



SOUTH DAKOTA
HEALTH AND EDUCATIONAL
FACILITIES AUTHORITY

Date: September 5, 2025

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 Wednesday, September 17, 2025 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 **1-469-998-7466 and entering your Participant Access Code, which is 73952523 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.

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

Bert Olson	Dave Timpe	Connie Halverson	Pat Wiederhold
Daryl Reinicke	Jim Scull	Don Scott (telephone)	

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

South Dakota Health and Educational Facilities Authority
Annual Meeting Agenda
September 17, 2025

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 September 2, 2025 Special Meeting
- 2) Election of Officers
- 3) New SDHEFA Executive Director with Signing Powers & New SDHEFA Associate Director
- 4) Contracts
 - a. Redstone Law Firm
 - b. Health and Educational Facilities Authority/South Dakota Building Authority contract amendment
- 5) SDHEFA Financial Statement & School District Credit Enhancement Program Update
- 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: _____