

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Charter School Authorizer Board		CONTACT PERSON Lisa Karmacharya, Executive Director	TELEPHONE NUMBER (601)359-9199	
ADDRESS 239 N. Lamar Street, Suite 207		CITY Jackson	STATE MS	ZIP 39201
EMAIL charterschoolsupport@mcsab.ms.gov	SUBMIT DATE 09/24/21	Name or number of rule(s): Title 10, Part 404, Rule 1.1 - Performance Framework		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The Board has adopted a new Performance Framework for the Annual Evaluation of Charter School.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §§ 37-28-29 & 37-28-31

List all rules repealed, amended, or suspended by the proposed rule:

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: 10/27/2021 Time: 9:00 a.m. Place: 239 N. Lamar St., Suite 207, Jackson, MS 39201

☐ 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

____ Original filing
____ Renewal of effectiveness
To be in effect in ____ days
Effective date:
____ Immediately upon filing
____ Other (specify): ____

PROPOSED ACTION ON RULES

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): ____

FINAL ACTION ON RULES

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: Lisa Karmacharya, Executive Director

Signature of person authorized to file rules: *Lisa Karmacharya*

OFFICIAL FILING STAMP

Accepted for filing by

DO NOT WRITE BELOW THIS LINE
OFFICIAL FILING STAMP



SEP 24 2021

**MISSISSIPPI
SECRETARY OF STATE**

Accepted for filing by

25881 POM

OFFICIAL FILING STAMP

Accepted for filing by

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