

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
MISSION ASSIGNMENT (MA)

See Reverse for Paperwork
Burden Disclosure Notice

O.M.B. NO. 1660-0047
Expires January 31, 2011

I. TRACKING INFORMATION (FEMA Use Only)

State SD (South Dakota) Incident:2011032301-SD 2011 Moderate to Major Flooding Expected or Occ	NEMIS Number
Program Code/Event Number 1984DR-SD: FLOODING	Date/Time Received 06/04/2011 21:32

II. ASSISTANCE REQUIRED

See Attached

Assistance Requested
Request ESF #4 US Forest Service (USFS) augmentation of Rocky Mountain Area Type II Incident Management Team (Team C) supporting declaration response operations in the State of South Dakota.

Delivery Location Various Locations in South Dakota, Dakota Dunes, SD 57049	Internal Control Number RATS ARF 16	Date/Time Required 06/03/2011
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Initiator/Requestor Name Kristi Turman	24 Hour Phone Number (605) 773-3231	Email Address kristi.turman@state.sd.us	Date 06/04/2011
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Site POC Name ROBERTS, WILLIAM H	24 Hour Phone Number (334) 270-7700	Email Address William.Roberts@dhs.gov	Date 06/04/2011
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* State Approving Official (Required for DFA and TA) <i>Kristi Turman</i>	Date 6-4-2011
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III. INITIAL FEDERAL COORDINATION (Operations Section)

Action to:	<input checked="" type="checkbox"/> ESF #: 4	Date/Time 06/04/2011 21:18	Priority	<input type="checkbox"/> 1. Lifesaving	<input checked="" type="checkbox"/> 3. High
	<input type="checkbox"/> Other: _____			<input type="checkbox"/> 2. Life sustaining	<input type="checkbox"/> 4. Medium

IV. DESCRIPTION (Assigned Agency Action Officer)

See Attached

Statement of Work
Provide appropriate personnel and equipment from the US Forest Service (USFS) to support a Type II Incident Management Team deployed by the State of South Dakota in response to spring flooding in the Missouri River basin. The number of Incident Management Teams (IMTs) or other teams will be based on current and anticipated needs of FEMA. If a primary Federal agency determines that the services of a support Federal agency are Your agency is responsible for submitting a Mission Assignment Quarterly Progress Report to FEMA to include cost data when Mission Assignment takes more than 60 days to complete, including billing. The Mission Assignment Quarterly Progress Report can be accessed and submitted on-line at www.fema.gov/maprogress.

Assigned Agency USFS (U.S. FOREST SERVICE)	Projected Start Date 06/03/2011	Projected End Date 06/11/2011
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<input checked="" type="checkbox"/> New or <input type="checkbox"/> Amendment to MA #:	Total Cost Estimate \$30,000.00
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ESF/OFA Action Officer TODD PECHOTA	Phone No. (605) 673-1137	Email tpechota@fs.fed.us
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V. COORDINATION (FEMA Use Only)

Type of MA:	<input checked="" type="checkbox"/> Direct Federal Assistance State Cost Share (0%, 10%, 25%)	<input type="checkbox"/> Technical Assistance State Share (0%)	<input type="checkbox"/> Federal Operations Support State Share (0%)
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State Cost Share Percent 25.0 %	State Cost Share Amount: \$ 7,500.00
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Fund Citation: 2011-06-1984DR-9084-XXXX-2508-D	Appropriation code: 70X702
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Mission Assignment Manager (Preparer) STEVEN THAXTON	Date 06/04/2011
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** FEMA Project Manager/Branch Director (Program Approval) WILLIAM ROBERTS	Date 06/04/2011
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** Comptroller/Funds Control (Funds Review) MCCOWN, JAMES R.	Date 06/04/2011
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VI. APPROVAL

*State Approving Official (required for DFA and TA):	Date
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**Federal Approving Official (required for all): COLLEEN MCNEESE	Date 06/04/2011
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VII. OBLIGATION (FEMA Use Only)

Mission Assignment Number 1984DR-SD-USFS-02	Amount This Action \$ 30,000.00	Date/Time Obligated 06/05/2011
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Amendment Number 00	Cumulative Amount \$ 30,000.00	Initials IFMIS
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* Signature required for Direct Federal Assistance and Technical Assistance MAs.
** Signature required for all MAs.

Section 1. Social Security Tax. Enter the amount of Social Security tax withheld from your wages, salaries, or other income. If you have a refund, enter the amount of the refund.

Table with 2 columns: Description of tax (e.g., Social Security Tax, Medicare Tax) and Amount. Includes sub-sections for Social Security Tax and Medicare Tax.

Section 2. Total Social Security Tax. Enter the total amount of Social Security tax shown on line 1.

Table with 2 columns: Description of tax (e.g., Social Security Tax, Medicare Tax) and Amount. Includes sub-sections for Social Security Tax and Medicare Tax.

Section 3. Total Social Security Tax. Enter the total amount of Social Security tax shown on line 2.

Table with 2 columns: Description of tax (e.g., Social Security Tax, Medicare Tax) and Amount. Includes sub-sections for Social Security Tax and Medicare Tax.

Section 4. Total Social Security Tax. Enter the total amount of Social Security tax shown on line 3.

Table with 2 columns: Description of tax (e.g., Social Security Tax, Medicare Tax) and Amount. Includes sub-sections for Social Security Tax and Medicare Tax.

Section 5. Total Social Security Tax. Enter the total amount of Social Security tax shown on line 4.

Table with 2 columns: Description of tax (e.g., Social Security Tax, Medicare Tax) and Amount. Includes sub-sections for Social Security Tax and Medicare Tax.

Section 6. Total Social Security Tax. Enter the total amount of Social Security tax shown on line 5.

Table with 2 columns: Description of tax (e.g., Social Security Tax, Medicare Tax) and Amount. Includes sub-sections for Social Security Tax and Medicare Tax.

Section 7. Total Social Security Tax. Enter the total amount of Social Security tax shown on line 6.

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. 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, 500 C Street, SW, Washington, DC, 20472, and 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.

Program Code/Event No.: 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.

III. 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.

Statement of Work: 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.

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.

Appropriation Code: 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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INSTRUCTIONS

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Additional Mission Statement

needed to complete the MA, the primary Federal agency may subtask another Federal agency to perform the requirement necessary to complete the MA. All resources designated for this mission assignment will be allocated by mission assignment task order and must be pre-approved by FEMA and the State of South Dakota. This mission assignment covers overtime, travel, per diem, lodging and administrative costs for USFS personnel. Equipment and real property purchases are not authorized under this mission assignment without FEMA approval.