Mississippi Secretary of State SOS APA Form 001

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi Department of Human Services		Kameron Harris	(601) 359-5794	
ADDRESS		CITY	STATE	ZIP
200 South Lamar Street		Jackson	MS	39201
EMAIL	SUBMIT DATE	Name or number of rule(s):		
Kameron.harris@mdhs.ms.gov	08/29/25	Part 8: MDHS Subgrant Manual		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The purpose of the proposed rule is to revise the subgrant policy to provide more internal controls to the agency and guidance to subgrantees.

Specific legal authority authorizing the promulgation of rule: § 43-1-2

List all rules repealed, amended, or suspended by the proposed rule: The proposed rule replaces Part 8 Chapter 1: MDHS Subgrant Manual, Rev. 10/01/24.

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	**Action proposed:**	**Date Proposed Rule Filed:**
_____Renewal of effectiveness	_____New rule(s)	08/04/25
To be in effect in ___ days	_____ Amendment to existing rule(s)	**Action taken:**
Effective date:	_____Repeal of existing rule(s)	__X__Adopted with no changes in text
_____ Immediately upon filing	_____Adoption by reference	_____Adopted with changes
_____Other (specify): _____	**Proposed final effective date:**	_____Adopted by reference
	_____ 30 days after filing	_____Withdrawn
	_____Other (specify): _____	_____Repeal adopted as proposed
		Effective date:
		_____30 days after filing
		__X__Other (specify): 10/01/25

Printed name and Title of person authorized to file rules: Azande Williams, Special Assistant Attorney General

Signature of person authorized to file rules: DocuSigned by: Azande Williams 80F86A081ACC4F1...

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED AUG 29 2025 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by** 29245

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