



SOUTH DAKOTA
HEALTH AND EDUCATIONAL
FACILITIES AUTHORITY

Date: July 18, 2022
To: Members of the South Dakota Health and Educational Facilities Authority
From: Don A. Templeton, Executive Director
Re: Notice of Annual Meeting

You are hereby notified that the Chairman has set Tuesday, September 27, 2022 as the meeting date for the annual meeting of the South Dakota Health and Educational Facilities Authority to be held at the K Bar S Lodge in Keystone at 3 p.m. (MT) Dress is casual. Information on travel, lodging and other meeting details will be sent in the near future.

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.**

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

Roberta Ambur	Norbert Sebade	Dave Fleck
Don Scott	Dave Timpe	Jim Scull

Attached is a Conflict of Interest Waiver form to be completed and returned to us, should you have a conflict with any of the agenda items.

An agenda is enclosed and information on the agenda items will be sent via email and a hard copy will be distributed at the meeting.

Cc: Vance Goldammer, Redstone Law Firm, LLP
Mark Thompson, Monument Health

South Dakota Health and Educational Facilities Authority

Agenda

September 27, 2022

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

Approval of the Agenda

- 1) Approval of the Minutes for the April 20, 2022 special meeting
- 2) Election of Officers
- 3) South Dakota State Aid Intercept Program Update
- 4) Borrower Audited Annual Reviews
- 5) Borrower Unaudited Quarterly Reviews
- 6) SDHEFA Financial Statement
- 7) Redstone Contract
- 8) Monument Presentation by Mark Thompson, CFO
- 9) 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: _____