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.

| Sta | nte/Territory: Mississippi |
|-----|---|
| 1. | [Months] EA Issuance date(s): November 2, 2021 |
| | (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. | [Months] estimate of the number of households and estimated EA amount: |
| | Number of households receiving emergency allotment benefits: 212,000 |
| | Amount of emergency allotment benefits issued per month: \$\frac{39,500,000}{}\$ |
| 3. | Confirmation that one or more of the following conditions exists due to COVID-19. |
| | (Check all that apply): |
| | X 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 |
| | X The State's residents have experienced economic impacts due to job suspensions or |
| | losses |
| | X 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.