



SOUTH DAKOTA
HEALTH AND EDUCATIONAL
FACILITIES AUTHORITY

Date: July 24, 2023

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 Friday, August 11, 2023 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 10 a.m. (CDT).

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 us at 330 S. Poplar Ave, Suite 102, Pierre, SD.

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

Roberta Ambur (uncertain)	Dave Timpe	Jim Scull
Connie Halverson	Don Scott	Dave Fleck Norbert Sebade (uncertain)

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
Amy Cobb Curran, Chapman and Cutler
Kendall Kliewer, Avera Health
Julie Lauth, Avera Health

South Dakota Health and Educational Facilities Authority

Agenda

August 11, 2023 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 May 17, 2023 special meeting
2. Avera Health Line of Credit

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: _____