



Date: March 10, 2025
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, March 19, 2025 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 9:30 am (CDT).

You may participate in the meeting by dialing **1-469-998-7466 and enter your Participant Access Code, which is 754436380 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:

Bert Olson	Dave Timpe	Jim Scull
Connie Halverson	Don Scott	Daryl Reinicke

An agenda is enclosed and information on the agenda items will be sent via email or Federal Express if a hardcopy is requested. Please let us know if your mailing address has changed.

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

Cc: Vance Goldammer, Redstone Law Firm, LLP
Bruce Bonjour, Perkins Coie, LLP

South Dakota Health and Educational Facilities Authority

Agenda

March 19, 2025 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

Approval of the Agenda

1. Approval of the Minutes for the October 1, 2024 annual meeting
2. University of Sioux Falls Amendment and Reissuance of the Series 2020 Bonds
3. SDHEFA Financials
4. SDHEFA FY-24 Audit & Report Letters
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: _____