

State Template – FFCRA SNAP Emergency Allotment Request

States must provide the following to their FNS Regional SNAP contact(s) for each month covered by this request.

State/Territory: _____

1. [] EA Issuance date(s):

(Provide exact dates of planned EA issuance for the month or annotate above if the State will be providing EA benefits in accordance with the State's regular issuance schedule.)

2. [] estimate of the number of households and estimated EA amount:

Number of households receiving emergency allotment benefits: _____

Amount of emergency allotment benefits issued per month: \$_____

3. **Confirmation** that one or more of the following conditions exists due to COVID-19. (Check all that apply):

Residents of the State are confirmed to have contracted COVID-19

Some or all areas of the State are containment or quarantine zones

Businesses have closed or significantly reduced their hours

The State's residents have experienced economic impacts due to job suspensions or losses

The State's residents have been directed to practice social distancing

And

___ The State's emergency or disaster declaration remains active

USDA reserves the right to withdraw or otherwise modify this approval subject to availability of funding.