

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	NEMIS Number
Program Code/Event Number	Date/Time Received

II. ASSISTANCE REQUIRED

See Attached

Assistance Requested

Delivery Location	Internal Control Number	Date/Time Required	
Initiator/Requestor Name	24 Hour Phone Number	Email Address	Date
Site POC Name	24 Hour Phone Number	Email Address	Date
* State Approving Official (Required for DFA and TA)			Date

III. INITIAL FEDERAL COORDINATION (Operations Section)

Action to:	<input type="checkbox"/> ESF # : _____	Date/Time	Priority	<input type="checkbox"/> 1. Lifesaving	<input type="checkbox"/> 3. High
	<input type="checkbox"/> Other : _____			<input type="checkbox"/> 2. Life sustaining	<input type="checkbox"/> 4. Normal

IV. DESCRIPTION (Assigned Agency Action Officer)

See Attached

Statement of Work

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	Projected Start Date	Projected End Date
<input type="checkbox"/> New or <input type="checkbox"/> Amendment to MA # : _____	Total Cost Estimate	
ESF/OFA Action Officer	Phone No.	Email

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 Share (0%)	<input type="checkbox"/> Federal Operations Support State Share (0%)
State Cost Share Percent	%	State Cost Share Amount:	\$
Fund Citation: 20__ - 06 - ____ - XXXX - 250__ - D Appropriation code: 70X0702			
Mission Assignment Manager (Preparer)			Date
**FEMA Project Manager/Branch Director (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 Number	Amount This Action \$	Date/Time Obligated
Amendment Number	Cumulative Amount \$	Initials:

* 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 needed data, and completing, reviewing, and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington DC 20472, 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.