

**U.S. DEPARTMENT OF HOMELAND SECURITY  
EMERGENCY PREPAREDNESS AND RESPONSE DIRECTORATE  
MISSION ASSIGNMENT (MA)**

*See reverse side for  
Paperwork Burden Disclosure  
Notice*

*O.M.B. No. 1660-0047  
Expires November 30, 2007*

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

STATE	ACTION REQUEST NO.	PROGRAM CODE/EVENT NO.	DATE/TIME RECEIVED
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**II. ASSISTANCE REQUESTED**

See Attached

ASSISTANCE REQUESTED

QUANTITY	DATE/TIME REQUIRED	INTERNAL CONTROL NO.
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DELIVERY LOCATION

INITIATOR/REQUESTOR NAME	24-HOUR PHONE NO.	24-HOUR FAX NO.	DATE
POC NAME	24-HOUR PHONE NO.	24-HOUR FAX NO.	DATE

\* State Approving Official (Required for DFA and TA):

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

See Attached

Action To:	<input type="checkbox"/> ESF NO.:	DATE/TIME	PRIORITY		
	<input type="checkbox"/> Other:		<input type="checkbox"/> 1 Lifesaving	<input type="checkbox"/> 3 High	<input type="checkbox"/> 5 Normal
			<input type="checkbox"/> 2 Life sustaining	<input type="checkbox"/> 4 Medium	

**IV. DESCRIPTION (Assigned Agency Action Officer)**

See Attached

MISSION STATEMENT:

*(Your agency is responsible for submitting a Mission Assignment Monthly Progress Report to FEMA to include cost data when Mission Assignments take more than 60 days to complete, including billing.)*

ASSIGNED AGENCY	PROJECTED START DATE	PROJECTED END DATE
<input type="checkbox"/> NEW or <input type="checkbox"/> AMENDMENT TO MA NO.:	TOTAL COST ESTIMATE: \$	
ASSIGNED AGENCY POC NAME	PHONE NO.	FAX NO.

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

TYPE OF MA:	<input type="checkbox"/> Direct Federal Assistance State Cost Share (0%, 10%, 25%)	<input type="checkbox"/> Technical Assistance State Cost Share (0%)	<input type="checkbox"/> Federal Operations Support State Cost Share (0%)
STATE COST SHARE PERCENT %	STATE COST SHARE AMOUNT \$		

FUND CITATION 20__-06-_____-250_-D	APPROPRIATION CODE 70X0702
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MISSION ASSIGNMENT COORDINATOR (Preparer)	DATE
**FEMA PROJECT OFFICER/BRANCH CHIEF (Program Approval)	DATE
**COMPTROLLER/FUNDS CONTROL (Funds Review)	DATE

**VI. APPROVAL**

*STATE APPROVING OFFICIAL (Required for DFA and TA)	DATE
**FEDERAL APPROVING OFFICIAL (Required for all)	DATE

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

MISSION ASSIGNMENT NO.	AMOUNT THIS ACTION \$	DATE OBLIGATED	TIME OBLIGATED
AMENDMENT NO.	CUMULATIVE AMOUNT \$	INITIALS	

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

## 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 needed data, and completing, reviewing, and submitting the 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 this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0047). **Please do not send your completed form to the above address.**

### INSTRUCTIONS

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

**I. TRACKING INFORMATION.** Completed by Action Tracker or other Operations staff. Required for all requests.

State: If multi-State, choose State most likely to receive resources, (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.** Completed 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 requires 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.

Mission Statement: Description of steps to complete the request. Include discussion of personnel, equipment, subtasked 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 MAC, except for Project Officer 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 DOT-08, Supp. 3.

Amount this Action: Taken from total cost estimate above.

Cumulative Amount: Cumulative amount for this MA, including amendments.