012                        |  |   |  |
| VI. APPROVAL   | •    |   |                             |   |   |                                     |        |  |  | .0,2.,20.2                                      |  |
| *State Approving Official (required for DFA and TA):   |  |   |                             |   |   |                                     |        |  |  | Date  |  |
| **Federal Approving Official (required for all):  JOSE DOSSANTOS   |  |   |                             |   |   |                                     |        |  | Date 10/27/2012                                |   |  |
| VII. OBLIGATION (FEMA Use On   |  | <u></u>                                       | •                           |   |   |                                     |        |  |  | 10/21/2012                                      |  |
| Mission Assignment Number NY-12102504-USFS-02 Amount This Action \$ 1,000,000.00   |  |   |                             |   | Date/Time Obligated 10/27/2012                        |                                     |        |  |  |   |  |
| Amendment Number 00 Cumulative Amount \$ 1,000,000.00  |  |   |                             |   | InitialsIFMIS   |                                     |        |  |  |   |  |
| * Signature required for Direct Feder<br>** Signature required for all MAs.  | ral Assistance and                         | Technical Assis                               | tance MAs.                  |   |   |                                     |        |  |  |   |  |

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## 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.

Assigned Agency: 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

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.

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RFA #1509-157417 Financial Program: 7220SU

## **Additional Mission Statement**

operations.\* The expected duration of this assignment is 7 days.
The FEMA POC will be Newton Tang, 917-558-5240; John Alonso 917-337-9057.
Use USFS and Department of Interior (DOI) resources as appropriate.
MA task orders will be issued for specific personnel requirements, location(s), dates, and duration of assignment(s).
All equipment and supply purchases must be coordinated with FEMA. Prior FEMA approval is necessary to ensure reimbursement.

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