DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency MISSION ASSIGNMENT (MA)

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to aver searching existing data sources, gathering and maintaining obtain or retain benefits. You are not required to respon- regarding the accuracy of the burden estimate and any sug Security, Federal Emergency Management Agency, 500 C not send your completed form to this address.	the needed data, and to this collection ggestions for reducir	nd completin of information of this burd	ng and submittin ion unless it dis len to: Informatio	ig this form. splays a va on Collectio	This co lid OME ns Man	ollection of ir 3 control nu agement, D	formation is required to mber. Send comments epartment of Homeland	
I. TRACKING INFORMATION (FEMA Use O	nly)							
State Resource Rev							Number	
Program Code/Event Number						Date/Time Received		
II. ASSISTANCE REQUIRED				□ See	Attache	ed		
Assistance Requested								
Delivery Location		Internal Control Number			Date/Time Required			
Initiator/Requestor Name	24 Hour Phone N	Number	mber Email Address		I	Date		
Site POC Name	24 Hour Phone N	Number	Email Address			I	Date	
III. INITIAL FEDERAL COORDINATION (Operation	s Section)							
Action to: ESF # : Othe	r:	Date	e/Time	Priority	□ 1.	Lifesaving	🔲 3. High	
RSF:					□ 2.	Life sustai		
IV. DESCRIPTION (Assigned Agency Action	See Atta	ched						
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		
New or Amendment to MA # :			Fotal Cost Estimated			Total Required this Obligation Cycle		
ESF/OFA/RSF Action Officer			Phone #		Email			
V. COORDINATION (FEMA Use Only)								
Type of MA: Direct Federal Assistance Federal Operations Support State Cost Share (0%, 10%, 25%) State Share (0%)								
State Cost Share Percent % State Cost Share Amount: \$								
Fund Citation: 20 -06-	XXXX-250	-D A	ppropriation co	ode: 70X07	702			
Mission Assignment Manager (Preparer)							Date	
**FEMA Project Manager/Branch Director (Program Approval)							Date	
**Comptroller/Funds Control (Funds Review)							Date	

MISSION ASSIGNMENT (MA)

VI.	APPROVAL								
*State Approving Official (Required for DFA)									
**Federal Approving Official (Required for all)									
VII.	VII. OBLIGATION (FEMA Use Only)								
Missior	n Assignment Number	Amount This Action \$	Date/Time Obligated						
Amend	Iment Number	Cumulative Amount \$ Initials:							
** Signature required for all MAs.									
INSTRUCTIONS									
Items o	on the Mission Assignment (MA) form that are not lis	sted are self-explanatory.							
I.	I. TRACKING INFORMATION. Completed by Resource Support Section or Operations staff. Required for all requests.								
<u>State:</u> If multi-State, choose State most likely to receive resource(s), (i.e., when using 7220-SU Program Code) <u>Resource Request No.</u> : Based on chronological log number. Used for tracking. <u>Program Code/Event No.</u> : The pre-declaration, emergency, or major disaster number assigned for funding the event. Examples: 7220-SU, 3130-EM, 1248-DR.									
п.	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. <u>Initiator/Requestor</u> : The initiator may be an individual filling out the mission assignment and making a request on behalf of the POC. <u>POC Name:</u> 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.									
<u>Statement of Work:</u> 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. <u>Assigned Agency:</u> 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. <u>Projected Start/End Date</u> : 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 <u>Total C</u> other co	<u>Total Cost Estimate</u> : 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.								
Approp	 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.	/I. APPROVAL. Completed by State Approving Official and Federal Approving Official.								

VII. OBLIGATION. Completed by Financial Specialist <u>Mission Assignment No</u>.: Assigned in FEMA financial system chronologically using assigned agency acronym and two digit number. <u>Amendment No</u>.: 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.