

MFR for Verbal Mission Assignment

Memo For Record

21 March 2020

SUBJECT: FEMA Verbal Mission Assignment for Alternate Medical Facilities in NY

1. On 21 March 2020, verbal funding authority for the following mission assignment has been issued by Jason Wind at FEMA Region II for the U.S. Army Corps of Engineers.

Mission: Planning, Assessment, Design, Construction of Alternate Medical Facilities

Scope to Read: (Partial scope): As directed by and in coordination with FEMA and Health and Human Services (HHS) in support of State of New York, request the US Army Corps of Engineers (USACE) will provide appropriate personnel for facility assessments, planning, engineering, design contracting and construction support to address medical facility shortage arising from COVID-19. (Full scope of work provided in attached RRF.)

FEMA Program Code: 4480DR

Mission Assignment Number: NY-COE-NAD-01(V)

Event and Name Description: COVID-19 Pandemic

Disaster State (2 letter designation): NY

Estimated Completion Date: 20 May 2020

Amount Authorized: \$350,000,000.00

Total Amount Authorized for the Mission: \$350,000,000.00

Federal Approving Official: Jason Wind

2. Funding for this mission assignment may be entered into the Corps of Engineers Financial Management System (CEFMS) accounting system based upon a verbal authority. The funding citation is 2020-06-44480DR-9024XXXX-2508-D. The source appropriation is 70X0702. A written Mission Assignment (MA) will follow up this verbal mission assignment within 2-3 days.

Jason Wind
RRCC II
FEMA Approving Official

Mark Clark
ESF3 Team Leader
U.S. Army Corps of Engineers

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
RESOURCE REQUEST FORM (RRF)

O.M.B. No. 1660-0002
Expires May 31, 2017

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.**

I. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Requestor's Name Jennifer M. Wacha		2. Title Deputy Director, Office of Emergency Management		3. Phone No. 518-402-1786	
4. Requestor's Organization: State		State: NY		5. Fax No.	
6. Email Address: Jennifer.Wacha@dhses.ny.gov					

II. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Description of Requested Assistance:
[New York State requests design/build/upgrade Pandemic Response and Recovery Critical Public Facilities Disaster Alternative Care Facilities for acute patient care. Request includes full wrap around services for facility management\(Operations, Maintenance, refueling\) and medical support, personnel, equipment, supplies\) See attached USACE Draft statement of work.](#)
Requested Resources: [Deployable Temporary Medical Treatment Facilities](#)

2. Quantity 0		3. Priority <input type="checkbox"/> Lifesaving <input type="checkbox"/> Normal <input type="checkbox"/> Life Sustaining <input checked="" type="checkbox"/> High		4. Date and Time Needed 03/23/2020 10:00:00	
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5. Delivery Site Location Name: Jacob K. Javits Center(See remarks) Site: Other Address: See Attached City: New York County: State: NY Zip: 10001 Remarks: NYC Metro Area 4 Land Based Hospital Sites: Jacob K. Javits Center(NYC) Westchester County Center (Westchester) Westbury Field House (Nassau) Stoney Brook University Field House (Suffolk)			6. Site Point of Contact (POC) Jennifer M. Wacha		
			7. 24-Hour Phone No. 518-948-3675		8. Fax: Email: Jennifer.Wacha@dhses.ny.gov

9. State Approving Official Signature Electronically signed by kevin.edwards@fema.dhs.gov as IM OPS Operations Section Chief (OSC) on 03/21/2020 10:57:00			10. Date and Time: 03/21/2020 10:57:00		
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III. SOURCING THE REQUEST - REVIEW/COORDINATION

1. <input checked="" type="checkbox"/> OPS/RCBD Review by: Electronically signed by kevin.edwards@fema.dhs.gov as IM OPS Operations Section Chief (OSC) on 03/21/2020 11:20:00 <input type="checkbox"/> LOG/OSGS Review by: <input type="checkbox"/> Other Review by: <input type="checkbox"/> Other Review by: <input type="checkbox"/> Other Review by:		2. Source: <input type="checkbox"/> Contract <input type="checkbox"/> Deployment Tracking System (DTS) <input type="checkbox"/> Donations <input type="checkbox"/> Logistics Supply Chain Management System (LSCMS) <input type="checkbox"/> Interagency Agreement (IAA) <input checked="" type="checkbox"/> Mission Assignment (MA) <input type="checkbox"/> Purchase Card <input type="checkbox"/> Other <input type="checkbox"/> Not Identified		3. Assigned to: Agency: USACE ESF/RSF: ESF 3: Public Works and Engineering Date/Time: 03/21/2020 10:36:00	
4. Immediate Action Required <input type="checkbox"/> Yes <input type="checkbox"/> No					

IV. STATEMENT OF WORK

1. OFA Action Officer Mark Clark		2. 24-Hour Phone No. 202-286-1398		3. Fax: Email: mark.clark@usace.army.mil	
4. FEMA Project Manager Kevin Edwards		5. 24-Hour Phone No. 540-532-2033		6. Fax: Email: kevin.edwards@fema.dhs.gov	

7. Statement of Work:

As directed by and in coordination with FEMA and Health and Human Services (HHS) in support of State of New York request, the US Army Corps of Engineers (USACE) will provide appropriate personnel for facility assessments, planning, engineering, design, contracting and construction support to address medical facility shortages arising from COVID-19.

- USACE will continue to develop and refine the requirements or attributes to create Non-Acute COVID-19 Alternate Care Facilities and/or Acute COVID Alternate Care Facilities, up to an Intensive Care Unit (ICU) capability, in existing buildings e.g. college dorms or hotels/motels and/or in large building areas such as gyms or stadiums (potentially open air) and apply those requirements to facilities identified by the state.

YELLOW=Planning/assessments/teams to state

- USACE will provide assessments to FEMA/state. If facility is favorable, USACE will provide an estimate for design/construction to FEMA/state.

-Upon receipt of FEMA resource request, and confirmation that lease has been secured by state/FEMA or OFA, a site specific Mission Assignment Task Order (MATO) accompanied by required funding via MA amendment will be issued to USACE for design/construction of facility. Activities will be in complete coordination with HHS (ESF#8). Contract will include but is not limited to:

- * Removing any carpeting
- * Installing vinyl flooring or epoxy
- * Revising HVAC ducting and HEPA filtering
- * Adding Emergency Backup Power and Uninterrupted Power Supplies
- * Adding additional electrical outlets
- * Adding privacy curtains
- * Site Improvement items as needed:
 - o Perimeter fencing
 - o Patient screening area
 - o Exterior pharmacy
 - o Medical Gas Storage
 - o Access Control Point
 - o Medical waste disposal area

Additional engineering specifications will be issued for MATO process.

FEMA will reimburse USACE for any PPE equipment required for personnel as directed by the HQUSACE Safety and Occupational Health Office for deployments during COVID-19 pandemic. Requirements will be based upon specific deployment duty descriptions and locations.

In order to minimize air travel, USACE may require that employees rent vehicles at permanent duty stations in order to drive to TDY locations. FEMA will reimburse USACE for any additional costs related to additional time required to travel via automobile to include per diem and labor costs.

USACE will NOT be responsible for providing medical equipment. All furnishings and special medical equipment to be provided and maintained by the state, FEMA or OFA (other than USACE) includes but is not limited to:

- * Ventilator capable storage cabinet
- * Telemetry/pump on IV stand
- * Stool
- * Over bed table
- * Mobile Work Station
- * Linen Hamper
- * Sharps/gloves
- * Hand Sanitizer station
- * Infectious waste disposal containers
- * Cubicle curtain

Once turned over to the State/FEMA for operations, USACE will not be involved in operations/maintenance of the facilities and will not be responsible for providing any wrap around services or decommissioning and facility.

8. Estimated Completion Date: 05/15/2020 00:00:00

9. Current Estimated Cost: \$350,000,000.00

V. ACTION TAKEN

Accepted

Rejected

Requestor Notified

2. Reason/Disposition:

RESOURCE REQUEST FORM (RRF)

TRACKING INFORMATION (FEMA Use Only)

ECAPS / NEMIS Task ID:	Resource Request No. 2604-113808	Program Code/Event No.	<input type="checkbox"/> Originated from State <input type="checkbox"/> Originated as verbal
Received by (Name and Organization):	State:	Date/Time Submitted: 03/21/2020 10:59:00	

INSTRUCTIONS

Items on the Resource Request form that are not specifically listed are self-explanatory. Indicate "see attached" in any field for which additional space or more information is required.

I. Who is requesting assistance? Completed by requestor.

II. What needs to be done? Completed by requestor.

Description of Requested Assistance: Detail of resource shortfalls, statement of deliverable, or simply state problem/need.

Priority: The requestor's priority, which may differ from the priority in BOX III.

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

If for Direct Federal Assistance (DFA), State Approving Official: Signature certifies that:

- (1) State and local governments cannot perform, nor contract for the performance of the requested work;
- (2) Work is required as a result of the event, not a pre-existing condition; and
- (3) The State is providing the required assurances found in 44 CFR, Section 206.208.

III. Action Review/Coordination (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

Accept/Reject: Operations Section Chief or Resource Capability Branch Director accepts or rejects the request; provide reason if rejection. If request accepted, coordinates with others, i.e., Branch Directors or Group Supervisors, begins to determine best means of fulfilling request. All involved in coordination should check appropriate box and initial or print their name.

Assigned to: Operations Section Chief or Resource Capability Branch Director assigns tasks origination, may indicate the OFA Action Officer. Operations Section Chief may also indicate the Action Officer if known, or tasked organization may make this assignment. This may be Emergency Support Function, internal FEMA Organization (i.e.; Logistics), or other organization.

Date/Time Assigned: Operations Section Chief or Resource Capability Branch Director provides date and time of when sourcing should begin.

IV. Statement of Work (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

OFA Action Officer: Ops Section Chief obtains from OFA if request fulfilled by a MA; 24-hr phone/fax required. Information used in eCAPS.

FEMA Project Manager: Provided by Operations Section Chief; a Region PFT; 24-hr phone/fax required. Information used in eCAPS. Statement of Work: Description of tasks to be performed. Could be to assess a problem and report back, or could be to proceed with a specific action. If 40-1 or MA, this goes in "justification" tab in eCAPS.

V. Action Taken (OPS Section Use Only): Completed by Operations Section Chief, Resource Capability Branch Director, MA Unit or Logistics.

Resource Request Results: Ops Section Chief, Resource Support Section Chief, MA Unit, or LOG should note what type of document the action resulted in by "checking" the appropriate box i.e., Mutual Aid, Donations, Requisition, Procurement, IA, MA, Other. If "Other" is selected write in appropriate response or state "see below" and give detail description in "Disposition" field. "Disposition" field should note steps taken to complete the Action, and personnel, sub-tasked agencies, contracts and other resources utilized.

TRACKING INFORMATION. Completed by Action Tracker. Required for all requests.

OTHER DETAILS NOT PART OF RESOURCE REQUEST FORM

State Req. #:

Enabler:

Enabler

I-/+ Hours:

I+24

MA#:

MA Category:

DFA FOS Amendment Task Order

Movement Coordination:

Transportation Not Required