

State Board of Finance Meeting Agenda

Tuesday, March 17, 2020
2:00 p.m.
Call in information: 1-669-900-6833
Meeting ID: 127 920 243

Governor's Large Conference Room
Capitol Building

- A) Call to order
- B) Approve monthly meeting agenda
- C) Approve minutes from the meeting on February 18, 2020
- D) State Transfer
 - Department of Transportation
 - Harry W. Johnston
- E) Professional Recruitment
 - Dakota State University
 - David Kenley
 - Department of Education
 - Megan Aadland
 - Governor's Office
 - Maggie (Marguerite) Seidel
 - South Dakota State University
 - Erin Thelander
- F) State Hosting Reimbursement Request – SDCL 3-9-2.1
 - Governor's Office of Economic Development
 - Mary Lehecka Nelson (2 Requests)
 - Matthew Brunner
 - Melissa Andrisen
 - Department of Tourism
 - Katlyn Richter
- G) Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2
 - Department of Education
 - South Dakota Advisory Panel on Children with Disabilities meeting held on January 23, 2020 in Pierre.
 - Opportunity GAP workgroup meeting held on October 23, 2019 in Pierre.
- H) Debt Write Off
 - Department of Transportation submitted nine debt write off requests totaling \$8,215.20.
- I) Public Comment
- J) Adjournment

NOTE: *This meeting is being held in a physically accessible place. Individuals needing assistance, Pursuant to the Americans with Disabilities Act, should contact the Secretary of State's Office at (605) 773.3537 in advance of the meeting to make any necessary arrangements.*

Household Moving Allowance State of South Dakota

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- State Transfer (SDCL 3-9-9)
Full-time continuous employment for 6 months.
- Professional Recruitment (SDCL 3-9-12)
Attach a written copy of the offer of employment and of payment of moving expenses.

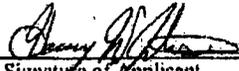
PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Harry W. Johnston	Area Engineer	SD DOT
Name of Applicant	New Position Title	Agency Employed By
96,189.98	Sioux Falls	June 2020
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
804113	1/9/2008	
Bureau of Human Resources Class Code	Employment Date with the State	
Hermosa, SD		
City, State Moving From		

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all applicable payroll taxes. I know I may contact my agency's finance officer for options.


Signature of Applicant

March 6, 2020
Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.


Name of Authorized Agent


Position/ Title of Authorized Agent


Signature of Authorized Agent Date

SDDOT
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance



Bureau of Human Resources
5316 W. 60th St. N.
Sioux Falls, SD 57107
Phone: 605.367.4970 Ext. 1802101
Fax: 605-367-5685 <http://bhr.sd.gov>

March 9, 2020

Harry Johnston
24208 Dewey Lane
Hermosa, SD 57744

Dear Harry,

This letter is to confirm your appointment to the position of Area Engineer (11-2209) with the Department of Transportation in Sioux Falls. Your employment will begin on March 9, 2020, at an annual salary of \$96,189.98. Your immediate supervisor is Travis Dressen, Region Engineer.

As agreed, this position also carries with it payment by the State for your actual moving expenses up to one month's salary based on the rules established by the Board of Finance. Attached, please find the guidelines for household moving allowances. If you should terminate your employment prior to six months, you would be required to repay the moving allowances. Please find the Household Moving Expense Form at https://sdsos.gov/about-the-office/board-of-finance/bof-docs/HouseholdMovingAllowanceFiling_20191015.pdf. Complete the form and return it to Kimberly Smith, HR Specialist, Bureau of Human Resources, 5316 W. 60th St N, Sioux Falls, SD 57107, for further processing.

Your home station will remain Rapid City Region office until May 23, 2020. From March 24 until May 23, 2020, the department will reimburse lodging expenses up to \$1200/month.

Since you are transferring within State government, your leave balances and benefits will carry over. You will not have a probationary period due to your appointment since this was completed with your original employment.

Congratulations on your appointment! If you have any questions, please feel free to contact me or your immediate supervisor.

Sincerely,

A handwritten signature in black ink that reads "Heidi Olson".

Heidi Olson
Human Resources Manager
Department of Transportation

cc: Supervisor
Personnel file

An Equal Opportunity Employer

Household Moving Allowance State of South Dakota

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- State Transfer (SDCL 3-9-9)
Full-time continuous employment for 6 months.
- Professional Recruitment (SDCL 3-9-12)
Attach a written copy of the offer of employment and of payment of moving expenses.

PLEASE NOTE: This form, and all supporting documentation, must be received in the Office of the Secretary of State no later than 5:00 pm on the day prior to the Board of Finance meeting on the third business day of the month. Documentation received after this time will be processed by the next Board of Finance meeting. For more information, please comply with Bureau of Human Resources policies regarding professional responsibility, accountability, and discipline.

Application

David Kenley

Name of Applicant

Dean College of Arts & Sciences

New Position Title

Dakota State University

Agency Employed By

\$120,000.00

Elizabethtown, PA

Madison, SD

New Post of Duty (City)

June 2020

Expected Month/Year of Move

Yearly Salary

City, State Moving From

June 22, 2020

Employment Date with the State

00230

Bureau of Human Resources Class Code

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all applicable payroll taxes. I know I may contact my agency's finance officer for options.

David Kenley

February 28, 2020

Signature of Applicant

Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Stacy Krusemark

Name of Authorized Agent

Vice President for Business & Administrative Services

Position/ Title of Authorized Agent

[Signature]

3-2-2020

Dakota State University

Agency of Authorized Agent

Signature of Authorized Agent

Date

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance



MEMORANDUM

DATE: February 26, 2020
TO: David Kenley
david.kenley01@gmail.com
FROM: José-Marie Griffiths, Ph.D.
Dakota State University President
RE: New Appointment within Dakota State University

Title: Dean of the College of Arts and Sciences
Contract Dates: June 22, 2020 – June 21, 2021
Start Date: June 22, 2020
Annual Salary: \$120,000.00 based on 12 months
Supervisor: Dr. Jim Moran, Provost/Vice President for Academic Affairs

SPECIAL TERMS AND CONDITIONS:

Your salary will be \$120,000.00 for the period of June 22, 2020, to June 21, 2021, and is based on 12 months at 100%. The fiscal year is defined as June 22, 2020 to June 21, 2021. Contract dates reflect the payroll period which is the 22nd of the month through the 21st of the following month, with deposits issued on the last working day of the month. Therefore, you will receive your first paycheck for June 22nd – July 21st on July 31st. Your supervisor will be Dr. Jim Moran, Provost/Vice President for Academic Affairs. As with all administrative, professional, CSA, and Faculty employees, you will be evaluated annually. This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

This appointment and terms of appointment are subject to and governed by federal regulations, the laws and regulations of the State of South Dakota, the policies, rules, and regulations of the South Dakota Board of Regents (“SD BOR”) and corresponding Institutional policies and procedures.

Specific duties during the appointment period will be assigned by the Provost, whether directly or through a designee. The title and duties are subject to reassignment without notice or cause and, where such changes are made, contract length and related compensation may be adjusted accordingly as set forth by SD BOR and corresponding Institutional policies and procedures.

This notice is effective only when executed by the prospective employee and the President, or when approved by the SD BOR, as required by Board policy. Only the President, or designee, of Dakota State University has the authority to extend any offer of employment or reemployment or to modify or to adjust the proffered terms relating to title, assignment, start and end dates, compensation, or special terms or conditions, in conformity with SD BOR policy and corresponding Institutional policies.

This appointment shall automatically terminate upon expiration of its term subject to the right of an employee holding tenure as a faculty member to continuing employment in a faculty role. This agreement creates no obligation of the Institution or SD BOR for continued employment beyond the end date of the appointment and non-renewal of this agreement is not an action which can be grieved under SD BOR or Institutional policy.

This offer is contingent on approval by the South Dakota Board of Regents and successful completion of a pending background authorization check. Should the background report come back with information that would change the contents of this contract, DSU has the right to take additional action which may include requesting additional information from you or rescinding of the job offer.

JR

The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. In addition to the intellectual properties, I have also included a conflict of interest and an employee background check authorization form. Please indicate your acceptance of this appointment by signing this letter of acceptance and all related employment documents through DocuSign, which offers an electronic, legally binding signature. The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of Dakota State University.

As Dean of the College of Arts and Sciences, your position is eligible for state benefits. Benefits will include household moving reimbursement allowance of up to 1 month salary as outlined in SDCL 3-9-12 as long as the State's Auditor Office grants approval. Dakota State University will provide up to \$10,000.00 in moving expense reimbursement

If you desire to accept this offer of employment, please sign below. Acceptance shall be effective upon receipt of the signed contract by the Human Resources Office. This offer is valid for twenty (20) calendar days from the date of offer.

I look forward to having you at Dakota State in this new role.

Sincerely,



José-Marie Griffiths, Ph.D.
Dakota State University President

Enclosures:

Intellectual Property Form
Conflict of Interest Form
Background Authorization Form

cc: Dr. Jim Moran
Human Resources/Payroll
Personnel File

I accept the job offer outlined above.

David Kenley

February 28, 2020

Signature of Appointee (Full legal name)

Date

Household Moving Allowance State of South Dakota

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- State Transfer (SDCL 3-9-9)
Full-time continuous employment for 6 months.
- Professional Recruitment (SDCL 3-9-12)
Attach a written copy of the offer of employment and of payment of moving expenses.

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Megan Aadland

Name of Applicant

55,749.60

Yearly Salary

010234

Bureau of Human Resources Class Code

Iowa City, IA

City, State Moving From

Accountabilities Specialist (Management Analyst)

New Position Title

Pierre

New Post of Duty (City)

June 1, 2020

Employment Date with the State

Education

Agency Employed By

June 2020

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all applicable payroll taxes. I know I may contact my agency's finance officer for options.

Megan Aadland
Signature of Applicant

2/17/20
Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

BENJAMIN F. JONES
Name of Authorized Agent

Cabinet Secretary
Position/ Title of Authorized Agent

Benjamin F. Jones 3/5/2020
Signature of Authorized Agent Date

Department of Education
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

February 3, 2020

Megan Aadland
736 Michael St #3
Iowa City IA 52246

Dear Ms. Aadland,

This letter is to confirm your appointment to the position of Accountabilities Specialist (Management Analyst) with the state of South Dakota, Department of Education. Your employment will begin Monday, June 1st, 2020, at an hourly rate of \$26.70.

As discussed, the Department of Education will pay a \$1,500.00 lump sum for actual moving expenses based on the rules established by the Board of Finance. Receipts are required and expenses must be eligible expenses. Attached, please find the guidelines for household moving allowances and the moving expense form. **Please sign the Household Moving Allowance Form and return it to me as soon as possible.**

Prior to your first day of work, we invite you take the time to complete the on-line orientation process. Completion of the on-line orientation process is voluntary. If you decide to forego the on-line process prior to beginning work, you will be asked to complete the same process on your first day of work.

Please go to the following link to complete the new employee forms:
<http://onlineorientation.sd.gov/new.aspx>

You can log into the system using the following ID and password:

[REDACTED]

- *You will be prompted to set and confirm a new password upon entering the above and selecting, "login".
- *This is a secured system that is user name & password protected.

NOTE: You can complete this on-line orientation as time permits. You can save the information that you enter as you step through the process. Therefore, if you need to come back to complete the process at a later date or time, you may do so by entering your user ID and password. You may need to disable the pop-up blocker on your computer in order to access the orientation material.

In compliance with the Immigration Reform and Control Act of 1986, the State of South Dakota hires only citizens and nationals of the United States and aliens authorized to work in the United States. Upon reporting to work, you will be required to provide identification and proof of citizenship or authorization to work per the list on the I-9 Form, which you can find on the above website. In addition, please provide us a copy of your social security card for payroll purposes. Direct Deposit is mandatory and you will need to provide a voided check blank to your supervisor.

Welcome to the Department of Education. If you have any questions, please contact me or Tammy Binger in the Human Resource office at (605) 773-4714.

Sincerely,



Deb Olson
Human Resource Manager

Cc: Shannon Malone
Personnel File

Household Moving Allowance State of South Dakota

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- State Transfer (SDCL 3-9-9)
Full-time continuous employment for 6 months.
- Professional Recruitment (SDCL 3-9-12)
Attach a written copy of the offer of employment and of payment of moving expenses.

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Maggie (Marguerite) Seidel

Name of Applicant

\$140,375.00

Yearly Salary

Alexandria, VA

City, State Moving From

203214 Exempt Professional Z

Bureau of Human Resources Class Code

Senior Advisor/Policy Director

New Position Title

Pierre, SD

New Post of Duty (City)

11/19/2019

Employment Date with the State

Governor's Office

Agency Employed By

December 2019

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all applicable payroll taxes. I know I may contact my agency's finance officer for options.

M Seidel

Signature of Applicant

1-16-20

Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Com Hart

Name of Authorized Agent

[Signature]

Signature of Authorized Agent

1-28-2020

Date

General Counsel

Position/ Title of Authorized Agent

Governor Office

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance



STATE OF SOUTH DAKOTA
OFFICE OF THE GOVERNOR
KRISTI NOEM | GOVERNOR

February 12, 2020

Maggie Seidel
Pierre, SD 57501

Dear Ms. Seidel,

This letter confirms your employment to the position of Director of Policy and Senior Advisor within the Office of the Governor in Pierre, SD. This position is effective November 19, 2019 at \$140,375.00 annually.

This Office has agreed to pay actual moving expenses and will seek approval through the State Board of Finance within the allowable guidelines as provided at SDCL 3-9-12. Reimbursement of expenses up to one month's salary or based on the rules established by the Board of Finance, is part of this employment offer. Receipts attached must be for eligible expenses. Note that household moving allowance is considered taxable income according to IRS regulations, and you are responsible for applicable payroll taxes. If you should terminate your employment prior to six months, you would be required to repay the moving allowances.

Attached is the household moving expense form. Please sign the form and return it to Bureau of Human Resources, 500 E. Capitol Avenue, Pierre, SD 57501 for further processing.

Congratulations on your hire and welcome to South Dakota and the Office of the Governor!

Sincerely,

A handwritten signature in black ink, appearing to read "Tom Hart", written over a dotted line.

Tom Hart
General Counsel

TH:mn

Household Moving Allowance State of South Dakota

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- State Transfer (SDCL 3-9-9)
Full-time continuous employment for 6 months.
- Professional Recruitment (SDCL 3-9-12)
Attach a written copy of the offer of employment and of payment of moving expenses.

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Erin Thelander

Name of Applicant

4-H Agri-Workforce Coordinator

New Position Title

SDSU Extension

Agency Employed By

\$37,740

St. Cloud, MN

Brookings, SD

February/2020

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00361

2/24/20

Bureau of Human Resources Class Code

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all applicable payroll taxes. I know I may contact my agency's finance officer for options.

Designated by:

Erin C. Thelander
Signature of Applicant

3/3/2020 | 12:00 CST

Date

Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Karla Trautman

Name of Authorized Agent

Director

Position/ Title of Authorized Agent

Karla Trautman

3/4/2020 | 03:23 PST

SDSU Extension

Signature of Authorized Agent Date

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on

Date

Signature of Secretary, State Board of Finance

SDSU
Extension

South Dakota State University
154 Berg Agricultural Hall (SAG), Box 2207D
Brookings, SD 57007
605-688-4792

MEMORANDUM

DATE: 2/5/2020
TO: Erin Thelander
FROM: Karla Trautman, Director
SDSU Extension
South Dakota State University
RE: Appointment with SDSU Extension, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as the 4-H Agri-Workforce Coordinator with SDSU Extension. Annual appointment dates of this appointment is 2/24/2020. Annual appointment dates are 6/22 to 6/21 of each year. Your Salary is \$37,740 based upon 12 months at 100% time with your office based at Berg Ag Hall, Brookings. Tim Tanner will be your direct supervisor. As with all employees, you will be evaluated annually.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

You are required to provide an official transcript for your highest degree within 30 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records. In addition to the intellectual properties, also enclosed is a conflict of interest form, please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. This offer is contingent on the university's verification of credentials and other information required by law and/or university policies, including but not limited to a criminal background check. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Payroll Office. Your portion of these forms must be completed on or before your first day of employment. BOR requires direct deposit of payroll checks for all employees.

SOUTH DAKOTA STATE UNIVERSITY

South Dakota State University is an Equal Opportunity Institution. All persons are encouraged to apply. For more information, contact the Human Resources Office, 154 Berg Agricultural Hall, Brookings, SD 57007. Phone: 605-688-4792. Fax: 605-688-4793. Email: hr@sdstate.edu

South Dakota State University

As the 4-H Agri Workforce Coordinator, your position is eligible for state benefits to include household moving allowance of up to 1-month salary as outlined in SDCL 3-9-12

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, a signed copy of the enclosed agreement to assign Intellectual Property, and the Conflict of Interest Form to my attention no later than 2/11/2020, retaining a copy for your records.

Cc: HR
Karia Trautman

I accept the job offer outlined above.



Signature of Appointee

Encl: Intellectual Property Policy
Intellectual Property Form
Conflict of Interest Form

State Hosting Reimbursement Request – SDCL 3-9-2.1

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting **documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month.** Documentation received after that time will be processed at the next Board of Finance meeting. All documentation **MUST** comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: 2-27-2020 Agency: Governor's Office of Economic Development
Agency Address: 711 E. Wells Ave. Pierre, SD 57501
Agency Phone Number: (605)773-4633
Employee Requesting ^{Payment} Reimbursement: Mary Lehecka Nelson
Total Amount of ^{Payment} Reimbursement: 392.97
Date(s) of Hosting Expense: 2-19-2020

Receipts Attached: Y / N

Explanation of official business performed: Hosted a CEO, Partner, and Legal Counsel of an out of state business looking to move to South Dakota. The company does business in a heavily regulated industry and the conversation had a lot of focus on South Dakota's laws and regulatory environment.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while hosting a prospect for business development, trade, or a tourism promotional activity. I certify that the expenses were incurred through necessary duties of my employment with the State of South Dakota and in the furtherance of state's interests, concerns, and activities and are supported by the attached receipts. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Mary Lehecka Nelson
Signature of Employee

3-3-2020
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's claims were in the furtherance of state interests relating to hosting a prospect for business development, trade, or a tourism promotional activity.

Steve Westra
Name of Department/Office Head

Commissioner
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

3/3/2020
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

MYRIL ARCH'S
L CATTLEMAN'S CLUB L

Steakhouse

29608 Hwy 34

Pierre, SD 57501

www.cattlemansclubsteakhouse.com

Check#: 151067

Date: 02/19/20 Time: 05:34pm

Table: BT49 Server: Kerri

Customer Count: 8

—[Seat 1]—

8oz Top Sirloin	\$15.48
AM Fries	
14oz New York	\$32.27
Side Ranch	
Add Grilled Mushroom	
6 oz Filet	\$24.29
Bacon on Potato	
Cheese on Potato	
14oz New York	\$33.77
Add BC Crumbles	
Buffalo Fries	
10oz Prime Rib	\$23.97
Add Grilled Mushroom	
Buffalo Fries	
14oz New York	\$30.64
Cheese on Potato	
14oz New York	\$31.98
Sweet Potato Fries	
14oz New York	\$29.99
Onion Petals	\$4.99
14oz New York	\$33.77
Add BC Crumbles	
Yam	
Chislic	\$7.99
Chislic	\$7.99
Cowboy Bites	\$6.29
Pickle Chips	\$5.99
Coffee	\$1.50
Iced Tea	\$2.50
Diet Coke	\$2.50
Diet Coke	\$2.50
Room Charge	\$25.00

Subtotal: \$323.41

Tax:: \$15.85

Sbtl w/Tax: \$339.26

Gratuity: \$53.71

Amt Due: **\$392.97**

Thank You,
Like us on Facebook!

A 15% tip would be \$48.51

A 18% tip would be \$58.21

A 20% tip would be \$64.68

State Hosting Reimbursement Request – SDCL 3-9-2.1

When Application and Authorization sections are completed, please submit the original to:
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting **documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month.** Documentation received after that time will be processed at the next Board of Finance meeting. All documentation **MUST** comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: 03/03/2020 Agency: Governor's Office of Economic Development
Agency Address: 711 E Wells Ave, Pierre, SD 57501
Agency Phone Number: 605-773-4633
Employee Requesting ^{Payment} Reimbursement: Mary Lehecka Nelson
Total Amount of ^{Payment} Reimbursement: 334.14
Date(s) of Hosting Expense: 02/19/2020
Receipts Attached: Y / N
Explanation of official business performed: Hosted a CEO, Partner and Legal Council of an out of state business looking to move to South Dakota. The company does business in a heavily regulated industry and the conversation had a lot of focus on South Dakota's laws and regulatory environment.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while hosting a prospect for business development, trade, or a tourism promotional activity. I certify that the expenses were incurred through necessary duties of my employment with the State of South Dakota and in the furtherance of state's interests, concerns, and activities and are supported by the attached receipts. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Mary Lehecka Nelson 3-3-2020
Signature of Employee Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's claims were in the furtherance of state interests relating to hosting a prospect for business development, trade, or a tourism promotional activity.

Steve Westra Commissioner
Name of Department/Office Head Position/Title of Agency Official
[Signature] 3/3/2020
Signature of Department/Office Head Date

State Board of Finance Approval

Approval Date: _____
Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

Red Rossa 02/18/2020

Attendees: Hosting

Tony Venhuisen

Matt McCaulley

Tom Hart

1 Company CEO

1 Company Partner

1 Company Legal Council

Steve Westra

Mary Lehecka Nelson

Home Station

Sioux Falls

Sioux Falls

Pierre

Out of State

Out of State

Out of State

Sioux Falls

Pierre

Role

Consultant

Consultant

Governor's Office

Business prospect

Business prospect

Business prospect

GOED

GOED

State Hosting Reimbursement Request – SDCL 3-9-2.1

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
Capitol Building - 500 E Capitol Ave
Pierre, SD 57501 Phone: 605-773-3537

Application

Date: 12/27/19 Agency: GOED
Agency Address: 711 East Wells Ave, Pierre, SD 57501
Agency Phone Number: 605-773-4633
Employee Requesting Reimbursement: Matthew Brunner
Total Amount of Reimbursement: \$21.77
Date(s) of Hosting Expense: 12/10-12/11 Receipts Attached: (Y)N
Explanation of official business performed: TVC Hosting - Snacks & Water for guests during travel in & around Rapid City.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while hosting a prospect for business development, trade, or a tourism promotional activity. I certify that the expenses were incurred through necessary duties of my employment with the State of South Dakota and in the furtherance of state's interests, concerns, and activities and are supported by the attached receipts. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Matthew Brunner 12/27/19
Signature of Employee Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's claims were in the furtherance of state interests relating to hosting a prospect for business development, trade, or a tourism promotional activity.

Steve Wignitra Secretary of GOED
Name of Department/Office Head Position/Title of Agency Official
[Signature] 1-7-20
Signature of Department/Office Head Date

State Board of Finance Approval

Approval Date: _____
Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

Matt Brunner

FAMILY FARE.

KEEPING IT REAL™

TVC Capital Hosting

Store #3253 (605) 343-4326

1516 E SAINT PATRICK ST, RAPID CITY SD

Monday, 12/09/19 2:11 PM
Your Cashier is: MARILYN

JIF PWR UP BARS		1.87	B
Reg Price	3.99	You Saved	2.12
JIF PU CRMY PNU		1.87	B
Reg Price	3.99	You Saved	2.12
WATER SPRING			
2 @ 2.99		5.98	B
KARS SWEET N SALTY			
2 @ 3.49		6.98	B
JIF PWR UP BARS		1.87	B
Reg Price	3.99	You Saved	2.12
JIF PU CRMY PNU		1.87	B
Reg Price	3.99	You Saved	2.12
TAX STATE		.92	
TAX LOCAL		.41	
Tax	1.33	Total	21.77

CASH 22.00
CHANGE .23

12/09/19 14:11 Good Afternoon Lane 005
Cashier 166220 Store 3253 Trx 131

Store Coupons 8.48

TOTAL SAVINGS 8.48

You could have saved \$\$\$ today
with a yes card. Sign-up today!

Join our team!

We offer careers where you'll learn,
grow and thrive. That's why
SpartanNash is a cut above the rest.
careers.spartannash.com

Info / Offers

Your feedback matters!
For a chance to

WIN A \$100 GIFT CARD
30 WINNERS EACH MONTH

Tell us about this visit!
mysgroceryfeedback.com

Hablamos Espanol:
supermercadoencuesta.com
or Telephone/Telefono

Toll-free 1-866-364-0813

Survey number appears below

713253193431411005

Valid for 7 days from visit
Open to all ages 18+ per the
official rules listed at
mysgroceryfeedback.com

State Hosting Reimbursement Request – SDCL 3-9-2.1

When Application and Authorization sections are completed, please submit the original to:
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation **MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.**

Application

Date: 02/04/2020 Agency: GOED
Agency Address: 711 E. Wells Ave Pierre, SD 57501
Agency Phone Number: 605-773-4633
Employee Requesting Reimbursement: MELISSA ANDRISEN
Total Amount of Reimbursement: \$112.92
Date(s) of Hosting Expense: 01/30/2020
Receipts Attached: (Y) N
Explanation of official business performed: Hosting for a company looking at expanding into SD.
The Business Development Manager and a Principal Consultant attended.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while hosting a prospect for business development, trade, or a tourism promotional activity. I certify that the expenses were incurred through necessary duties of my employment with the State of South Dakota and in the furtherance of state's interests, concerns, and activities and are supported by the attached receipts. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Melissa Andriksen 02/04/2020
Signature of Employee Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's claims were in the furtherance of state interests relating to hosting a prospect for business development, trade, or a tourism promotional activity.

Steve Westra Commissioner
Name of Department/Office Head Position/Title of Agency Official
[Signature] 2/7/20
Signature of Department/Office Head Date

State Board of Finance Approval

Approval Date: _____
Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

Tally's Silver Spoon
 530 6th St
 Rapid City, SD 57701
 ph 605-342-7621



Pauly's Pizzeria & Sub Co
 1624 E Saint Patrick St #101
 Rapid City, SD 57702

TABLE: Table 15 - 4 Guests
 Server: Zoe
 01/30/2020 7:59:05 AM
 Sequence #: 0000006
 ID #: 0607425
 Subtotal \$51.75
 Total Taxes \$3.88

 Grand Total \$55.63

Server: Tylor B 01/30/20 11:02 AM
 Check #27 Melissa

Credit Purchase
 Name : ANDRISEN/MELISSA J
 C Type : VISA
 C Num : xxxx xxxx xxxx 6338
 Reference : 6338rqpz1rkdvnm
 Approval : 892513
 Server : Zoe
 Ticket Name : Table 15
 Payment Amount: \$55.63

Greek Chicken Salad	\$7.99
Whole	
Smcken B.L.T. Salad	\$7.99
Whole	
Turkey & cheese	\$8.99
12"	
Ham & Turkey	\$8.99
12"	
Turkey & cheese	\$4.99
6"	
Quesitos	\$1.39
Harvest Chili	\$1.39
Salapenco Chip	\$1.39
Salt N Vinegar Chip	\$1.39
Subtotal	\$44.51
Tax	\$3.31
Total	\$47.82

Tip: _____
 Total: _____

Input Type C (EMV Chip Read)
 Visa Credit xxxxxxxx6338
 Time 11:02 AM

x _____
 AID: A0000000031010 *66-76*

Transaction Type Sale
 Authorization Approved
 Approval Code 434678
 Payment ID jThs9MTNchMn
 Application ID A0000000031010
 Application Label Visa Credit
 Terminal ID e3e77e6fed6b2cf2
 Card Reader BBPOS

CUSTOMER COPY
 I agree to pay the amount shown above.

 Happy Hour Daily 4pm-6pm
 We look forward to seeing you again.

MELISSA J ANDRISEN

State Hosting Reimbursement Request – SDCL 3-9-2.1

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: 2/28/20
Agency: TOURISM
Agency Address: 711 E WELLS AVE, Pierre SD 57501
Agency Phone Number: 605-773-3301
Employee Requesting Reimbursement: Katlyn Richter
Total Amount of Reimbursement: \$ 133.47
Date(s) of Hosting Expense: 2/24, 2/25, 2/26
Receipts Attached Y / N

Explanation of official business performed: Meeting with travel writers and PR agency to inform on what travel offerings South Dakota has; results to come is media coverage in main national news outlets.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while hosting a prospect for business development, trade, or a tourism promotional activity. I certify that the expenses were incurred through necessary duties of my employment with the State of South Dakota and in the furtherance of state's interests, concerns, and activities and are supported by the attached receipts. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Employee: *Katlyn Richter* Date: 2/28/20

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's claims were in the furtherance of state interests relating to hosting a prospect for business development, trade, or a tourism promotional activity.

Name of Department/Office Head: James D. Hagen / Dept. of Tourism Position/Title of Agency Official: Secretary of Tourism
Signature of Department/Office Head: *James D. Hagen* Date: 02.02.2020

State Board of Finance Approval

Approval Date: _____ Signature of Secretary, State Board of Finance _____

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

TACOMBI

Marabise
Andrea
Holder

Tacombi - Empire State Building
350 5th Avenue
New York, NY 10118

Server: Alfonso H
02/24/20 7:21 PM
Check #133 Table 63

2 Corn Esquites	\$7.90
Huevos con Pastor	\$6.95
Gallo Quesadilla	\$7.95
Subtotal	\$22.80
Tax	\$2.03
Total	\$24.83

reimbursible
24.83

4.11
\$29.02

5.00 tip
29.83

Suggested Tip:
 18% (Tip \$4.10 Total \$28.93)
 20% (Tip \$4.56 Total \$29.39)
 22% (Tip \$5.02 Total \$29.85)
 25% (Tip \$5.70 Total \$30.53)

Tip percentages are based on the check price before taxes.

Gracias!

Meal with
Cassandra Brooklyn
25 West 38th Street
New York, NY 10018
(646) 933-9036

+
Andrea
Holder

1019 George

CHK 16735 TBL 23/1 GST 2

1 Still Water	8.00	
1 Crispy Cod Tacos	21.00	21.00
1 Side Avocado	5.00	5.00
1 Crispy Cod Tacos	21.00	21.00
1 Side Avocado	5.00	5.00
Subtotal	\$60.00	
Tax	\$5.33	
Total Due	\$65.33	

BRUNN
CHRIS
ANDREA

Tip: 11.10

Total: 76.43

Room #: N/A

Name: _____

Signature: 

Suggested Gratuities
 18% \$10.80
 20% \$12.00
 22% \$13.20

Proper West
54 West 39th Street
New York, NY 10018
212.997.9000

Server: Aloha -1 DOB: 02/26/2020
10:18 PM 02/26/2020
11/1 3/30051

SALE

01 3145744
#XXXXXXXXXXXX3879
Magnetic card present: Yes
Card Entry Method: S

Approval: 026030

23.95 Amount: \$ 23.95
177. 4.07 + Tip: 6.00

= Total: 29.95

28.02
reimbursed

I agree to pay the above
total amount according to the
card issuer agreement.

Kate

Suggested Gratuity
(20%)= 5.06

Join us for Happy Hour 4pm-7pm | Mon-Fri
Wine Down Wednesdays 1/2 priced wine bottl
Bottomless Brunch 11:30am-3:30pm | \$35pp

>>Customer Copy<<

~~Appetizer~~
With Andrea Holden
and Hannah Mason

Proper West
54 West 39th Street
New York, NY 10018
212.997.9000

Server: Aloha -1 02/26/2020
11/1 10:13 PM
Guests: 2 30051

Cheese Dipper (2 @11.00) 22.00

Complete Subtotal 22.00

Subtotal 22.00
Tax 1.95

Total 23.95

Balance Due 23.95

Suggested Gratuity
(20%)= 5.06

Join us for Happy Hour 4pm-7pm | Mon-Fri
Wine Down Wednesdays 1/2 priced wine bottl
Bottomless Brunch 11:30am-3:30pm | \$35pp

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting **documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month.** Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: 1/24/2020 Agency: DOE - SPED
Agency Address: 800 Governors Dr Pierre, SD 57501
Agency Phone Number: (605) 773-3678
Employee Requesting Reimbursement: Linda Turner, Wendy Trujillo, Lindsey Bomberger
Total Amount of Reimbursement: \$33.16
Date(s) of Expense: 1/23/2020
Event Leave Time: 8:30 A Event Return Time: 4:00P
Explanation of official business performed: SD Advisory Panel on Children with Disabilities Mtg - Mackay Bldg Library Commons

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

[Signature]
Signature of Employee

1/24/2020
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Department of Education
Name of Department/Office Head
Benjamin Jones / DOE
Signature of Department/Office Head

Secretary
Position/Title of Agency Official
2/21/2020
Date

State Board of Finance Approval

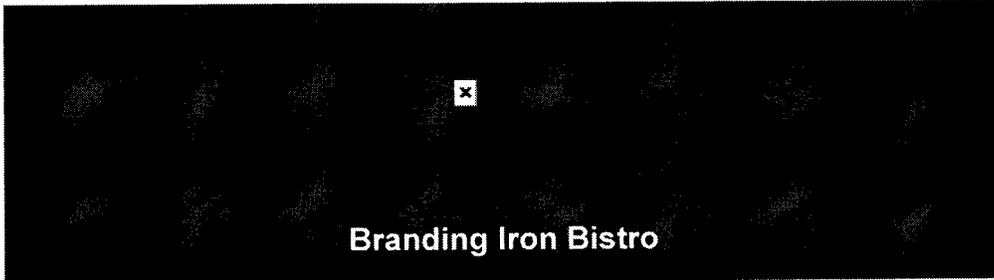
Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

Bomesberger, Lindsey

From: Branding Iron Bistro <invoicing@messaging.squareup.com>
Sent: Thursday, February 20, 2020 10:01 AM
To: Bomesberger, Lindsey
Subject: [EXT] You have an invoice waiting (#000220)



Invoice Reminder

\$188.00

Due on February 20, 2020

Pay Invoice

Invoice #000220
February 13, 2020

Bill To
Lindsey Bomesberger
Dept Of Education
lindsey.bomesberger@state.sd.us
605-773-3678

We appreciate your business.

Catering	\$188.00
-----------------	-----------------

Jan 23
17 Wraps
Chips
Cookie
Soup

Subtotal	\$188.00
Total Due	\$188.00

Branding Iron Bistro

brandingironbisto@icloud.com

605-494-3333

© 2020 Square, Inc.

Square Privacy Policy | Security



South Dakota Advisory Panel on Children with Disabilities

AGENDA

MacKay Building: 800 Governors Drive; Pierre, SD
Library Commons Conference Room
January 23, 2020 8:30am – 4pm CT

Panel Functions:

- Advise the SEA of unmet needs within the State in the education of children with disabilities
- Comment publicly on any rules or regulations proposed by the state regarding the education of children with disabilities
- Advise the SEA in developing evaluations and reporting on data to the Secretary under section 618 of the Act
- Advise the SEA in developing corrective action plans to address findings identified in Federal monitoring reports under Part B of the Act
- Advise the SEA in developing and implementing policies relating to the coordination of services for children with disabilities
- Review and comment on final due process hearing findings and decisions
- Advise on eligible students with disabilities in adult prisons- The advisory panel also shall advise on the education of eligible students with disabilities who have been convicted as adults and incarcerated in adult prisons

Panel Priority Area:

- Mental Health for the whole child and emotional health

Agenda:

Call meeting to order and Introductions	Chairperson – Erin Schons	
Approval of the agenda	Advisory Panel	Agenda
Approval of the minutes	Advisory Panel	September Meeting Minutes
Public Comment	If you are interested in providing public comment, please send notification to Wendy.Trujillo@state.sd.us or call (605)773.3678	
9 - 9:45am Behavioral and Mental Health	Kari Oyen, USD	Resources and Initiatives in South Dakota Schools
By-Law updates	Wendy Trujillo	By-laws & Conflict of Interest

State Performance Plan/Annual Performance Report Results and Targets Discussion	SEP Staff	Powerpoint
Lunch (11:45)		Library Commons
12:30-1 Department Secretary	Dr. Ben Jones	
1- 1:30pm DOE Project Aware	Teresa Rowland	DOE mental health initiative
1:30 – 2pm Mental Health Presentation	Jennifer Humphrey, DSS	Children, Youth and Family Services (CYF) resources
Department of Education Updates	Linda Turner Wendy Trujillo	<ul style="list-style-type: none"> • Share final parent rights document • Interagency agreements
Priority Area: Mental Health for the whole child and emotional health	Wendy Trujillo	Develop goal(s) and an action plan
Meeting Take Away for Annual Report	Advisory Panel	
Next Meeting and Agenda Items	Advisory Panel	
Adjournment	Advisory Panel	

If you wish to participate via South Dakota Public Broadcasting Livestream, please refer to <http://www.sd.net/home/>.

If you require a reasonable accommodation to participate in the meeting (e.g. sign language interpreter, materials in an alternative format), please submit your request in writing no later than 10 days prior to the meeting to ensure accommodations are available. Address requests to Lindsey.Bomesberger@state.sd.us or call 605-773-3678.

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation **MUST** comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: 02.21.2020 Agency: SD Dept. of Education
Agency Address: 800 Governors Drive, Pierre 57501
Agency Phone Number: 605-773-3134
Employee Requesting Reimbursement: Please see list below in explanation
Total Amount of Reimbursement: 140.00
Date(s) of Expense: 10.23.19
Event Leave Time: 10:00 Event Return Time: 2:30
Explanation of official business performed: Opportunity Gap workgroup meeting. Working lunch needed.
Secretary Ben Jones, Mary Stadick Smith, Daria Bossman, Matt Flett, Ann Larsen,
Shannon Malone, Joe Moran, Becky Nelson, Lisa Rae, Nicol Reiner, Laura Scheibe,
Linda Turner, Jacquie Larson, Holly Robling

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Holly Robling 02-25-20
Signature of Employee Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Secretary Benjamin F. Jones Cabinet Secretary
Name of Department/Office Head Position/Title of Agency Official
Benjamin F. Jones 02.21.2020
Signature of Department/Office Head Date

State Board of Finance Approval

Approval Date: _____ Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

From: [Robling, Holly](#)
To: [Dowling, Kayla](#)
Subject: RE: Home Station Request
Date: Tuesday, March 10, 2020 2:50:23 PM
Attachments: [102319-Gap-Agenda.pdf](#)

Hi Kayla,

Please see the attached agenda from the meeting. The meeting was held from 10-2:30 p.m.

Holly

From: Dowling, Kayla <Kayla.Dowling@state.sd.us>
Sent: Tuesday, March 10, 2020 9:54 AM
To: Robling, Holly <Holly.Robling@state.sd.us>
Subject: Home Station Request

Holly -

There was a DOE working lunch that was submitted to the Board of Finance, what was the timeframe of the meeting and was there an agenda?

Thank you!

Kayla Dowling

ACCOUNTANT

OFFICE OF THE SECRETARY OF STATE

215 E PROSPECT AVENUE

PIERRE, SD 57501

PH: 605.773.5009

FAX: 605.773.4550

KAYLA.DOWLING@STATE.SD.US

This E-mail (including any attachments) is covered by the Electronic Communications Privacy Act, 18 USC Sections 2510-2521, as confidential and may be legally privileged. If you are not the intended recipient, you are hereby notified that any retention, dissemination, distribution, or copying of this communication is strictly prohibited. Please reply to the sender that you received the message in error, then delete it. Thank you.

Reducing the Opportunity Gap

Wednesday, October 23rd, 10 am - 2 pm

Mackay Building
800 Governors Drive,
Pierre, SD 57501
Room: Library Commons

- I. 10:00 - Welcome and introductions
- II. 10:10 - Understanding current efforts
 - a. Education Commission of the States
 - b. National perspective, initiatives, and common levers
- III. 11:00 - The Opportunity Gap - best practices
 - a. Contextualizing the Opportunity Gap in South Dakota
 - b. Review of survey results
 - c. Discussion and reflections
- IV. 11:45 - Working lunch
 - a. DOE provided
- V. 12:00 - Work Groups
 - a. Overarching goals
 - i. Improve 3rd grade English language arts proficiency
 - ii. Improve 8th grade Mathematics proficiency
 - b. Work group focuses
 - i. Whole child / family engagement
 - ii. Well-rounded education
 - iii. Non-mandatory early learning
 - iv. Instructional support - educator development
- VI. 1:15 - Whole group share out and consensus forming
- VII. 1:50 - Next Steps

Robling, Holly

From: Branding Iron Bistro <invoicing@messaging.squareup.com>
Sent: Tuesday, January 28, 2020 12:43 PM
To: Robling, Holly
Subject: [EXT] You have an invoice waiting (#000167)



Invoice Reminder

\$290.00

Overdue since December 12, 2019

[Pay Invoice](#)

Invoice #000167
December 5, 2019

Bill To
Dept Of Education
Dept of Education
holly.robiling@state.sd.us
605-773-5669
700 Governors Drive
Pierre, SD 57501

We appreciate your business.

Catering \$290.00
October 23
29 box lunches

Subtotal \$290.00

Total Due \$290.00

Branding Iron Bistro

brandingironbisto@icloud.com

605-494-3333

© 2020 Square, Inc.

[Square Privacy Policy](#) | [Security](#)



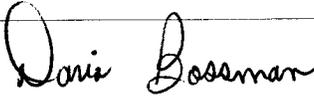
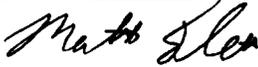
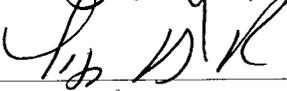
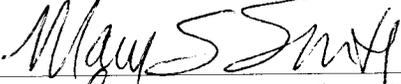
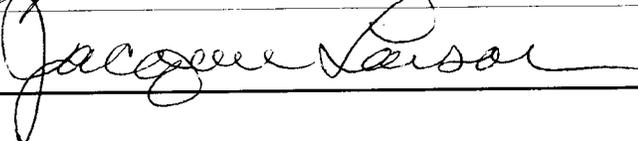
Lunch Sign-In Sheet

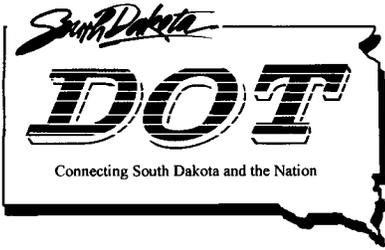
Opportunity Gap Workgroup, 10/23/2019

Location	Name	Signature
Sioux Falls	Teresa Boysen	
Doland	Lana Greenfield	Lana Greenfield
Sioux Falls	Kristin Grinager	Kristin Grinager
Hoven	Jeremy Hurd	Jeremy Hurd
Pierre	Ben Jones	Ben Jones
Sioux Falls	Michelle Madsen	Michelle Madsen
Sioux Falls	Sharmila Mann	Sharmila Mann
Pierre	Jeff Marlette	Jeff Marlette
Pierre	Mary McCorkle	Mary McCorkle
Sisseton	Tammy Meyer	Tammy Meyer
Sioux Falls	Carla Miller	
Pierre	Rob Monson	Rob Monson
Pierre	Alli Moran	Alli Moran
Pierre	Wade Pogany	Wade Pogany
Pierre	Tiffany Sanderson	
Colorado	Deven Scott	Deven Scott
Pierre	Juliana Taken Alive	Juliana Taken Alive
Brookings	Jill Thorngren	Jill Thorngren
Belle Fourche	Steve Willard	Steve Willard
Pierre	Holly Robling	Holly Robling

Lunch Sign-In Sheet

Opportunity Gap Workgroup, 10/23/2019

Location	Name	Signature
Pierre	Daria Bossman	
Pierre	Matt Flett	
Pierre	Ann Larsen	
Pierre	Shannon Malone	
Pierre	Joe Moran	
Pierre	Becky Nelson	
Pierre	Lisa Rae	
Sioux Falls	Nicol Reiner	
Pierre	Laura Scheibe	
Pierre	Mary Stadick Smith	
* Pierre	Linda Turner	
* Pierre	Jacqueline Larson	



Department of Transportation
Division of Finance and Management
700 E Broadway Ave, Pierre, SD 57501-2586
Phone: 605 773-3284 Fax: 605 773-2804

To: Board of Finance
% Secretary of State's Office

From: Kellie Beck, Director – Finance and Management
South Dakota Department of Transportation

A handwritten signature in black ink, appearing to be "KB", is positioned to the right of the "From:" line.

Subject: Uncollectible Accounts

Date: March 02, 2020

Attached please find nine Debt Write Off Requests. The accounts are being written off due to the fact they were returned from the ORC and the statute of limitations of six years has expired for property damages.

Your favorable consideration is requested.

Attachment

Date Delinquent	Account #	Last Name	First Name	Remaining Balance 1241008
Board of Finance Write Offs				
01/03/2014	14329	Grevoy	Jennifer	333.49
01/16/2014	14354	Jackson	Stephen	202.94
02/24/2014	14409	Egleston	Roy	209.08
02/24/2014	14411	Standing Soldier	Ted	286.61
02/24/2014	14415	Hertz Vehicles LLC		113.44
01/17/2014	14361	Genia	Kathy	62.65
03/14/2014	14457	Jackson	Gary	5,236.90
03/14/2014	14460	Bailey	Sarah	1,390.44
03/21/2014	14471	Williams	Joseph	379.65
				8,215.20

Debt Write Off Request

State of South Dakota Board of Finance

When complete, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave., Pierre SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Name: Jennifer Grevoy

Requested Write Off Amount: 333.49

Date Debt Became Delinquent: 01/03/2014
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 333.49

Current Amount Due: 333.49

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 
Name: Kellie Beck
Address: 700 E Broadway Ave Pierre, SD 57501
Telephone: 605-773-4863
Email: kellie.beck@state.sd.us

Agency/Institution: Department of Transportation

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

When complete, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave., Pierre SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation **MUST** comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Name: Stephen Jackson

Requested Write Off Amount: 202.94

Date Debt Became Delinquent: 01/16/2014

(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 202.94

Current Amount Due: 202.94

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 
Name: Kellie Beck
Address: 700 E Broadway Ave Pierre, SD 57501
Telephone: 605-773-4863
Email: kellie.beck@state.sd.us

Agency/Institution: Department of Transportation

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

When complete, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave., Pierre SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting **documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month.** Documentation received after that time will be processed at the next Board of Finance meeting. All documentation **MUST** comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Name: Roy Egleston

Requested Write Off Amount: 209.08

Date Debt Became Delinquent: 02/24/2014

(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 209.08

Current Amount Due: 209.08

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 

Name: Kellie Beck

Agency/Institution: Department of Transportation

Address: 700 E Broadway Ave Pierre, SD 57501

Telephone: 605-773-4863

Email: kellie.beck@state.sd.us

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

When complete, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave., Pierre SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation **MUST** comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Name: Ted Standing Soldier

Requested Write Off Amount: 286.61

Date Debt Became Delinquent: 02/24/2014

(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 286.61

Current Amount Due: 286.61

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 

Name: Kellie Beck

Agency/Institution: Department of Transportation

Address: 700 E Broadway Ave Pierre, SD 57501

Telephone: 605-773-4863

Email: kellie.beck@state.sd.us

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

When complete, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave., Pierre SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation **MUST** comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Name: Hertz Vehicles LLC

Requested Write Off Amount: 113.44

Date Debt Became Delinquent: 02/24/2014

(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 113.44

Current Amount Due: 113.44

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 

Name: Kellie Beck

Agency/Institution: Department of Transportation

Address: 700 E Broadway Ave Pierre, SD 57501

Telephone: 605-773-4863

Email: kellie.beck@state.sd.us

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

When complete, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave., Pierre SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Name: Kathy Genia

Requested Write Off Amount: 62.65

Date Debt Became Delinquent: 01/17/2014

(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 812.63

Current Amount Due: 62.65

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 

Name: Kellie Beck

Agency/Institution: Department of Transportation

Address: 700 E Broadway Ave Pierre, SD 57501

Telephone: 605-773-4863

Email: kellie.beck@state.sd.us

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

When complete, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave., Pierre SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting **documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month.** Documentation received after that time will be processed at the next Board of Finance meeting. All documentation **MUST** comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Name: Gary Jackson

Requested Write Off Amount: 5,236.90

Date Debt Became Delinquent: 03/14/2014

(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 5,236.90

Current Amount Due: 5,236.90

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 

Name: Kellie Beck

Agency/Institution: Department of Transportation

Address: 700 E Broadway Ave Pierre, SD 57501

Telephone: 605-773-4863

Email: kellie.beck@state.sd.us

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

When complete, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave., Pierre SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation **MUST** comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Name: Sarah Bailey

Requested Write Off Amount: 1,390.44

Date Debt Became Delinquent: 03/14/2014
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 1,390.44

Current Amount Due: 1,390.44

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 

Name: Kellie Beck

Agency/Institution: Department of Transportation

Address: 700 E Broadway Ave Pierre, SD 57501

Telephone: 605-773-4863

Email: kellie.beck@state.sd.us

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request
State of South Dakota Board of Finance

When complete, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave., Pierre SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Name: Joseph Williams

Requested Write Off Amount: 379.65

Date Debt Became Delinquent: 03/21/2014
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 379.65

Current Amount Due: 379.65

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 
Name: Kellie Beck
Address: 700 E Broadway Ave Pierre, SD 57501
Telephone: 605-773-4863
Email: kellie.beck@state.sd.us

Agency/Institution: Department of Transportation

Approval by State Board of Finance

Approved by the
State Board of
Finance on _____

Date

Signature of Secretary, State Board of Finance