



SOUTH DAKOTA  
HEALTH AND EDUCATIONAL  
FACILITIES AUTHORITY

**Date:** May 13, 2021  
**To:** Members of the South Dakota Health and Educational Facilities Authority  
**From:** Don A. Templeton, Executive Director  
**Re:** Notice of May 21, 2021 Special Meeting

You are hereby notified that the Chairman has set Friday, May 21, 2021 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 p.m. (CT).

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 office staff at 330 South Poplar, Suite 102, Pierre, SD.*

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 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  
Bruce Bonjour  
Daryl Reinicke  
Leah Bifulco  
David Mullen

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

## **Agenda**

### **May 21, 2021 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 May 5, 2021 special meeting
2. Conflict of Interest for Jim Scull
3. Westhills Village Retirement Community Series 2021 Bonds
4. FY-22 Budget
5. Contracts
  - a) SDBA
  - b) EEFC
  - c) Redstone Law Firm
6. 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: \_\_\_\_\_