SOS APA Form 001

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
Finance and Administration	Sherri Hilton	601.359.3566	
ADDRESS	CITY	STATE	ZIP
501 North West Street, Suite 1301	Jackson	MS	39201
EMAIL: Sherri.Hilton@dfa.ms.gov	SUBMIT DATE: 5/13/2014	Name or number of rule(s): Title 12, Part VI, Chapter VI 6.202.01 Cancelling or Revising Solicitation or Proposed Award to Comply with Law and 6.203 Remedies After an Award	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Amendment- to correct the Regulation and Section number in both rules

Specific legal authority authorizing the promulgation of rule: 31-7-9 / 27-104-7

List all rules repealed, amended, or suspended by the proposed rule: 6.202.01 and 6.203

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: 4/17/2014
_____ Renewal of effectiveness	_____ New rule(s)	Action taken:
To be in effect in _____ days	_____ Amendment to existing rule(s)	X Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	Proposed final effective date:	_____ Withdrawn
	_____ 30 days after filing	_____ Repeal adopted as proposed
	_____ Other (specify): _____	Effective date:
		X 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Sherri Hilton
Signature of person authorized to file rules: Sherri Hilton

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED MAY 13 2014 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	Accepted for filing by	Accepted for filing by #20515

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