

Entity Affidavit for Mississippi Law Enforcement and Fire Fighters Premium Pay Program

State of _____

County of _____

I, _____, of _____ [Name of Entity]
do hereby swear under oath that:

1. Premium payments will be dispersed to all qualifying certified, full-time or part-time law enforcement officers and/or certified full-time or part-time fire fighters serving in the State of Mississippi as of July 1, 2022.
2. The above entity has fully provided the Mississippi Department of Public Safety with all required documentation confirming that the aforementioned payments will take place.
3. The above entity has not received any other form of federal monies that could be used for payment for duties performed during the COVID-19 public health emergency.
4. All individuals employed by the above entity have completed the required COVID-19 training in order to receive the premium pay.
5. The above entity has read the program summary in full and agrees to all the terms listed including, but not limited to the guideline referring to the repayment of misspent funds.

Date _____

Official Signature _____

This date personally appeared before me, the undersigned authority, in and for _____
County, State of Mississippi, the above named employee, who, being first duly sworn, state on
their oath that the above facts are true and correct.

Given under my hand and official seal, this the _____ day of _____ 2022.

Notary Public