

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 March 31, 2014

**I. TRACKING INFORMATION (FEMA Use Only)**

|  |  |
|--|--|
| State<br>FL (Florida) Incident:2017083101-Hurricane IRMA | NEMIS Number<br>1509-239936            |
| Program Code/Event Number<br>4337DR-FL: HURRICANE IRMA   | Date/Time Received<br>09/14/2017 22:02 |

**II. ASSISTANCE REQUIRED**

See Attached

Assistance Requested  
Amendment #1 - To correct end date to 10/03/2017, no additional funding needed  
Support to state of Florida for Incident Management Teams and personnel to support a Regional Staging Area, Logistics Staging Area, Responder Base Camp, and Command & Control.

|  |  |   |                    |
|--|--|---|--------------------|
| Delivery Location<br>Multiple,<br>FL 00000           | Internal Control Number<br>1881-322536 | Date/Time Required<br>09/14/2017                    |                    |
| Initiator/Requestor Name<br>Ashley Davis             | 24 Hour Phone Number<br>(850) 329-5053 | Email Address<br>operations.hurricaneirma@gmail.com | Date<br>09/14/2017 |
| Site POC Name<br>HARE, KERTZ MELBERT                 | 24 Hour Phone Number<br>(404) 909-1600 | Email Address<br>kertz.hare@fema.dhs.gov            | Date<br>09/14/2017 |
| * State Approving Official (Required for DFA and TA) |  |   | Date               |

**III. INITIAL FEDERAL COORDINATION (Operations Section)**

|            |  |                               |          |   |   |
|------------|--|-------------------------------|----------|---|---|
| Action to: | <input type="checkbox"/> ESF #: _____            | Date/Time<br>09/14/2017 21:38 | Priority | <input type="checkbox"/> 1. Lifesaving      | <input checked="" type="checkbox"/> 3. High |
|            | <input checked="" 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  
Support to state of Florida for Incident Management Teams and personnel to support a Regional Staging Area, Logistics Staging Area, Responder Base Camp, and Command & Control.  
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<br>USFS (U.S. FOREST SERVICE)   | Projected Start Date<br>09/14/2017 | Projected End Date<br>10/03/2017 |
| <input type="checkbox"/> New or <input checked="" type="checkbox"/> Amendment to MA #: 4337DRFLUSFS0400 | Total Cost Estimate<br>\$0.00      |                                  |
| ESF/OFA Action Officer<br>MIKE MURPHY   | Phone No.<br>(404) 227-2225        | Email                            |

**V. COORDINATION (FEMA Use Only)**

|  |  |   |   |
|--|--|---|---|
| Type of MA:  | <input checked="" type="checkbox"/> Direct Federal Assistance<br>State Cost Share (0%, 10%, 25%) | <input type="checkbox"/> Technical Assistance<br>State Share (0%) | <input type="checkbox"/> Federal Operations Support<br>State Share (0%) |
| State Cost Share Percent                                   | 0.0 %  | State Cost Share Amount: \$ 0.00                                  |   |
| Fund Citation:   | 2017-06-4337DR-9044-XXXX-2508-D  | Appropriation code: 70X0702                                       |   |
| Mission Assignment Manager (Preparer)                      | CHRISTOPHER MANOWSKI   | Date<br>09/14/2017  |   |
| ** FEMA Project Manager/Branch Director (Program Approval) | KERTZ HARE   | Date<br>09/14/2017  |   |
| ** Comptroller/Funds Control (Funds Review)                | HARMON, MERLE P.   | Date<br>09/14/2017  |   |

**VI. APPROVAL**

|   |                    |
|---|--------------------|
| *State Approving Official (required for DFA and TA):            | Date               |
| **Federal Approving Official (required for all):<br>TERRY BROWN | Date<br>09/14/2017 |

**VII. OBLIGATION (FEMA Use Only)**

|   |                                   |                                |
|---|-----------------------------------|--------------------------------|
| Mission Assignment Number 4337DR-FL-USFS-04 | Amount This Action \$ 0.00        | Date/Time Obligated 09/14/2017 |
| Amendment Number 01                         | Cumulative Amount \$ 2,200,000.00 | Initials: IFMIS                |

\* Signature required for Direct Federal Assistance and Technical Assistance MAs.  
\*\* Signature required for all MAs.

#### **Additional Mission Statement**

All purchases and expenditures must be coordinated with FEMA. Prior approval, from the Federal Approving Official (FAO), is necessary to ensure reimbursement. Agencies will be reimbursed for all eligible expenses pursuant to 44 CFR 206.8, Reimbursement of Other Federal Agencies.

Work that falls within the statutory authority of the performing Federal agency is not eligible for FEMA reimbursement, per 44 CFR 206.208(c)(2).

Mission Assignment Task Orders (MATOs) may be issued for specific personnel, requirements, locations, dates, and duration of assignments.

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.

## 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.

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.

**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.

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.