Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Department of Health		Kris Adcock	601-576-7847	
ADDRESS		CITY	STATE	ZIP
PO Box 1700		Jackson	MS	39215-1700
EMAIL	SUBMIT DATE	Name or number of rule(s): Title 15; Part 23; Subpart 100: State Victim Services Grant Program		
christina.adcock@msdh.ms.gov	7/12/24			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The amendments to the rules are to update for the new State Fiscal Year 2025 as reflected in the Mississippi State Department of Health appropriated funding.
Specific legal authority authorizing the promulgation of rule: HB 1796, Mississippi Legislature Regular Session, Section 37-38
List all rules repealed, amended, or suspended by the proposed rule: Rule(s): 1.1.2; 1.1.3; 1.1.4; 2.1.1; 2.2.1; 2.2.2; 2.3.2; 2.4.1

ORAL PROCEEDING:

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Filed** **Action taken: 5/15/24** x ☐ Adopted with no changes in text ☐ Adopted with changes ☐ Adopted by reference ☐ Withdrawn ☐ Repeal adopted as proposed **Effective date:** x ☐ 30 days after filing ☐ Other (specify): _____

Printed name and Title of person authorized to file rules: Kris Adcock, Senior Deputy

Signature of person authorized to file rules: Kris Adcock

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED JUL 12 2024 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by** 27593MC

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