



SOUTH DAKOTA  
HEALTH AND EDUCATIONAL  
FACILITIES AUTHORITY

Date: April 13, 2022  
To: Members of the South Dakota Health and Educational Facilities Authority  
From: Don A. Templeton, Executive Director  
Re: Notice of Special Meeting

You are hereby notified that the Chairman has set Wednesday, April 20, 2022 as the meeting date for the special meeting of the South Dakota Health and Educational Facilities Authority to be held via telephone conference call at 2 pm CDT (1 pm MDT).

You may participate in the meeting by dialing **1-877-336-1828 and enter your Participant Access Code, which is 4677196 followed by the # key.**

*Members of the public who wish to listen to the teleconference meeting may do so by dialing in with the above number or by joining us at 330 S. Poplar Ave, Suite 102, Pierre, SD.*

The following members have indicated they will be available for the meeting:

Roberta Ambur	Norbert Sebade	Dave Timpe	Jim Scull
Bill Lynch (uncertain)	Don Scott	Dave Fleck	

Attached is an agenda and a "Request for State Board Waiver" form for any members needing to disclose a conflict of interest regarding any of the agenda items. Information on agenda items will be sent in the near future.

Cc: Vance Goldammer, Redstone Law Firm, LLP  
Bruce Bonjour, Perkins Coie  
Toby Morris, Colliers Securities

# **South Dakota Health and Educational Facilities Authority**

## **Agenda**

### **April 20, 2022 Special Meeting**

Board Member Roll Call

Attendance confirmation for all non-board attendees

Inquiry of Conflict of Interest Waivers

Inquiry of General Public in Attendance and Time Allowed for Public Comment per House Bill 1172

Approval of the Agenda

1. Approval of the Minutes for the November 2, 2021 special meeting
2. Vocational Education Program Refunding Revenue Bond, Series 2022
3. FY-23 Budget
4. Other Items
5. Adjournment

*Please complete this form, sign it and return to us prior to the meeting so we can include your waiver when we discuss it as an agenda item.*

REQUEST FOR STATE BOARD WAIVER

**THIS IS A PUBLIC DOCUMENT**

Date: \_\_\_\_\_

Name of Board Member or Former Board Member: \_\_\_\_\_

Name of Board, Authority or Commission: South Dakota Health and Educational Facilities Authority

Brief explanation of your potential conflict of interest:

Brief explanation of the current or anticipated business transaction with a State agency or with a political subdivision of the State and your role in the transaction:

Brief explanation of the essential terms of the contract or transaction.

Brief explanation of why you believe a waiver should be granted:

Signature of Person Requesting Waiver: \_\_\_\_\_