## 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.

- 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

Amount of emergency allotment benefits issued per month:

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

\$ 2,284,839.00

- ☼ The State's residents have been directed to practice social distancing And
- x 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.