

## Attachment 2

### Rulemaking Notification Form

1. *Originating agency completes this form as soon as the agency recognizes the need for a rule change.*
2. *Originating agency submits this request with **the initial rule packet** to the appropriate HHS Senior Policy Advisor advising the entity after all internal agency development and review processes are completed.*  
(See Step 1 in Rulemaking Process.)

Agency Unit/Section/Division DSHS Infectious Disease Control Unit/Community Preparedness Section/Division for Prevention and Preparedness			
Agency Program Contact Debbie Speicher	E-mail Address <a href="mailto:debbie.speicher@dshs.state.tx.us">debbie.speicher@dshs.state.tx.us</a>	Telephone No. 458-7111 ext 2279	Mail Code 1956
Agency Attorney Contact Mike Greenberg	E-mail Address <a href="mailto:mike.greenberg@dshs.state.tx.us">mike.greenberg@dshs.state.tx.us</a>	Telephone No. 458-7111 ext 6916	Mail Code CEN

1. This project involves (*check all that apply*):     New Rule     Rule Amendment     Repeal of a Rule

2. *Description (include applicable rule or chapter numbers and a description of planned rule project):*

For the August 10, 2005 council meeting - Texas Administrative Code §169.102, Department of State Health Services Animal Friendly Grants. This is the mandated 4-year rule review with technical changes to update the legacy agency name.

3. Is this a Medicaid rule?     Yes     No

4. Rule initiated in response to: (*check all that apply*)

Legal Mandate	Citation or Name of Case	External Request	Internal Request
<input checked="" type="checkbox"/> State law	Health and Safety Code, §§828.014 & 1001.075; Government Code, §§531.0055 & 2001.039	<input type="checkbox"/> HHSC	<input type="checkbox"/> Executive directive
<input type="checkbox"/> Federal law		<input type="checkbox"/> Advisory Council	<input type="checkbox"/> Policy clarification
<input type="checkbox"/> Lawsuit		<input type="checkbox"/> Advocates	<input type="checkbox"/> Field request
		<input type="checkbox"/> Providers	<input type="checkbox"/> State office program initiative
		<input type="checkbox"/> Other agency:	
<input type="checkbox"/> Other:			

5. Provide additional information that would be helpful to understand the issue (*business need for the rule, background, need for anticipated public comment, budget implications, etc.*):

This rule concerns procedures for making grants for eligible organizations for the purpose of providing dog and cat sterilization to the general public at minimal or no cost and the 4-year rule review is due.

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6. What other areas (within **originating agency** and **HHS enterprise**) may be affected by this rule project?

none

7. When should the rule become effective? (*check only one*)

Required effective date: \_\_\_\_\_ What authority requires this date? \_\_\_\_\_

Preferred effective date: February 10, 2006

No specific required or preferred effective date. (schedule to be determined)

\_\_\_\_\_  
Originating Agency Program Contact  
(original signature on file)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center for Policy Innovation or HHS Senior Policy Advisor  
(original signature on file)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Deputy Commissioner or HHS Deputy Executive Commissioner (for HHSC rules)  
(original signature on file)

\_\_\_\_\_  
Date