



SOUTH DAKOTA
HEALTH AND EDUCATIONAL
FACILITIES AUTHORITY

Date: August 17, 2021

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 Monday, September 20, 2021 as the meeting date for the annual meeting of the South Dakota Health and Educational Facilities Authority to be held in Deadwood at The Lodge, 100 Pine Crest Lane at 4 p.m. (MT). A map of the location is attached.

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	Jim Scull
Don Scott	Dave Timpe	Bill Lynch	

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

South Dakota Health and Educational Facilities Authority

Agenda

September 20, 2021 Annual 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 May 21, 2021 special meeting
2. Election of Officers
3. South Dakota State Aid Intercept Program Update
4. SDHEFA Financial Statement and Cash Investment Policy regarding Cash and Investments
5. Borrower Audited Annual Reviews
6. Borrower Unaudited Quarterly Reviews
7. 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: _____

The Lodge at Deadwood

100 Pine Crest Lane

(605) 571-2104



www.deadwoodlodge.com

**for directions and to preview
the lodge**