

MISSION ASSIGNMENT (MA)

I. TRACKING INFORMATION		
Incident Location/Incident Name	Internal Control Number	Resource Request Number
Program Code/Event Number		Date/Time Created
II. ASSISTANCE REQUIRED <input type="checkbox"/> See Attached		
Assistance Required		
Delivery Site Location		Date/Time Required
Requestor Name	24 Hour Phone Number	Email Address
Site POC Name	24 Hour Phone Number	Email Address
III. INITIAL FEDERAL COORDINATION		
Action to <input type="checkbox"/> ESF # _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> RSF _____		Priority <input type="checkbox"/> 1. Lifesaving <input type="checkbox"/> 2. Life sustaining <input type="checkbox"/> 3. High <input type="checkbox"/> 4. Normal
IV. DESCRIPTION <input type="checkbox"/> See Attached		
Statement of Work		
<small>Your agency must validate the unliquidated MA balance at least quarterly 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@fema.dhs.gov. For MA billing and reimbursement information, please visit https://www.fema.gov/federal-agencies/mission-assignments.</small>		
Assigned Agency		Projected Start Date
<input type="checkbox"/> New or <input type="checkbox"/> Amendment to MA #: _____		Projected End Date
		Total Cost Estimated
OFA Action Officer	Phone Number	Email Address
FEMA Project Manager	Phone Number	Email Address
V. COORDINATION		
Type of MA <input type="checkbox"/> Direct Federal Assistance (DFA) STT Cost Share (0%,10%,25%) <input type="checkbox"/> Federal Operations Support (FOS) STT Cost Share (0%)		
State/Tribe/Territory (STT) Cost Share Percent		STT Cost Share Amount \$
Fund Citation		Appropriation Code
Mission Assignment Manager (Preparer)		Date
FEMA Project Manager/Branch Director (Program Approval)		Date
Comptroller/Funds Control (Funds Review)		Date
VI. APPROVAL		
*State/Tribal/Territorial Approving Official (Required for DFA)		Date
**Federal Approving Official (Required for all)		Date
VII. OBLIGATION		
Mission Assignment Number	Amount This Action	Date/Time Obligated
Amendment Number	Cumulative Amount	***Initials

MISSION ASSIGNMENT (MA)

* STT Signature required for Direct Federal Assistance Mission Assignments only.

**This signature conveys legal authority to begin work in accordance with Stafford Act and 44 CFR guidelines.

*** Initials are a FEMA-only accounting identifier and are not required for an agency to act on a mission assignment.

PRIVACY NOTICE

FEMA collects, uses, maintains, retrieves, and disseminates the records within this form according to the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq) and 44 CFR Part 206.5. FEMA is authorized to provide assistance to States based on needs before, during and after a disaster has impacted the State. FEMA collects personally identifiable information from the points of contact at the State, local, tribal, and territorial governments; site delivery point of contact; FEMA program manager; and the other Federal agency point of contact, in order to be able to reach these individuals regarding the associated Mission Assignment that results from this request form. The non-PII that is collected explains which state(s), local, tribal, or territorial government(s) require assistance, what needs to be accomplished, details any resource shortfalls, and explains what assistance is required to meet these needs. FEMA may share the personal information of U.S. citizens and lawful permanent residents contained in their disaster assistance files outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended, including pursuant to routine uses published in DHS/ALL-002 –Department of Homeland Security (DHS) Mailing and Other Lists System, 73 Fed. Reg. 71,659 (Nov. 25, 2008), and upon written request, by agreement or as required by law. FEMA may share the personal information of non-citizens, as described in the following Privacy Impact Assessment: DHS/FEMA/PIA-023 Enterprise Coordination and Approval Processing System (eCAPS).

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, 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 this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW Washington, DC 20472-3100, Paperwork Reduction Project (1660-0047). **NOTE: Do not send your completed form to this address.**

INSTRUCTIONS

Fields on the Mission Assignment (MA) form that are not listed below are self-explanatory. Fields that are in *italics* are system generated.

Mission Assignment form 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.

I. TRACKING INFORMATION. Completed by MA Staff.

Incident Location / Incident Name: If multi-State, choose State most likely to receive resource(s) (only applicable when using 7220-SU Program Code). For EM/DR declarations to a tribal government this field indicates the state in which the tribal headquarters is located and the incident name.

Internal Control Number: Internal system-generated tracking number.

Resource Request Number: Based on chronological number assigned on Resource Request Form (RRF). If no RRF, identify document directing action (as applicable).

Program Code/Event Number: The pre-declaration, emergency, or major disaster number assigned for funding the event. Examples: 7220-SU, 3130-EM, 1248-DR.

II. ASSISTANCE REQUIRED. Completed by MA Staff.

Assistance Required: Assistance FEMA is tasking to assigned agency. May provide details of resource shortfalls, specific deliverables, or simply state the problem. Information concerning assistance requested may be provided on the Resource Request Form (RRF).

Delivery Site Location: Site name and address. For multiple delivery locations, input "various locations see attached" in site name, include attachment with delivery sites and POCs for each location, and breakdown of requirements for each location as appropriate.

Date/Time Required: This is the Date/Time that the resource needs to be delivered or should be operational.

Requestor Name: The individual making the request, or the POC for the request.

Site POC Name: The person at the delivery site coordinating reception and utilization of the requested resources. 24-hour contact information required.

III. INITIAL FEDERAL COORDINATION. Completed by MA Staff.

Action to: Maybe Emergency Support Function (ESF), Recovery Support Function (RSF), or other organization.

IV. DESCRIPTION. Completed by MA Staff.

Statement of Work: Description of work to be performed which may include objectives, tasks, resources, personnel, and/or deliverables. Specific locations, period of performance, and cost estimates should not be included in the SOW. The SOW must be specific enough to identify the required task, but general enough to allow flexibility to accomplish the task. For additional direction for writing SOWs reference mission assignment doctrine and FAR.

Assigned Agency: Agency receiving the MA from FEMA. Activities within the scope of an ESF/RSF may result in an MA to primary or support agency. Cite subordinate organization if applicable. For 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: The cost estimate should include the total cost projection for the MA across the entire length of the MA. Enter dollar value and provide supporting documentation with a breakdown outlining eligible costs. Eligible costs are identified in 44 CFR 206.8(c) and may include personnel, equipment, contract, travel, and other costs.

V. COORDINATION. Completed by MA Staff, 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 STT Approving Official and Federal Approving Official.

State/Tribal/Territorial Approving Official: Signature certifies that STT and local government cannot perform, nor contract for the performance of the requested work.

VII. OBLIGATION. Completed by MA Staff.

Amendment Number: Note the supplement number. For example: HHS-01, Amendment Number 01, or DOD-08, Amendment Number 03. Amount

Amount this Action: Amount obligated for this action (new MA or amendment).

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

Initials: The initials located on financially processed MAs are not required to initiate immediate OFA resource and capability deployment activities.

The initials are a FEMA only accounting identifier used to indicate completion of an automated system process and are not required for an agency to act on an MA.