

# Mississippi Association of Supervisors

793 N. President Street, Jackson, Mississippi 39202

Office 601.353.2741 ~ Fax 601.353.2749

Email [mseaberry@massup.org](mailto:mseaberry@massup.org)

[www.mssupervisors.org](http://www.mssupervisors.org)

## MEMORANDUM

To Counties: Adams, Alcorn, Attala, Benton, Bolivar, Calhoun, Carroll, Claiborne, Clay, Coahoma, Desoto, Grenada, Hinds, Holmes, Humphreys, Itawamba, Jefferson, Lafayette, Lee, Leflore, Marshall, Montgomery, Panola, Pontotoc, Prentiss, Quitman, Sharkey, Sunflower, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, Warren, Washington, Webster, Yalobusha and Yazoo

From: Derrick Surette, Executive Director

Date: March 13, 2026

Re: Mississippi Association of Supervisors Disaster Relief Fund

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On January 23 – 27, 2026 the State of Mississippi had several counties affected by a severe winter storm. The Mississippi Association of Supervisors has established the MAS Disaster Relief Fund (the "Fund") for the purpose of assisting qualified county employees who have suffered as a result of a natural disaster like the ones that occurred on January 23 – 27, 2026. President Donald Trump and Governor Tate Reeves issued a Proclamation, declaring a state of emergency for all the counties affected by the January 23 – 27, 2026 severe winter storms. MAS has attached an application form for any county employees living in one of the affected counties.

Among other considerations, the following minimum guidelines have been established:

- 1. Applicants must have been a county employee on the date of disaster and have sustained damage to their home and/or essential home-related individual property (primary vehicle) and have out-of-pocket expenses of at least \$1,000.**
- 2. Applicants must provide documentation as set out in the application. No elected officials (including Supervisors) are eligible to apply.**
- 3. Upon confirmation of employment, the applications are reviewed by a committee for consideration, and a determination of support will be made, taking into consideration factors including, but not limited to, the applicant's qualifications and documentation, the severity of the need, the availability of relief funds in the Fund and the number of requests.**

The Fund reserves the discretion to deny any or all applications. Please understand that submitting an application does not in any way ensure or guarantee assistance will be awarded by the Fund.

**Please submit your applications by May 15, 2026 to:** MAS Disaster Relief Fund,  
Attention: Mavis Seaberry, 793 North President Street, Jackson, MS 39202.

## **Disaster Relief Fund Guidelines**

Grants approved under the following guidelines range from \$250.00 - \$1,000.00:

- Completed, original application - signed and notarized.
- Provide photographs and documentation of damage.
- Provide appraisal or estimate of total damages.
- Proof of insurance, other relief funds
- Out-of-pocket expenses:
  - o Up to \$2,500 - \$250 grant
  - o \$2,501 - \$5,000 - \$500 grant
  - o \$5,000+ - \$1,000 grant

If approved, the check and cover letter will be mailed to the County Administrator/Chancery Clerk.

# MISSISSIPPI ASSOCIATION OF SUPERVISORS

793 N. President Street, Jackson, Mississippi 39202

Office 601.353.2741 ~ Fax 601.353.2749

[www.mssupervisors.org](http://www.mssupervisors.org)

## MISSISSIPPI ASSOCIATION OF SUPERVISORS DISASTER RELIEF FUND APPLICATION

Mail **original signed and notarized** application to:  
MAS Disaster Relief Fund  
Attn: Mavis Seaberry  
793 North President Street  
Jackson, MS 39202

PLEASE PRINT:

Name: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: (please include street address, city, state, and zip)

\_\_\_\_\_  
\_\_\_\_\_

Current Mailing Address (if unable to receive mail at home address):

\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Job Supervisor: \_\_\_\_\_

***Verification of Damage must be signed by a County Supervisor or Chancery Clerk:***

\_\_\_\_\_

Actual out-of-pocket costs (please provide proof of payment such as cancelled check, credit card statement, paid receipt): \$ \_\_\_\_\_

Please identify in detail the nature of the damage that you have sustained to your home, including status (habitable, inhabitable, destroyed, unsafe, etc.) and/or personal property, and the cost of repair, rebuild or replacement. ***Photographs of property before (if available) and after substantiating damage must be included with application.*** Include **ALL TYPES** of insurance coverage that you may have had as of the date of storm, as well as other financial assistance that you may have received (private donations, FEMA, Red Cross, etc.) and be prepared to provide proof of that coverage. Attach a separate piece of paper stapled to this application if more space is required and please have that information TYPED.

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### Affirmation

I, the undersigned applicant, do hereby solemnly swear that the information provided within this application is true and accurate to the best of my ability. I further understand that additional proof may be required - if requested - to show any type of coverage that was on the home and personal property.

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: .....

Notary Public (Signature and Seal)

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**Be sure and get the form notarized before returning to this office.** You must mail the **original application** to our office. **No faxes will be accepted.** If you have any questions, you may Mavis Seaberry at 601-353-2741.