

Mississippi Secretary of State
125 S. Congress Street, Jackson, MS 39201

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Development Authority		CONTACT PERSON Harrison W. Matheny	TELEPHONE NUMBER 601.359.2491	
ADDRESS P.O. Box 849		CITY Jackson	STATE MS	ZIP 39205
EMAIL Hmatheny@mississippi.org	SUBMIT DATE August 24, 2020	Name or number of rule(s): Temporary Rule Effective Immediately Community Foundations COVID-19 Grant Program		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Program is designed for the purpose of reimbursing eligible non-profits, food pantries, and childcare centers of eligible COVID-19 related expenses.
Specific legal authority authorizing the promulgation of rule: House Bill 1782, 2020 Regular Legislative Session, Miss. Code Ann. §§ 25-43-3.108 and 25-43-1.104 (Rev. 2006).

List all rules repealed, amended, or suspended by the proposed rule: none

ORAL PROCEEDING:

- ☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- ☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

- ☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
☒ Original filing ☐ Renewal of effectiveness To be in effect in _____ days Effective date: ☒ Immediately upon filing ☐ Other (specify): _____	Action proposed: ☐ New rule(s) ☐ Amendment to existing rule(s) ☐ Repeal of existing rule(s) ☐ Adoption by reference Proposed final effective date: ☐ 30 days after filing ☐ Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: ☐ Adopted with no changes in text ☐ Adopted with changes ☐ Adopted by reference ☐ Withdrawn ☐ Repeal adopted as proposed Effective date: ☐ 30 days after filing ☐ Other (specify): _____

Printed name and Title of person authorized to file rules: C. Patrick Roberts, Special Assistance Attorney General

Signature of person authorized to file rules: *C. Patrick Roberts*



Accepted for filing by

#25060 *[Signature]*

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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.