

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

O.M.B. NO. 1660-0047
 Expires March 31, 2014
 See Reverse for Paperwork Burden
 Disclosure Notice

I. TRACKING INFORMATION (FEMA Use Only)

State	Resource Request 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

III. INITIAL FEDERAL COORDINATION (Operations Section)

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

IV. DESCRIPTION (Assigned Agency Action Officer)

See Attached

Statement of Work

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 to FEMA-Disaster-MA-ULO@dhs.gov. For MA billing and reimbursement information, please visit <http://www.fema.gov/federal-agencies-providing-disaster-assistance>.

Assigned Agency	Projected Start Date	Estimated Projected End Date
<input type="checkbox"/> New or <input type="checkbox"/> Amendment to MA # : _____	Total Cost Estimated	Total Required this Obligation Cycle
ESF/OFA/RSF 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"/> 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)	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 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 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 Resource Support Section or Operations staff. Required for all requests.

State: If multi-State, choose State most likely to receive resource(s), (i.e., when using 7220-SU Program Code)

Resource 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, 3130-EM, 1248-DR.

II. ASSISTANCE REQUESTED. Completed by requestor.

Assistance Requested: Details from the Resource Request Form will provide information concerning the assistance requested.

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.

III. INITIAL FEDERAL COORDINATION. Completed by FEMA Personnel with Delegated Authority.

Action to: May be Emergency Support Function (ESF), Recovery Support Function (RSF), internal FEMA organization, or other organization, which assigns the Action Officer.

Remainder of MA used only if solution is to request Federal agency to perform reimbursable work under (MA). Deliberate validation and verification of information must occur before MA is completed and issued.

IV. DESCRIPTION. Completed by assigned agency Action Officer.

Statement of Work: Detailed description of work to be performed that includes: Overview of MA, objectives, tasks, resources, personnel, deliverable, location, period of performance and comprehensive cost estimate for period of performance. Statement of Work may be attached. Additional guidance concerning the writing of a Statement of Work can be found in the Mission Assignment Guide and FAR.

Assigned Agency: Agency receiving the MA from FEMA. Activities within the scope of an ESF/RSF result in an MA to primary agency. Cite subordinate organization if applicable. Example; DOT-FAA, COE-SAD.

Projected Start/End Date: If end date is not clear, estimate and budget for 30, 60, or 90 days, then reevaluate. TBD is not acceptable; a date must be entered.

Total Cost Estimate: Enter dollar value and attach a detailed budget outlining personnel, equipment, contract, sub-tasked agency, travel and other costs. The cost estimate should include the total cost projection for the MA across the entire length of the MA. The 90 day obligation cycle is used to obligate funding in 90 day increments when completion period is expected to exceed 90 days.

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.

Reporting: MA agencies are required to provide reporting as determined by the Program Manager.

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.