SOS APA Form 001

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS Charter School Authorizer Board		CONTACT PERSON Amy Foster Tisdale	TELEPHONE NUMBER 601-359-9199	
ADDRESS 239 N. Lamar Street, Suite 207		CITY Jackson	STATE ZIP MS 39201	
EMAIL charterschools@mcsab.ms.gov	SUBMIT DATE 11/6/23	Name or number of rule(s): Title 10, Part 421: Call for Quality So for Existing Operators	chools Guidance and Application Process	
Short explanation of rule/amendment	/repeal and reas	on(s) for proposing rule/amendmen	nt/repeal: The Board has approved	
establishment of a new Part 421 for th				
Specific legal authority authorizing the				
List all rules repealed, amended, or su	spended by the	proposed rule: None.		
ORAL PROCEEDING:				
ten (10) or more persons. The written request s notice of proposed rule adoption and should inc agent or attorney, the name, address, email ado comment period, written submissions including	t scheduled on t roceeding must be h should be submitted lude the name, addu lress, and telephone	his rule. eld if a written request for an oral proceedin to the agency contact person at the above a ress, email address, and telephone number o number of the party or parties you represen	ig is submitted by a political subdivision, an agency or address within twenty (20) days after the filing of this of the person(s) making the request; and, if you are an at. At any time within the twenty-five (25) day public	
ECONOMIC IMPACT STATEMENT:				
Economic impact statement not re	quired for this ru	ule. Concise summary of eco	nomic impact statement attached.	
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action p A A A Propose 3	OPOSED ACTION ON RULES proposed: New rule(s) Amendment to existing rule(s) Repeal of existing rule(s) Adoption by reference ed final effective date: 80 days after filing Other (specify):	FINAL ACTION ON RULES Date Proposed Rule Filed: 10.9.23 Action taken:	
Printed name and Title of person Signature of person authorized to	authorized to f	ile rules: <u>Amy Foster Tisdale</u> , CampA: Tindals	General Counsel	
OFFICIAL FILING STAMP	and the second s	NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	
			MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepto	ed for filing by	Accepted for filing by	

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