

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

Kristofer Karberg

Name of Applicant

66,393.60

Yearly Salary

Tea, South Dakota

City, State Moving From

Deputy Warden

New Position Title

Springfield, SD

New Post of Duty (City)

07/13

Employment Date with the State

DOC

Agency Employed By

08/18

Expected Month/Year of Move

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.

[Signature]
Signature of Applicant

8/20/18
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.

Denny Karminok
Name of Authorized Agent

[Signature]
Signature of Authorized Agent

9-7-18
Date

Cabinet Secretary
Position/ Title of Authorized Agent

DOC
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

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 on the Thursday prior to the Board of Finance meeting**. 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

Trevor Johnson

Name of Applicant

39915.20

Yearly Salary

Sioux Falls, SD

City, State Moving From

Conservation Officer

New Position Title

Huron, SD

New Post of Duty (City)

8/14/2018
Employment Date with the State

SD Game, Fish & Parks

Agency Employed By

August

Expected Month/Year of Move

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.

The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

[Signature]
Signature of Applicant

9-4-18
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.

Kelly R. Hepler
Name of Authorized Agent

[Signature]
Signature of Authorized Agent Date

Cabinet Secretary
Position/ Title of Authorized Agent

GFP
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

Note: When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.

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

Christopher Lee Myers
Name of Applicant

Banner System Administrator Board of Regents
New Position Title Agency Employed By

75,000 Louington, IL
Yearly Salary City, State Moving From

Sioox Falls Aug 2018
New Post of Duty (City) Expected Month/Year of Move

10727
Bureau of Human Resources Class Code

8/10/2018
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.

[Signature]
Signature of Applicant

9/16/2018
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.

Monte R. Kramer
Name of Authorized Agent

Position/ Title of Authorized Agent

Monte R. Kramer 9-18-18
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

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: 605-773-3337

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 pm, 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.

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.

Application

Quintin Owens

Name of Applicant

49,000

Yearly Salary

00800

Bureau of Human Resources Class Code

Assistant Professor, Art

New Position Title

Spearfish

New Post on Duty (City)

08/22/2018

Employment Date with the State

Black Hills State University

Agency Employed By

8/2018

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.

Digitized by:
Quintin Owens
Signature of Applicant

10/3/2018 | 8:41:12 AM MDT
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.

Brandon Bentley

Name of Authorized Agent

Brandon Bentley

Signature of Authorized Agent

Date

Controller

Position/Title of Authorized Agent

Black Hills State University

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

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. CE 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

<u>Lisa Hardie</u> Name of Applicant	<u>Professional Advising Coach</u> New Position Title	<u>Dakota State University</u> Agency Employed By
<u>\$40,000.00</u> Yearly Salary	<u>Madison, SD</u> New Post of Duty (City)	<u>July 2018</u> Expected Month/Year of Move
<u>00540</u> Bureau of Human Resources Class Code	<u>August 13, 2018</u> Employment Date with the State	
<u>Springdale, AR</u> 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.

Lisa Hardie
Signature of Applicant
Lisa Hardie

October 5, 2018
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
October 5, 2018
Signature of Authorized Agent Date

VP Business & Admin Services
Position/ Title of Authorized Agent
Dakota State University
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

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 on the Thursday prior to the Board of Finance meeting. Documentation received after this 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

Zhiyuan Sun	Reporting & Data Analyst	Dakota State University
Name of Applicant	New Position Title	Agency Employed By
\$57,000.00	St. Paul, MN	October 2018
Yearly Salary	City, State Moving From	Expected Month/Year of Move
00561	October 10, 2018	
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.

The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

Zhiyuan Sun

Signature of Applicant

September 26, 2018

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

VP Business & Admin Services

Position/ Title of Authorized Agent

Stacy Krusemark 10-5-17
Signature of Authorized Agent Date

Dakota State University

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

Note: When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.

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 on the Thursday prior to the Board of Finance meeting. 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

Jason Jungwirth

Name of Applicant

\$50,049.36

Yearly Salary

400487

Bureau of Human Resources Class Code

Mobridge, SD

City, State Moving From

Senior Wildlife Biologist

New Position Title

Ft. Pierre

New Post of Duty (City)

June 11, 2018

Employment Date with the State

Game, Fish and Parks

Agency Employed By

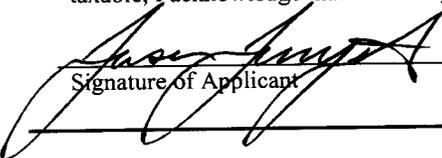
August 2018

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.

The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

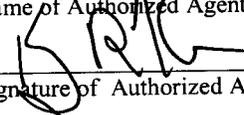

Signature of Applicant

9/24/18
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.

Kelly R. Hepler
Name of Authorized Agent

 Date

Cabinet Secretary
Position/ Title of Authorized Agent

GFP
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

Note: When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.

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 on the Thursday prior to the Board of Finance meeting**. 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

Cameron Goble

Name of Applicant

\$36,296

Yearly Salary

90350

Bureau of Human Resources Class Code

Calumet, Michigan

City, State Moving From

Resource Biologist

New Position Title

Ft. Pierre

New Post of Duty (City)

08/24/2018

Employment Date with the State

Game, Fish, & Parks

Agency Employed By

09/2018

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.

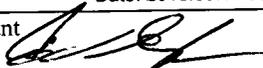
The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

Cameron Goble

Digitally signed by Cameron Goble
Date: 2018.09.11 08:20:11 -05'00'

Signature of Applicant



09/11/2018

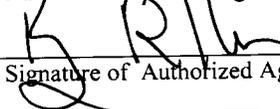
Date

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.

Kelly R. Hepler

Name of Authorized Agent



Signature of Authorized Agent Date

Cabinet Secretary

Position/ Title of Authorized Agent

GFP

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

Note: When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.

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

<u>ASSIA BAKER</u>	<u>Director of Student Rights & Responsibilities</u>	<u>NSU</u>
Name of Applicant	New Position Title	Agency Employed By
<u>\$48,500</u>	<u>CARBONDALE, IL</u>	<u>August 2018</u>
Yearly Salary	City, State Moving From	Expected Month/Year of Move
<u>N/A</u>	<u>ABERDEEN, SD</u>	<u>8/1/2018</u>
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.

	<u>8/28/18</u>
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.

<u>Veronica Paulson</u>	<u>Vice President for Finance & Administration</u>
Name of Authorized Agent	Position/ Title of Authorized Agent
<u>Veronica Paulson</u> <u>8/10/18</u>	<u>Northern State University</u>
Signature of Authorized Agent Date	Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on	Signature of Secretary, State Board of Finance
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
Capitol Building 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.

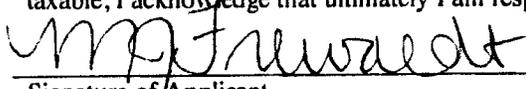
Application

Megan Frewaldt	Director of Student Inv	Northern State Univers
Name of Applicant	New Position Title	Agency Employed By
\$53,000	Aberdeen, SD	September 2018
Yearly Salary	City, State Moving From	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.

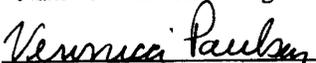
The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

	8/15/2018
Signature of Applicant	Date

Authorization

I hereby certify that the above stated agency ordered the applicant to move as indicated and that the move will be for the benefit of the State of South Dakota. I further declare that to the best of my knowledge and belief the request and authorization for reimbursement of actual household moving expenses are true and correct.

Veronica Paulson	Vice President for Finance & Administration
Name of Authorized Agent	Position/ Title of Authorized Agent
 8/29/18	Northern State University
Signature of Authorized Agent	Date
	Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State Board of Finance on	Signature of Secretary, State Board of Finance
---	--

Note: When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor Office.

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

Cameron Simaz

Name of Applicant

\$80,000

Yearly Salary

Highland Falls, NY

City, State Moving From

00 548
Bureau of Human Resources Class Code

Asst. Wrestling Coach

New Position Title

Brookings, SD

New Post of Duty (City)

Employment Date with the State

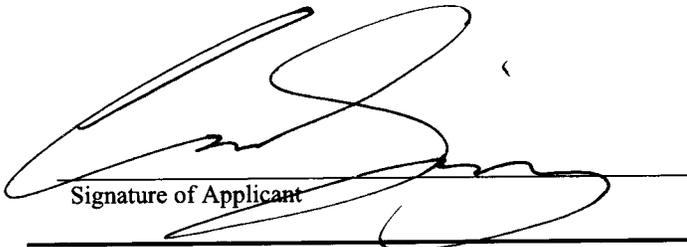
SDSU - Athletics

Agency Employed By

May 2018

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.


Signature of Applicant

8-6-2018
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.

JUSTIN G. SELL

Name of Authorized Agent

Justin G. Sell
Signature of Authorized Agent

8/1/18
Date

DIRECTOR OF ATHLETICS

Position/ Title of Authorized Agent

SDSU
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

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.

Application

Anthony James Franken

Name of Applicant

\$136,000

Yearly Salary

Pierre, SD

City, State Moving From

Bureau of Human Resources Class Code

General Counsel

New Position Title

Vermillion

New Post of Duty (City)

10/15/2018

Employment Date with the State

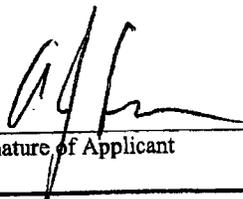
University of South Dakota

Agency Employed By

October 2018

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.


Signature of Applicant

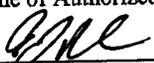
8/23/18
Date

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.

Adam Rosheim

Name of Authorized Agent


Signature of Authorized Agent

9-24-18
Date

Assistant Vice President, Finance & Admin

Position/ Title of Authorized Agent

University of South Dakota

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

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

Melissa Antinori Berninger

Name of Applicant

Associate Director

New Position Title

USD

Agency Employed By

\$53,500

Yearly Salary

Brooklyn, NY

City, State Moving From

Vermillion, SD

New Post of Duty (City)

August 2018

Expected Month/Year of Move

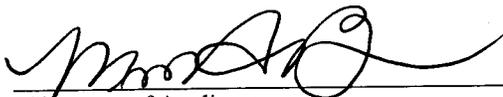
August 20, 2018

Employment Date with the State

00345

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.



Signature of Applicant

9/20/2018

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.

Adam Rosheim

Name of Authorized Agent

Assistant Vice President, Finance & Admin

Position/ Title of Authorized Agent

 9-24-18

Signature of Authorized Agent Date

University of South Dakota

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

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 submitted to the State Board of Finance. Documentation received after that time will be processed at the next Board meeting. For more information, please contact the Bureau of Human Resources regarding procedures.

Application

Jennifer M. Lemaster
Name of Applicant

Director of Marketing
New Position Title

USD - Belcom School of Business
Agency Employed By

\$10,000
Yearly Salary

Sioux Falls, SD
City, State Moving From

Vermillion
New Post of Duty (City)

08/2018
Expected Month/Year of Move

00360
Bureau of Human Resources Class Code

8/13/2018
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.

Jennifer M. Lemaster
Signature of Applicant

8/14/2018
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.

Adam Rosheim
Name of Authorized Agent

Assistant Vice President, Finance & Admin
Position/ Title of Authorized Agent

AR 9-24-18
Signature of Authorized Agent Date

University of South Dakota
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

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 documents in this application must be submitted to the State Board of Finance. Once the request is received and approved, the applicant must complete the Bureau of Human Resources application process.

Application

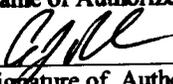
<u>Sebastian Wai</u>	<u>Assistant Prof.</u>	<u>USD</u>
Name of Applicant	New Position Title	Agency Employed By
<u>79,000</u>	<u>Vermillion</u>	<u>June 2018</u>
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
<u>00700</u>	<u>8/22/2018</u>	
Bureau of Human Resources Class Code	Employment 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.

<u></u>	<u>8/15/2018</u>
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.

<u>Adam Rosheim</u>	<u>Assistant Vice President, Finance & Admin</u>
Name of Authorized Agent	Position/ Title of Authorized Agent
<u></u>	<u>University of South Dakota</u>
Signature of Authorized Agent	Agency of Authorized Agent
<u>9-24-18</u>	
Date	

Approval by State Board of Finance

<u>Approved by the State Board of Finance on</u>	<u>Signature of Secretary, State Board of Finance</u>
Date	

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: 10/2/18 Agency: Tourism
Agency Address: 711 E Wells Ave
Agency Phone Number: 605-773-3301
Employee Requesting Reimbursement: Stephanie Palmer
Total Amount of Reimbursement: \$23.22
Date(s) of Hosting Expense: 10/1/18
Receipts Attached: Y N
Explanation of official business performed: hosting journalists for breakfast

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.

Stephanie Palmer 10/2/18
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.

Wanda Goodman Deputy Secretary
Name of Department/Office Head Position/Title of Agency Official
Wanda Goodman 10-2-18
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.

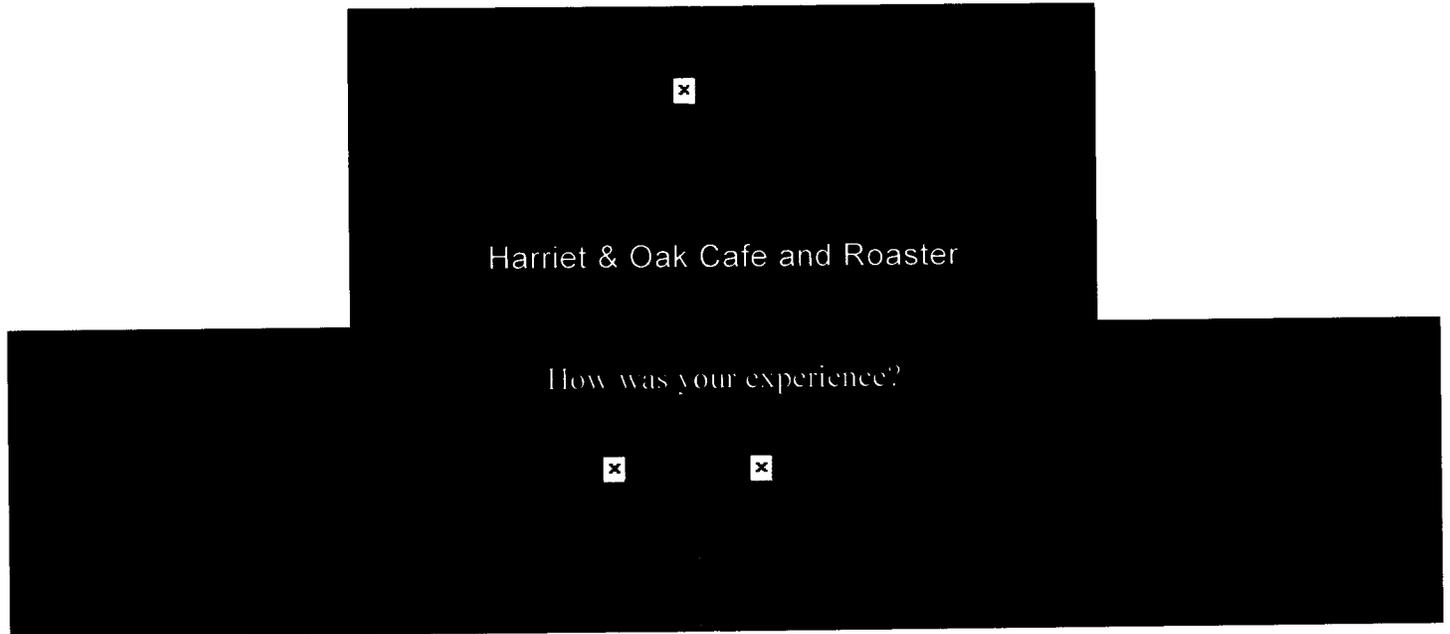
Palmer, Stephanie

From: Stephanie Palmer <stephaniejopalmer@gmail.com>
Sent: Monday, October 01, 2018 9:03 AM
To: Palmer, Stephanie
Subject: Fwd: [EXT] Receipt from Harriet & Oak Cafe and Roaster

----- Forwarded message -----

From: Harriet & Oak Cafe and Roaster via Square <receipts@messaging.squareup.com>
Date: Mon, Oct 1, 2018 at 8:02 AM
Subject: Receipt from Harriet & Oak Cafe and Roaster
To: <stephaniejopalmer@gmail.com>

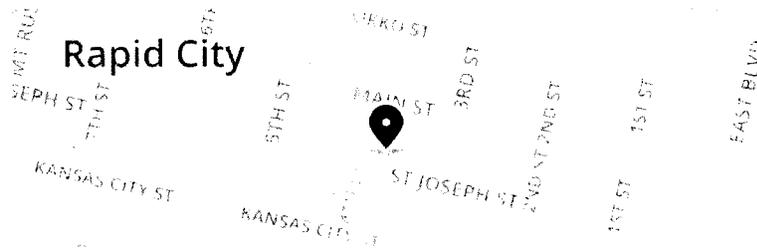
Square automatically sends receipts to the email address you used at any Square seller. [Learn more](#)



\$23.22

Poptart (Nutella) × 4.0 (\$2.25 ea.)	\$9.00
London Fog (16oz) × 3.0 (\$3.00 ea.)	\$9.00
Purchase Subtotal	\$18.00

7.5% Sales Tax (7.5%)	\$1.35
Tip	\$3.87
Total	\$23.22



Harriet & Oak Cafe and Roaster

329 Main St, Ste 2

Rapid City, SD 57701

605-791-0396

AMEX 1003 (Swipe)
STEPHANIE J PALMER

Oct 1
2018 at
8:02
AM
#EncB
Auth
code:
527159

© 2018 Square, Inc.

1455 Market Street, Suite 600
San Francisco, CA 94103

© Mapbox © OpenStreetMap [Improve this map](#)

[Square Privacy Policy](#) · [Not your receipt?](#)
[Manage preferences](#) for digital receipts



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: 9/19/18 Agency: DOE-SPED
Agency Address: 800 Governors Dr. Pierre
Agency Phone Number: 773-3678
Employee Requesting Reimbursement: Kristin Jerome
Total Amount of Reimbursement: 11.00
Date(s) of Expense: 9/18/18
Event Leave Time: 8:30 am Event Return Time: 2:30 pm
Explanation of official business performed: Governor's SPED Advisory Panel Quarterly Meeting, working lunch

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.

Kristin Jerome
Signature of Employee

9/19/18
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.

Mary Smith
Name of Department/Office Head

Interim Secretary
Position/Title of Agency Official

Mary Smith
Signature of Department/Office Head

10/1/18
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.

South Dakota Department of Education Special Education Advisory Panel

September 18, 2018

MacKay Building: 800 Governor's Drive; Pierre, SD
Mackay Conference Room #5

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 Priorities

- * Parental Awareness of Rights and Procedural Safeguards

September 18, 2018 8:30 am to 4:00 pm

Agenda Item	Lead and documents needed
Call Meeting to Order and Introductions	Erin Schons – Vice Chairperson
Approval of the agenda	Advisory Panel Doc: Agenda
Approval of the minutes	Advisory Panel Doc: June 2018 draft meeting minutes
Public Comment:	If interested in providing public comment, please send notification to Melissa Flor at Melissa.Flor@state.sd.us or call 605-773-3678.
Election of Officers	Advisory Panel
Bylaws – Review Public Comment Section due to updated codified laws	Special Education Programs (SEP) and Advisory Panel
Department of Education Updates	Linda Turner – SEP Director and Staff

Meal/Beverage Request

Event Title: ADVISORY PANEL
Dates of Event: 9/18-9/19/2018
Location of Event: MACKAY BUILDING IN PIERRE
Number of People Attending: 20
Person to Contact About Request: KRISTIN JEROME

Purpose of Event:
GOVERNORS SPECIAL EDUCATION ADVISORY PANEL QUARTERLY MEETING

Company	Subject	Center	Fund Source	Sub Fund
2024	5203130 08	1232815 30	K03	A0

Providing:

Beverages

Breakfast

Dates Providing : _____ Number of Meals _____

Approximate Cost: _____ (Cannot exceed \$6 per person)

Lunch

Dates Providing : _____ 09/18/2018 _____ Number of Meals _____ 20

Approximate Cost: _____ \$220.00 (Cannot exceed \$11 per person)

Dinner

Dates Providing : _____ Number of Meals _____

Approximate Cost: _____ (Cannot exceed \$15 per person)



Program Staff Signature

 Date 6/28/18

I hereby approve the use of state/federal funds for the purchase of meals or beverages.



Authorized Signature

 Date 7/5/18

South Dakota Department of Education Special Education Advisory Panel

September 18, 2018

MacKay Building: 800 Governor's Drive; Pierre, SD
Mackay Conference Room #5

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 Priorities

- * Parental Awareness of Rights and Procedural Safeguards

September 18, 2018 8:30 am to 4:00 pm

Agenda Item	Lead and documents needed
Call Meeting to Order and Introductions	Erin Schons – Vice Chairperson
Approval of the agenda	Advisory Panel Doc: Agenda
Approval of the minutes	Advisory Panel Doc: June 2018 draft meeting minutes
Public Comment:	If interested in providing public comment, please send notification to Melissa Flor at Melissa.Flor@state.sd.us or call 605-773-3678.
Election of Officers	Advisory Panel
Bylaws – Review Public Comment Section due to updated codified laws	Special Education Programs (SEP) and Advisory Panel
Department of Education Updates	Linda Turner – SEP Director and Staff

Graduation final regulations	Linda Turner – SEP Director
Disability Rights South Dakota Presentations (10:00 am)	Tim Meyhart – Executive Director of Disability Rights South Dakota
South Dakota Parent Connections (10:30 am)	Carla Miller – Executive Director of South Dakota Parent Connections
Dispute Resolution Report for 17-18	Wendy Trujillo – Assistant SEP Director
Lunch (11:45 am)	MacKay Conference Room #5
Priority Area: Parental Awareness of Rights and Procedural Safeguards:	Advisory Panel Homework: Parent Rights from another state and five frequently asked questions related to the Parental Rights Doc: South Dakota Parental Rights booklet
2018-2019 Panel Priority Area	Advisory Panel
Meeting Take Away For Annual Report	Advisory Panel
Discussion Advisory Panel meeting future location and dates	Advisory Panel
Next Meeting and Agenda Items	New Member Training (September 19) State Performance Plan/Annual Performance Report
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 Kristin.Jerome@state.sd.us or call 605-773-3678.

*Kurner
grouchy*

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: 9/19/18 Agency: DOE - SPED
Agency Address: 800 Governors Dr Pierre
Agency Phone Number: 773-3678
Employee Requesting Reimbursement: Melissa Flor
Total Amount of Reimbursement: 11.00
Date(s) of Expense: 9/18/18
Event Leave Time: 8:30am Event Return Time: 2:30 pm
Explanation of official business performed: Governor's SpEd advisory panel quarterly meeting, working lunch

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.

Melissa Flor
Signature of Employee

9/19/18
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.

Mary S Smith
Name of Department/Office Head
Mary S Smith
Signature of Department/Office Head

Interim Secretary
Position/Title of Agency Official
10/1/18
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.

Advisory Panel Sign In

Date:

Name	Check	
	Home	Station Pierre
Kristin Jerome	✓	
Heather Trefz		
✓ Steve Helgeland		
Kim Wadsworth		
David Jensen		
Jennifer Carda		
⊗ Bernie Grimme		✓
Marie Ivers		
✓ Brian Schons		
✓ Larry Ayres		
Jinda Turner		✓
Wendy M Teujillo		✓
Melissa Fer		✓
Tyler Munson		
Peggy Waltner		
Kristi Eisenbrown		

12

South Dakota Department of Education Special Education Advisory Panel

September 18, 2018

MacKay Building: 800 Governor's Drive; Pierre, SD
Mackay Conference Room #5

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 Priorities

- * Parental Awareness of Rights and Procedural Safeguards

September 18, 2018 8:30 am to 4:00 pm

Agenda Item	Lead and documents needed
Call Meeting to Order and Introductions	Erin Schons – Vice Chairperson
Approval of the agenda	Advisory Panel Doc: Agenda
Approval of the minutes	Advisory Panel Doc: June 2018 draft meeting minutes
Public Comment:	If interested in providing public comment, please send notification to Melissa Flor at Melissa.Flor@state.sd.us or call 605-773-3678.
Election of Officers	Advisory Panel
Bylaws – Review Public Comment Section due to updated codified laws	Special Education Programs (SEP) and Advisory Panel
Department of Education Updates	Linda Turner – SEP Director and Staff

Meal/Beverage Request

Event Title: ADVISORY PANEL
Dates of Event: 9/18-9/19/2018
Location of Event: MACKAY BUILDING IN PIERRE
Number of People Attending: 20
Person to Contact About Request: KRISTIN JEROME

Purpose of Event:
GOVERNORS SPECIAL EDUCATION ADVISORY PANEL QUARTERLY MEETING

Company	Subject	Center	Fund Source	Sub Fund
2024	5203130 08	1232815 30	K03	A0

Providing:

- Beverages
- Breakfast

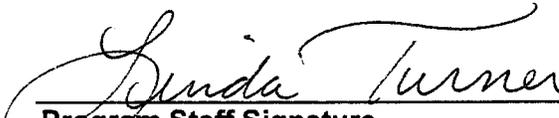
Dates Providing : _____ Number of Meals _____
 Approximate Cost: _____ (Cannot exceed \$6 per person)

- Lunch

Dates Providing : 09/18/2018 Number of Meals 20
 Approximate Cost: \$220.00 (Cannot exceed \$11 per person)

- Dinner

Dates Providing : _____ Number of Meals _____
 Approximate Cost: _____ (Cannot exceed \$15 per person)



Program Staff Signature

6/28/18

Date

I hereby approve the use of state/federal funds for the purchase of meals or beverages.



Authorized Signature

7/5/18

Date

South Dakota Department of Education Special Education Advisory Panel

September 18, 2018

MacKay Building: 800 Governor's Drive; Pierre, SD
Mackay Conference Room #5

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 Priorities

- * Parental Awareness of Rights and Procedural Safeguards

September 18, 2018 8:30 am to 4:00 pm

Agenda Item	Lead and documents needed
Call Meeting to Order and Introductions	Erin Schons – Vice Chairperson
Approval of the agenda	Advisory Panel Doc: Agenda
Approval of the minutes	Advisory Panel Doc: June 2018 draft meeting minutes
Public Comment:	If interested in providing public comment, please send notification to Melissa Flor at Melissa.Flor@state.sd.us or call 605-773-3678.
Election of Officers	Advisory Panel
Bylaws – Review Public Comment Section due to updated codified laws	Special Education Programs (SEP) and Advisory Panel
Department of Education Updates	Linda Turner – SEP Director and Staff

Graduation final regulations	Linda Turner – SEP Director
Disability Rights South Dakota Presentations (10:00 am)	Tim Meyhart – Executive Director of Disability Rights South Dakota
South Dakota Parent Connections (10:30 am)	Carla Miller – Executive Director of South Dakota Parent Connections
Dispute Resolution Report for 17-18	Wendy Trujillo – Assistant SEP Director
Lunch (11:45 am)	Mackay Conference Room #5
Priority Area: Parental Awareness of Rights and Procedural Safeguards:	Advisory Panel Homework: Parent Rights from another state and five frequently asked questions related to the Parental Rights Doc: South Dakota Parental Rights booklet
2018-2019 Panel Priority Area	Advisory Panel
Meeting Take Away For Annual Report	Advisory Panel
Discussion Advisory Panel meeting future location and dates	Advisory Panel
Next Meeting and Agenda Items	New Member Training (September 19) State Performance Plan/Annual Performance Report
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 Kristin.Jerome@state.sd.us or call 605-773-3678.

*Kurner
grocery*

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: 9/19/18 Agency: DOE-SPED
Agency Address: 800 Governors Dr Pierre
Agency Phone Number: 773-3678
Employee Requesting Reimbursement: Wendy Trujillo
Total Amount of Reimbursement: 11.00
Date(s) of Expense: 9/18/18
Event Leave Time: 8:30 AM Event Return Time: 2:30 pm

Explanation of official business performed: Governor's SpEd Advisory Panel quarterly meeting, working lunch.

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.

Wendy M Trujillo
Signature of Employee

9.19.18
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.

Mary S Smith
Name of Department/Office Head

Interim Secretary
Position/Title of Agency Official

Mary S Smith
Signature of Department/Office Head

10/1/18
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.

South Dakota Department of Education Special Education Advisory Panel

September 18, 2018

MacKay Building: 800 Governor's Drive; Pierre, SD
Mackay Conference Room #5

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 Priorities

- * Parental Awareness of Rights and Procedural Safeguards

September 18, 2018 8:30 am to 4:00 pm

Agenda Item	Lead/Panel Assignments/Contact
Call Meeting to Order and Introductions	Erin Schons – Vice Chairperson
Approval of the agenda	Advisory Panel Doc: Agenda
Approval of the minutes	Advisory Panel Doc: June 2018 draft meeting minutes
Public Comment:	If interested in providing public comment, please send notification to Melissa Flor at Melissa.Flor@state.sd.us or call 605-773-3678.
Election of Officers	Advisory Panel
Bylaws – Review Public Comment Section due to updated codified laws	Special Education Programs (SEP) and Advisory Panel
Department of Education Updates	Linda Turner – SEP Director and Staff

Meal/Beverage Request

Event Title: ADVISORY PANEL
Dates of Event: 9/18-9/19/2018
Location of Event: MACKAY BUILDING IN PIERRE
Number of People Attending: 20
Person to Contact About Request: KRISTIN JEROME

Purpose of Event:
GOVERNORS SPECIAL EDUCATION ADVISORY PANEL QUARTERLY MEETING

Company	Subobject	Center	Fund Source	Sub Fund
2024	5203130 08	1232815 <i>30</i>	K03	A0

Providing:

Beverages

Breakfast

Dates Providing : _____ Number of Meals _____

Approximate Cost: _____ (Cannot exceed \$6 per person)

Lunch

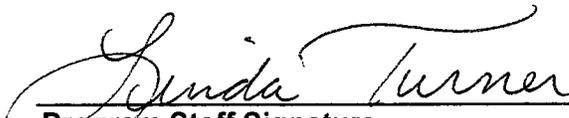
Dates Providing : 09/18/2018 Number of Meals 20

Approximate Cost: \$220.00 (Cannot exceed \$11 per person)

Dinner

Dates Providing : _____ Number of Meals _____

Approximate Cost: _____ (Cannot exceed \$15 per person)



Program Staff Signature

6/28/18

Date

I hereby approve the use of state/federal funds for the purchase of meals or beverages.



Authorized Signature

7/5/18

Date

South Dakota Department of Education Special Education Advisory Panel

September 18, 2018

MacKay Building: 800 Governor's Drive; Pierre, SD
Mackay Conference Room #5

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 Priorities

- * Parental Awareness of Rights and Procedural Safeguards

September 18, 2018 8:30 am to 4:00 pm

Agenda Item	Lead and documents needed
Call Meeting to Order and Introductions	Erin Schons – Vice Chairperson
Approval of the agenda	Advisory Panel Doc: Agenda
Approval of the minutes	Advisory Panel Doc: June 2018 draft meeting minutes
Public Comment:	If interested in providing public comment, please send notification to Melissa Flor at Melissa.Flor@state.sd.us or call 605-773-3678.
Election of Officers	Advisory Panel
Bylaws – Review Public Comment Section due to updated codified laws	Special Education Programs (SEP) and Advisory Panel
Department of Education Updates	Linda Turner – SEP Director and Staff

Graduation final regulations	Linda Turner – SEP Director
Disability Rights South Dakota Presentations (10:00 am)	Tim Neyhart – Executive Director of Disability Rights South Dakota
South Dakota Parent Connections (10:30 am)	Carla Miller – Executive Director of South Dakota Parent Connections
Dispute Resolution Report for 17-18	Wendy Trujillo – Assistant SEP Director
Lunch (11:45 am)	Mackay Conference Room #5
Priority Area: Parental Awareness of Rights and Procedural Safeguards:	Advisory Panel Homework: Parent Rights from another state and five frequently asked questions related to the Parental Rights Doc: South Dakota Parental Rights booklet
2018-2019 Panel Priority Area	Advisory Panel
Meeting Take Away For Annual Report	Advisory Panel
Discussion Advisory Panel meeting future location and dates	Advisory Panel
Next Meeting and Agenda Items	New Member Training (September 19) State Performance Plan/Annual Performance Report
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 Kristin.Jerome@state.sd.us or call 605-773-3678.

*Korner
grocery*

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: 9/19/18 Agency: DOE SPED
Agency Address: 800 Governors Dr Pierre
Agency Phone Number: 773-3678
Employee Requesting Reimbursement: Linda Turner
Total Amount of Reimbursement: 11.00
Date(s) of Expense: 9/18/18
Event Leave Time: 8:30 am Event Return Time: 2:30 pm
Explanation of official business performed: Governor's SpEd advisory Panel
Quarterly meeting, working lunch.

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.

Linda Turner
Signature of Employee

9/21/18
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.

Mary S. Smith
Name of Department/Office Head

Interim Secretary
Position/Title of Agency Official

Mary S. Smith
Signature of Department/Office Head

10/1/18
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.

South Dakota Department of Education Special Education Advisory Panel

September 18, 2018

MacKay Building: 800 Governor's Drive; Pierre, SD
Mackay Conference Room #5

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 Priorities

- * Parental Awareness of Rights and Procedural Safeguards

September 18, 2018 8:30 am to 4:00 pm

Agenda Item	Individual documents needed
Call Meeting to Order and Introductions	Erin Schons – Vice Chairperson
Approval of the agenda	Advisory Panel Doc: Agenda
Approval of the minutes	Advisory Panel Doc: June 2018 draft meeting minutes
Public Comment:	If interested in providing public comment, please send notification to Melissa Flor at Melissa.Flor@state.sd.us or call 605-773-3678.
Election of Officers	Advisory Panel
Bylaws – Review Public Comment Section due to updated codified laws	Special Education Programs (SEP) and Advisory Panel
Department of Education Updates	Linda Turner – SEP Director and Staff

Meal/Beverage Request

Event Title: ADVISORY PANEL
Dates of Event: 9/18-9/19/2018
Location of Event: MACKAY BUILDING IN PIERRE
Number of People Attending: 20
Person to Contact About Request: KRISTIN JEROME

Purpose of Event:
GOVERNORS SPECIAL EDUCATION ADVISORY PANEL QUARTERLY MEETING

Company	Subobject	Center	Fund Source	Sub Fund
2024	5203130 08	1232815 <i>30</i>	K03	A0

Providing:

Beverages

Breakfast

Dates Providing : _____ Number of Meals _____

Approximate Cost: _____ (Cannot exceed \$6 per person)

Lunch

Dates Providing : 09/18/2018 Number of Meals 20

Approximate Cost: \$220.00 (Cannot exceed \$11 per person)

Dinner

Dates Providing : _____ Number of Meals _____

Approximate Cost: _____ (Cannot exceed \$15 per person)



Program Staff Signature

6/28/18

Date

I hereby approve the use of state/federal funds for the purchase of meals or beverages.



Authorized Signature

7/5/18

Date

South Dakota Department of Education Special Education Advisory Panel

September 18, 2018

MacKay Building: 800 Governor's Drive; Pierre, SD
Mackay Conference Room #5

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 Priorities

- * Parental Awareness of Rights and Procedural Safeguards

September 18, 2018 8:30 am to 4:00 pm

Agenda Item	Lead and documents needed
Call Meeting to Order and Introductions	Erin Schons – Vice Chairperson
Approval of the agenda	Advisory Panel Doc: Agenda
Approval of the minutes	Advisory Panel Doc: June 2018 draft meeting minutes
Public Comment:	If interested in providing public comment, please send notification to Melissa Flor at Melissa.Flor@state.sd.us or call 605-773-3678.
Election of Officers	Advisory Panel
Bylaws – Review Public Comment Section due to updated codified laws	Special Education Programs (SEP) and Advisory Panel
Department of Education Updates	Linda Turner – SEP Director and Staff

Graduation final regulations	Linda Turner – SEP Director
Disability Rights South Dakota Presentations (10:00 am)	Tim Meyhart – Executive Director of Disability Rights South Dakota
South Dakota Parent Connections (10:30 am)	Carla Miller – Executive Director of South Dakota Parent Connections
Dispute Resolution Report for 17-18	Wendy Trujillo – Assistant SEP Director
Lunch (11:45 am)	MacKay Conference Room #5
Priority Area: Parental Awareness of Rights and Procedural Safeguards:	Advisory Panel Homework: Parent Rights from another state and five frequently asked questions related to the Parental Rights Doc; South Dakota Parental Rights booklet
2018-2019 Panel Priority Area	Advisory Panel
Meeting Take Away For Annual Report	Advisory Panel
Discussion Advisory Panel meeting future location and dates	Advisory Panel
Next Meeting and Agenda Items	New Member Training (September 19) State Performance Plan/Annual Performance Report
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 Kristin.Jerome@state.sd.us or call 605-773-3678.

*Korner
grocery*

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: 9/19/2018 Agency: Dept of Human Services
Agency Address: 500 E Capitol, Pierre, SD 57501
Agency Phone Number: 605-773-6287
Employee Requesting Reimbursement: Bernie Grimme
Total Amount of Reimbursement: 11.00
Date(s) of Expense: 9/18/18
Event Leave Time: 8:30 am Event Return Time: 2:30 pm
Explanation of official business performed: Governor's SpEd Advisory Panel Quarterly Meeting working lunch

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.

Bernie Grimme
Signature of Employee

9/21/18
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.

Mary S. Smith
Name of Department/Office Head
Mary S. Smith
Signature of Department/Office Head

Interim Secretary
Position/Title of Agency Official
10/1/18
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.

South Dakota Department of Education Special Education Advisory Panel

September 18, 2018

MacKay Building: 800 Governor's Drive; Pierre, SD
Mackay Conference Room #5

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 Priorities

- * Parental Awareness of Rights and Procedural Safeguards

September 18, 2018 8:30 am to 4:00 pm

Agenda Item	Special Documents needed
Call Meeting to Order and Introductions	Erin Schons – Vice Chairperson
Approval of the agenda	Advisory Panel Doc: Agenda
Approval of the minutes	Advisory Panel Doc: June 2018 draft meeting minutes
Public Comment:	If interested in providing public comment, please send notification to Melissa Flor at Melissa.Flor@state.sd.us or call 605-773-3678.
Election of Officers	Advisory Panel
Bylaws – Review Public Comment Section due to updated codified laws	Special Education Programs (SEP) and Advisory Panel
Department of Education Updates	Linda Turner – SEP Director and Staff

Meal/Beverage Request

Event Title: ADVISORY PANEL
Dates of Event: 9/18-9/19/2018
Location of Event: MACKAY BUILDING IN PIERRE
Number of People Attending: 20
Person to Contact About Request: KRISTIN JEROME

Purpose of Event:
GOVERNORS SPECIAL EDUCATION ADVISORY PANEL QUARTERLY MEETING

Company	Subobject	Center	Fund Source	Sub Fund
2024	5203130 08	1232815 30	K03	A0

Providing:

Beverages

Breakfast

Dates Providing : _____ Number of Meals _____

Approximate Cost: _____ (Cannot exceed \$6 per person)

Lunch

Dates Providing : 09/18/2018 Number of Meals 20

Approximate Cost: \$220.00 (Cannot exceed \$11 per person)

Dinner

Dates Providing : _____ Number of Meals _____

Approximate Cost: _____ (Cannot exceed \$15 per person)



Program Staff Signature

6/28/18

Date

I hereby approve the use of state/federal funds for the purchase of meals or beverages.



Authorized Signature

7/5/18

Date

South Dakota Department of Education Special Education Advisory Panel

September 18, 2018

MacKay Building: 800 Governor's Drive; Pierre, SD
Mackay Conference Room #5

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 Priorities

- * Parental Awareness of Rights and Procedural Safeguards

September 18, 2018 8:30 am to 4:00 pm

Agenda Item	Lead and documents needed
Call Meeting to Order and Introductions	Erin Schons – Vice Chairperson
Approval of the agenda	Advisory Panel Doc: Agenda
Approval of the minutes	Advisory Panel Doc: June 2018 draft meeting minutes
Public Comment:	If interested in providing public comment, please send notification to Melissa Flor at Melissa.Flor@state.sd.us or call 605-773-3678.
Election of Officers	Advisory Panel
Bylaws – Review Public Comment Section due to updated codified laws	Special Education Programs (SEP) and Advisory Panel
Department of Education Updates	Linda Turner – SEP Director and Staff

Graduation final regulations	Linda Turner – SEP Director
Disability Rights South Dakota Presentations (10:00 am)	Tim Meyhart – Executive Director of Disability Rights South Dakota
South Dakota Parent Connections (10:30 am)	Carla Miller – Executive Director of South Dakota Parent Connections
Dispute Resolution Report for 17-18	Wendy Trujillo – Assistant SEP Director
Lunch (11:45 am)	Mackay Conference Room #5
Priority Area: Parental Awareness of Rights and Procedural Safeguards:	Advisory Panel Homework: Parent Rights from another state and five frequently asked questions related to the Parental Rights Doc; South Dakota Parental Rights booklet
2018-2019 Panel Priority Area	Advisory Panel
Meeting Take Away For Annual Report	Advisory Panel
Discussion Advisory Panel meeting future location and dates	Advisory Panel
Next Meeting and Agenda Items	New Member Training (September 19) State Performance Plan/Annual Performance Report
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 Kristin.Jerome@state.sd.us or call 605-773-3678.

*Korner
grocery*



OCT 1 2018

Branding Iron Bistro

\$179.80 due on September 27, 2018

Invoice #000025
September 27, 2018

Customer

Kristin Jerome
kristin.jerome@sd.state.us

We appreciate your business.

Catering x 20 (\$8.99 ea.)	\$179.80
Sept 18	
Soup, Sandwich, cookie	

Subtotal	\$179.80
-----------------	-----------------

Total Due	\$179.80
------------------	-----------------

Branding Iron Bistro
 420 W Sioux Ave
 Suite 4, Pierre, SD 57501 United States
 brandingironbisto@icloud.com
 +1 (605) 494-3333

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: September 4th, 2018 Agency: South Dakota Game, Fish & Parks
Agency Address: 523 E. Capitol Ave Pierre, SD 57501
Agency Phone Number: (605) 773-3387
Employee Requesting Reimbursement: Kendyll Jones 154101
Total Amount of Reimbursement: \$1,158.58
Date(s) of Expense: August 1 - August 31
Event Leave Time: 5:00 AM Event Return Time: 10:00pm
Explanation of official business performed: Wildlife Conservation Officer Field Training Duties

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.

Kendyll Jones
Signature of Employee

September 4, 2018
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.

Kelly R. Hepler
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

K R Hepler
Signature of Department/Office Head

9/14/18
Date

State Board of Finance Approval

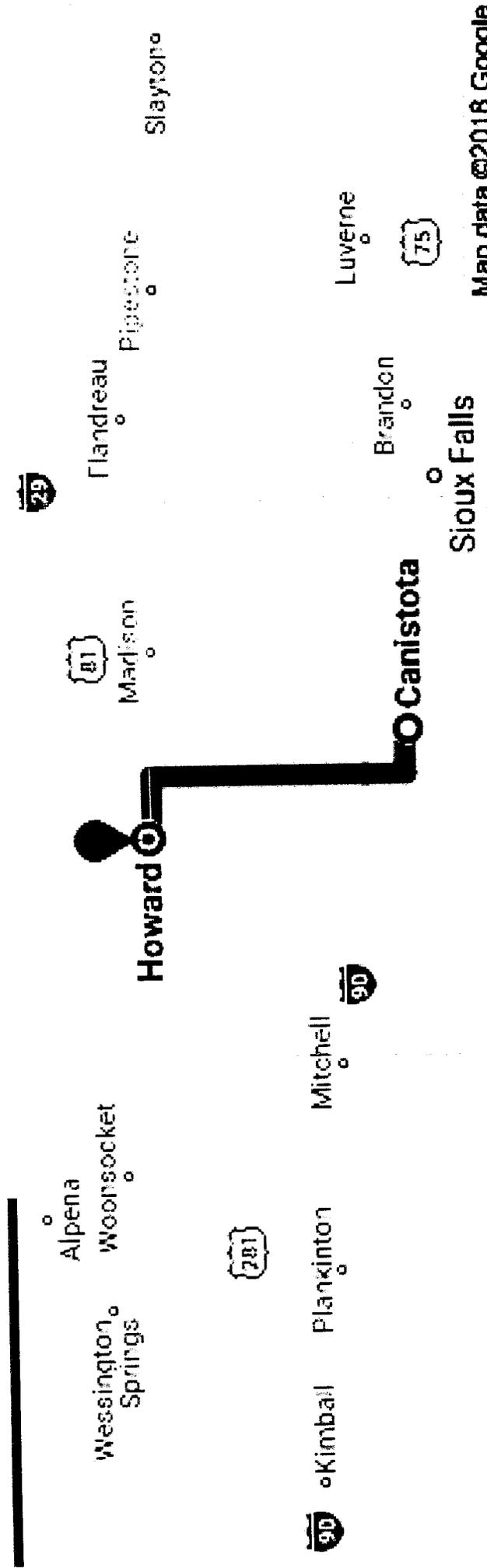
Approval Date: _____

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.

○ Canistota, South Dakota 57012

○ Howard, South Dakota 57349



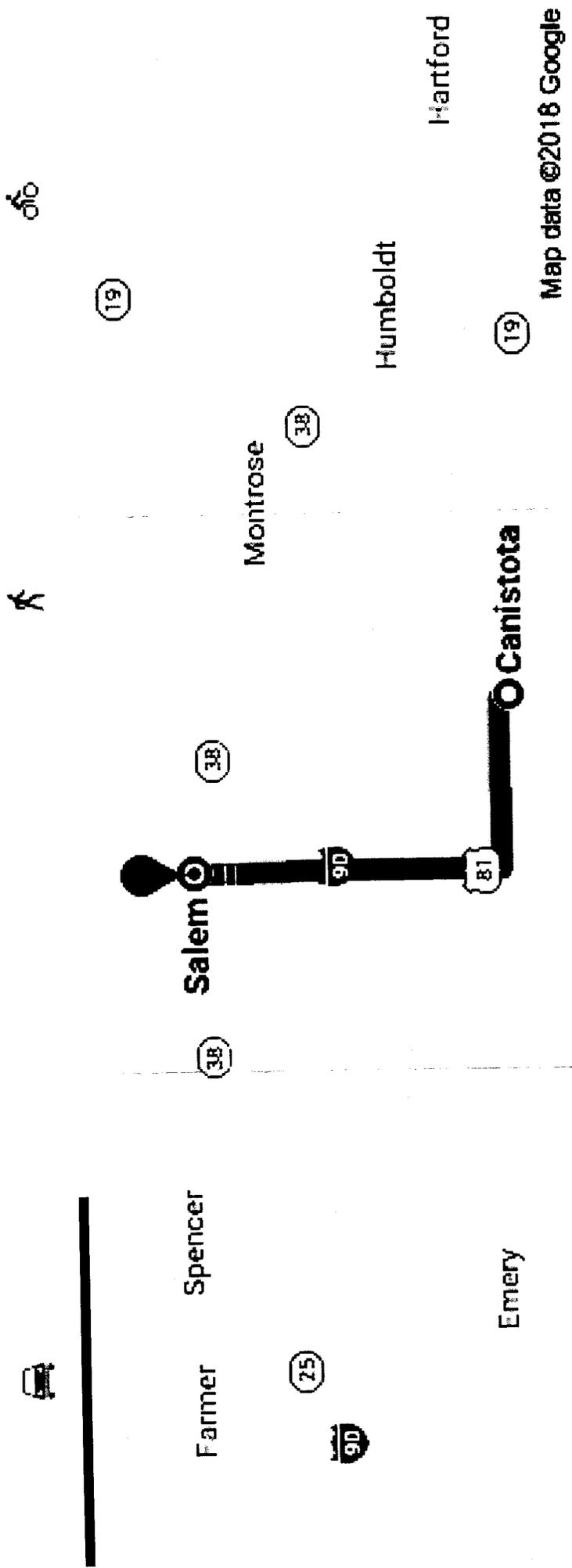
Map data ©2018 Google

43 min (40.3 mi) via US-81 N

 Directions

Canistota, South Dakota 57012

Salem, South Dakota 57058



Map data ©2018 Google

16 min (13.6 mi) via 261st St and US-81 N

 Directions

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: 9-04-2018 Agency: SD GF 3 P
Agency Address: 523 E Capitol Ave Pierre, SD 57501
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Daniel Dirks
Total Amount of Reimbursement: 1052.74
Date(s) of Expense: 08/01/2018 thru 08/31/2018
Event Leave Time: 5:30 AM Event Return Time: 9:00 PM
Explanation of official business performed:

Attending required field training (wildlife training officer program).

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

09-04-2018
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.

Kelly R. Hepler
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

9/14/18
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.

**STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL**

Name:		Employee #	Fed Code	State Code	Expense	License #	Mileage	Home Station			
Daniel Dirks		161443		AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES	X	IA 975 YZX	Claim If Personal Vehicle Was Used		Pierre		
Date Mo. Day	DESCRIPTION OF TRAVEL DESTINATION Miles, Misc. Expense, etc.	Time		Proj Code	State Code	Day Trip Meals	Overnight Meals	Miles	Amount Claimed	Lodging	Misc. Expense
		Leave	Return								
8/1	Flandreau-WTO Field Training	5:30AM		ST	LE		\$32.00				
8/2	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/3	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/4	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/5	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/6	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/7	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/8	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/9	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/10	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/11	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/12	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/13	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/14	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/15	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/16	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/17	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/18	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/19	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/20	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/21	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/22	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/23	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/24	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/25	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/26	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/27	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/28	Flandreau-WTO Field Training			ST	LE		\$32.00				
8/29	Flandreau to SD/IA Border (Paid Trip Home)	4:00PM		ST	LE		\$32.00	104.00	\$43.68		
8/30	Home			ST	LE		\$0.00				
8/31	SD/IA Border to Clark (WTO Field Training)		9:00PM	ST	LE		\$0.00	193.00	\$81.06		

PURPOSE OF TRAVEL: _____ Subtotals
 WTO Field Training

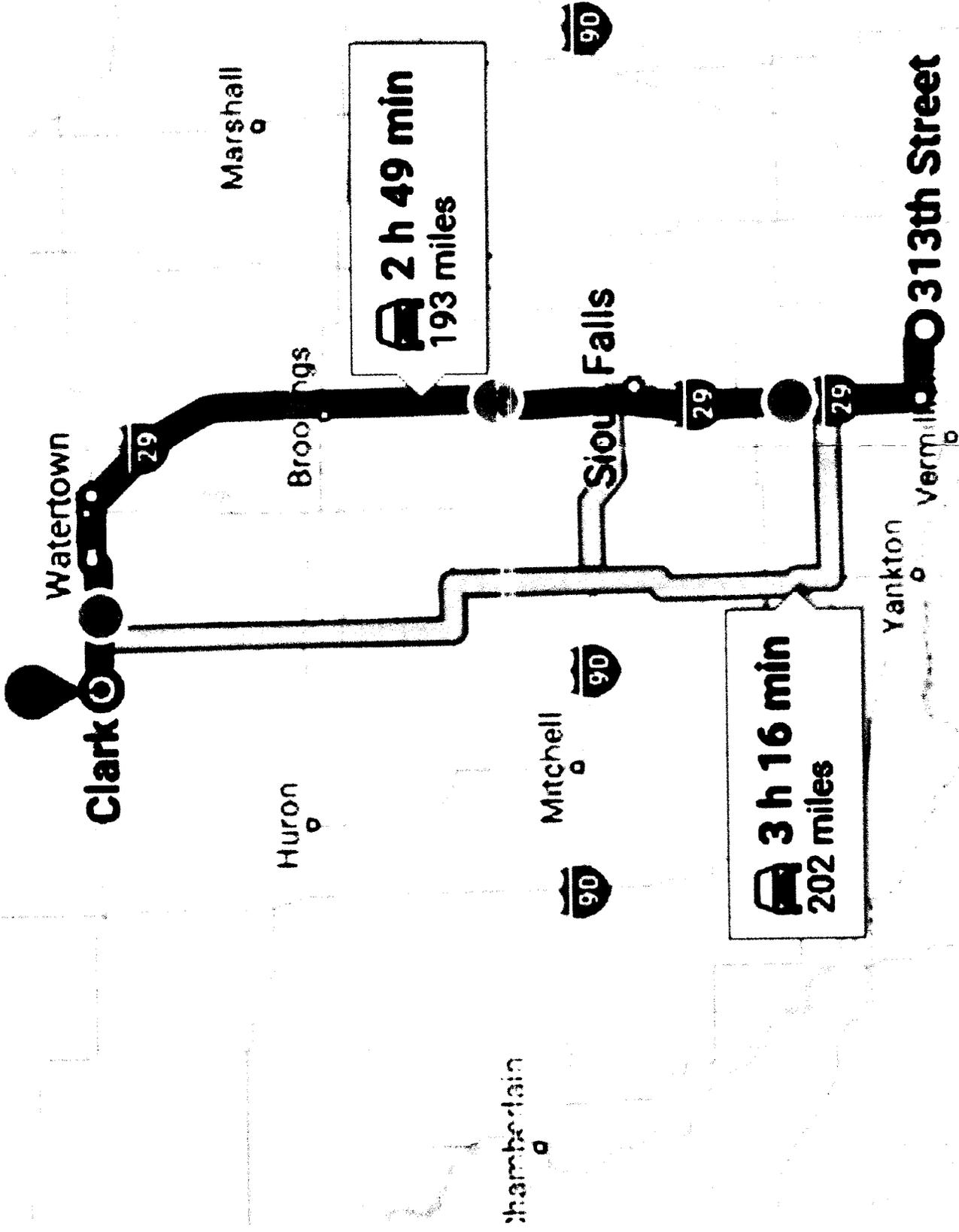
Taxable	\$0.00	\$928.00	297.00	Non taxable	\$124.74	\$0.00	\$0.00
Grand Total							\$1,052.74
Apply to Advance							
AMOUNT REIMBURSABLE							1,052.74

claim has been examined by me, and to the best of my knowledge and comply with the provision of the Civil Rights Act of 1964 and regulations to discrimination in Federally assisted programs.

Daniel Dirks 9-4-2018
 Claimant Date

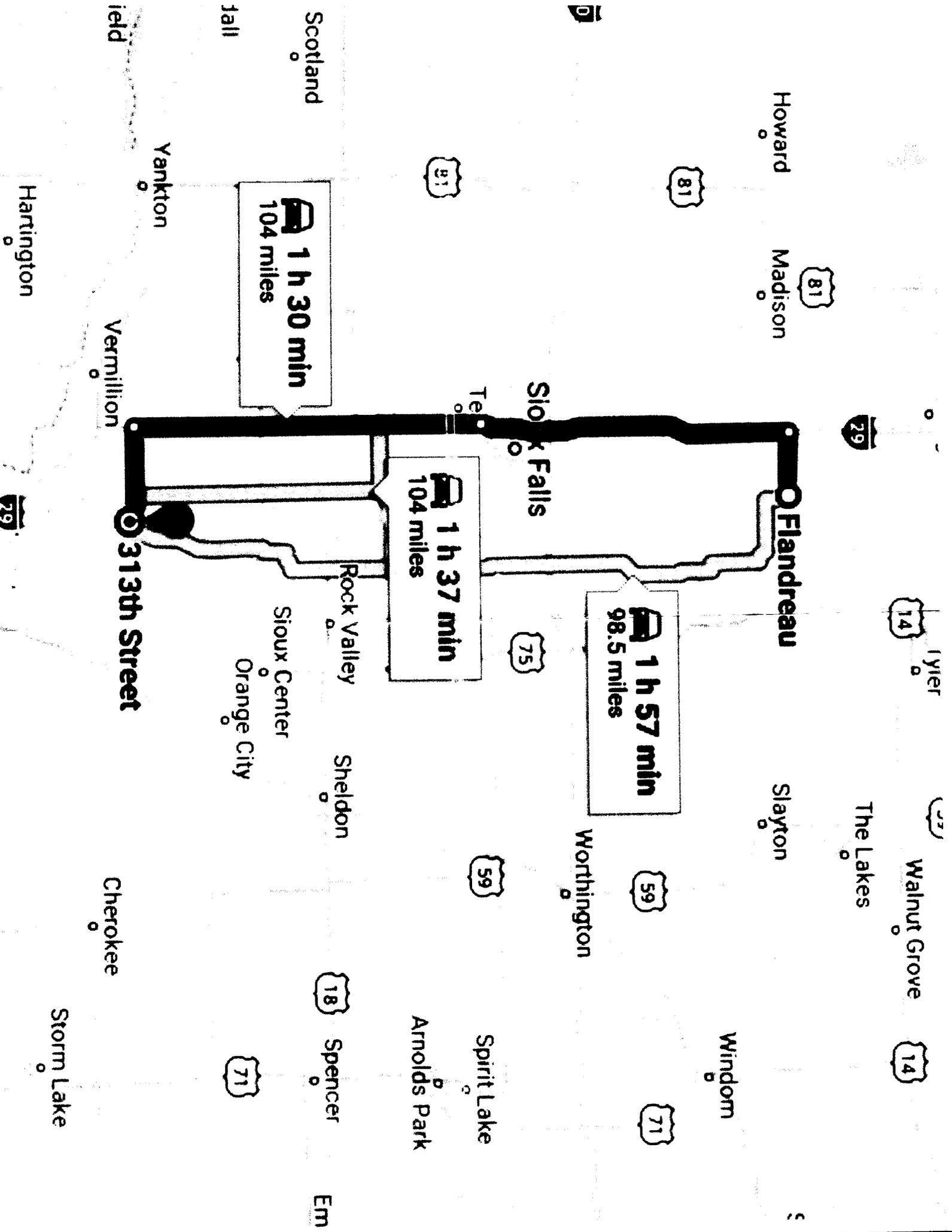
[Signature] 9/5/18
 Authorization Date

Willmar



F

Sioux City



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: 9/1/18 Agency: SD GF & P
Agency Address: 523 E. Capitol Ave, Pierre SD 57501
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Spencer Carstens
Total Amount of Reimbursement: \$1191.44
Date(s) of Expense: 8/1/18-8/31/18
Event Leave Time: 5:30 Am Event Return Time: 8:00pm
Explanation of official business performed: required LE field training

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

9/1/18
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.

[Signature]
Name of Department/Office Head

Dept Secretary
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

9/1/18
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.

**STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL**

Name:		Employee #	Fed Code	State Code	Expense	License #	Mileage	Home Station			
Spencer Carstens		159661		AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES	X	MN211-GLZ	Claim if Personal Vehicle Was Used	Pierre			
Date Mo. Day	DESCRIPTION OF TRAVEL DESTINATION Miles, Misc. Expense, etc.	Time		Proj Code	State Code	Day Trip Meals	Overnight Meals	Miles	Amount Claimed	Lodging	Misc. Expense
		Leave	Return								
8/1	Lemmon Field Training	5:30am		ST	LE	\$32.00					
8/2	Lemmon Field Training			ST	LE	\$32.00					
8/3	Lemmon Field Training			ST	LE	\$32.00					
8/4	Lemmon Field Training			ST	LE	\$32.00					
8/5	Lemmon Field Training			ST	LE	\$32.00					
8/6	Lemmon Field Training			ST	LE	\$32.00					
8/7	Lemmon Field Training			ST	LE	\$32.00					
8/8	Lemmon Field Training			ST	LE	\$32.00					
8/9	Lemmon Field Training		8pm	ST	LE	\$32.00					
8/10	Lemmon to Home	5:30am		ST	LE	\$6.00		234m	\$98.28		
8/11	Home										
8/12	Home										
8/13	Home										
8/14	Home										
8/15	Home to Lemmon		8pm	ST	LE	\$15.00		234m	\$98.28		
8/16	Lemmon Field Training	5:30AM		ST	LE	\$32.00					
8/17	Lemmon Field Training			ST	LE	\$32.00					
8/18	Lemmon Field Training			ST	LE	\$32.00					
8/19	Lemmon Field Training			ST	LE	\$32.00					
8/20	Lemmon Field Training			ST	LE	\$32.00					
8/21	Lemmon Field Training			ST	LE	\$32.00					
8/22	Lemmon Field Training			ST	LE	\$32.00					
8/23	Lemmon Field Training			ST	LE	\$32.00					
8/24	Lemmon Field Training			ST	LE	\$32.00					
8/25	Lemmon Field Training			ST	LE	\$32.00					
8/26	Lemmon Field Training			ST	LE	\$32.00					
8/27	Lemmon Field Training			ST	LE	\$32.00					
8/28	Lemmon Field Training			ST	LE	\$32.00					
8/29	Lemmon Field Training			ST	LE	\$32.00					
8/30	Lemmon to Sioux Falls			ST	LE	\$32.00		414.00	\$173.88		
8/31	Sioux Falls Field Training		8pm	ST	LE	\$32.00					

						Taxable			Non taxable		
						\$821.00	\$0.00	414.00	\$370.44	\$0.00	\$0.00

PURPOSE OF TRAVEL: _____

 Field Training

Subtotals
Grand Total 1191.44
 Apply to Advance
AMOUNT REIMBURSABLE 1191.44

claim has been examined by me, and to the best of my knowledge and comply with the provision of the Civil Rights Act of 1964 and regulations ndiscrimination in Federally assisted programs.

 Claimant Date 9-10-18

 Authorization Date 9/14/18

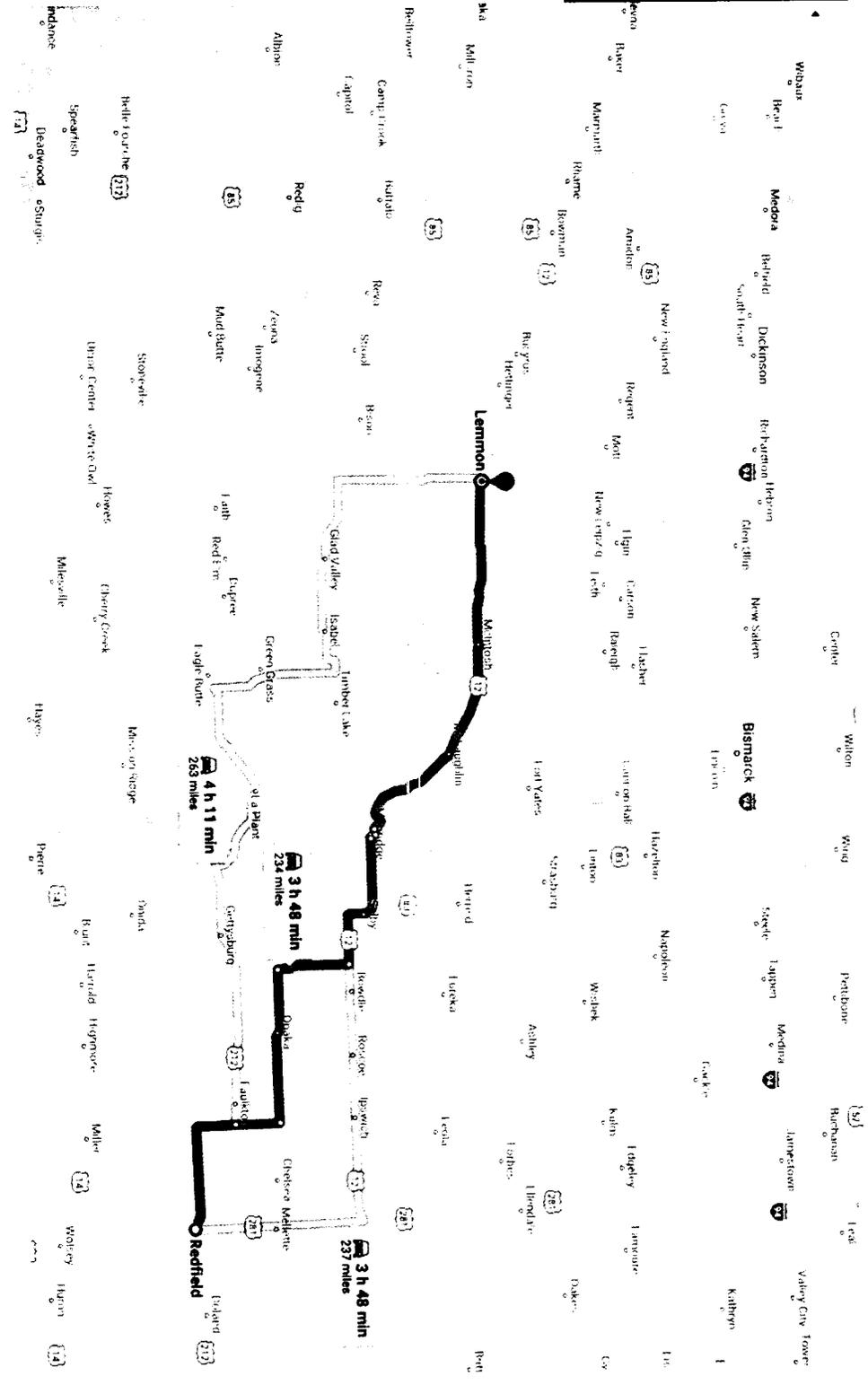
Redfield, South Dakota 57469

 Lemmon, South Dakota 57638

 Estimated time: 4 h 11 min

 OPTIONS

- via US-12 W
 3 h 48 min
- via US-281 N and US-12 W
 3 h 48 min
- via US-212 W
 4 h 11 min



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: 9-19-2018 Agency: Department of Labor and Regulation
Agency Address: 123 West Missouri Ave., Pierre, SD 57501
Agency Phone Number: 605-773-3101
Employee Requesting Reimbursement: see attached
Total Amount of Reimbursement: 41 x 10.75 = \$440.75
Date(s) of Expense: Sept 12-13 2018
Event Leave Time: 8:15am Event Return Time: 3:15pm
Explanation of official business performed: Unemployment Insurance Division Conference

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 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.

Marcia Hultman
Name of Department/Office Head

DLR Cabinet Secretary
Position/Title of Agency Official

M. Hultman
Signature of Department/Office Head

9-24-18
Date

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.

**SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
Unemployment Insurance Division**

**UI Conference
September 12th – 13th**

**Agenda
Breakout Sessions
Wednesday, September 12th
AmericInn Hotel and Convention Center
301 Centennial Street S
Aberdeen SD 57401**

**Agenda
Thursday, September 13th
AmericInn Hotel and Convention Center
301 Centennial Street S
Aberdeen SD 57401**

8:15 – 8:45 AM	Opening & Staff Introductions	Pauline Heier, UI Director
8:45 – 10:15 AM	Keynote Speaker	Brenda Clark Hamilton
10:15 – 10:30 AM	Break	
10:30 – 11:15 AM	Secretary Presentation	Marcia Hultman, Secretary
11:15 – 12:00 PM	LMIC	Dawn Dovre Melodee Lane
12:00 – 12:30 PM	Working Lunch	
12:30 – 1:15 PM	Worker's Compensation Wage and Hour	Tom Hart, Deputy Secretary
1:15 – 2:00 PM	Administrative Law Judges	Shannon George Larson Brian Underdahl
2:00 – 3:00 PM	Audit Discussion	Tax Program Reps Sarah Rust Jamie Garhart Rhonda Heilman Carmel Geffre Paula Wellman Chase Sievers
3:00 – 3:15 PM	Closing	

South Dakota Department of Labor and Regulation

Name of Meeting: UI Conference
Date: 13-Sep-18
Location: AmericInn Hotel
Meeting Hours: 8:00 AM - 5:00 PM
Explanation of Business: The conference is for the entire Unemployment Insurance Division and will include Tax, Collections and Fraud, Quality Assurance, and Benefits. Only individuals attending the whole day sessions will be participating in the working lunch.

<u>Attendees</u>	<u>Home-Duty Station</u>	<u>Sign-In Signature</u>
Marcia Hultman	1 Pierre	M Hultman
Tom Hart	2 Pierre	T Hart
Brian Underdahl	3 Pierre	B Underdahl
Dawn Dovre	4 Pierre	D Dawn Dovre
Sarah Petrik	5 Pierre	Sarah Petrik
Pauline Heier	6 Aberdeen	Pauline Heier
Scott Geffre	7 Aberdeen	Scott Geffre
Teri Zerr	8 Aberdeen	Teri Zerr
Rebecca Stoltenburg	9 Aberdeen	Rebecca Stoltenburg
Patsy McClure	10 Aberdeen	Patsy McClure
Amanda Steckelberg	11 Aberdeen	Amanda Steckelberg
Gena Sievers	12 Aberdeen	Gena Sievers
Sarah Rust	13 Sioux Falls	Sarah Rust
Dale Petrik	14 Sioux Falls	Dale Petrik
Jamie Garhart	15 Sioux Falls	Jamie Garhart
Bridgette French	16 Watertown	Bridgette French
Kyla Medley	17 Rapid City	Kyla Medley
Shawn Murra	18 Rapid City	Shawn Murra
Matt Pearson	19 Aberdeen	Matt Pearson
Paula Wellman	20 Aberdeen	Paula Wellman
Carla Zumbaum	21 Aberdeen	Carla Zumbaum
Jean Carrico	22 Aberdeen	Jean Carrico
Chase Sievers	23 Aberdeen	Chase Sievers
Shelley Roemmich	24 Aberdeen	Shelley Roemmich
Dan Nikolas	25 Aberdeen	Dan Nikolas
Marcia Miller	26 Rapid City	Marcia Miller
Julie Albano	27 Aberdeen	Julie Albano
Carmel Geffre	28 Aberdeen	Carmel Geffre
Misty Harr	29 Aberdeen	Misty Harr
Amy Mass Lien	30 Aberdeen	Amy Mass-Lien
Tammy Olson	31 Aberdeen	Tammy Olson
Joann Park	32 Rapid City	Joann Park
Kerry Schudt	33 Aberdeen	Kerry Schudt
Marcia Schwan	34 Aberdeen	Marcia Schwan
Nancy Shaner	35 Aberdeen	Nancy Shaner
Ladonna Zimmerman	36 Aberdeen	Ladonna Zimmerman

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

Application

Date: 09/28/18 Agency: SDRS
Agency Address: 222 E. Capitol Ave, Pierre, SD 57501
Agency Phone Number: 605-773-3731
Employee Requesting Reimbursement: _____
Total Amount of Reimbursement: \$341.00
Date(s) of Expense: 09/06/18
Event Leave Time: 8:30 a.m. Event Return Time: 3:00 p.m.
Explanation of official business performed: SDRS Board of Trustees Board meeting
Required staff and consultants to stay and not leave during lunch.

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 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.

Robert A. Wylie

Executive Director/Administrator

Name of Department/Office Head

Position/Title of Agency Official

Robert A. Wylie
Signature of Department/Office Head

9-28-18
Date

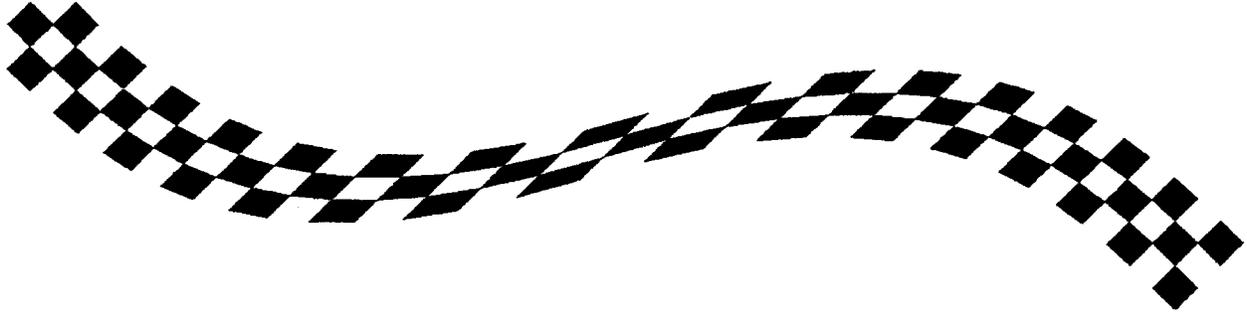
State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

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

Big Tom's Diner 1415 East Wells Avenue Pierre, SD 57501



SDRS

September 6, 2018

Lunches 341.00

Balance Due 341.00

Thank you.



Jill Olson

SDRS BOARD OF TRUSTEES LUNCH

September 6, 2018

Name

Eric Stroeder

Matt [unclear]

J. A. [unclear]

J. O. [unclear]

Laurie Gustafson

Roy Lindsay

Myra Johnson

Kim [unclear]

Kathy [unclear]

John [unclear]

Doug Fiddler

Paul [unclear]

Julie [unclear]

Lois [unclear]

June [unclear]

Jan Ben

Ed [unclear]

Sammy [unclear]

Travis [unclear]

Justin [unclear]

JAMES [unclear]

Deon Smith

Matt [unclear]

Karl Alberts

Michelle [unclear]

Isaac [unclear]

Chris [unclear]

Rob [unclear]

Penny Brunton

Name

Jane Larson

Mike Studebaker

SOUTH DAKOTA STATE EMPLOYEE LODGING PER DIEM RATES

2018 October Board of Finance Meeting

- South Dakota Hotel & Lodging Association is requesting to increase the state lodging rate to 80% of the federal lodging rate.

Recent History

- **December 2017**– Board of Finance considered 9 year federal lodging rates history provided by SDHLA and the cost projections provided by Bureau of Finance & Management. No action taken and the request was deferred until the revenue and budget projections were more favorable.
- **November 2017** – SDHLA again met with Board of Finance to request increase. Board of Finance asked SDHLA to provide history of federal lodging rates for the past 10 years. BFM representative on Board of Finance said he would bring cost projections to next meeting.
- **July 2017** – SDHLA again requested increase and suggested tying to federal rates. Board of Finance suggested having another discussion at November meeting to discuss prior to Governors budget address.

- **February 2017**

Action regarding state rate lodging increase was discussed. Liza Clark gave the following information regarding state rate lodging increases based on the following rates:

- Rate increased to \$91.00 which is the current federal rate the following funds will be spent:
 - \$1.6 million for total funds
 - \$420,000 for general funds
- Rate at \$81.90 the following funds will be spent if increased:
 - \$1.2 million for total funds
 - \$300,000 for general funds
- Rate at \$77.00 the following funds will be spent if increased:
 - \$952,000 for total funds
 - \$250,000 for general funds
- Rate at the summer rate for year round, which is \$70, the following funds will be spent:
 - \$581,000 for total funds
 - \$154,000 for general funds

Given the current budget situation, it was agreed to hold off until July 2017 to re-evaluate an increase for the state rate lodging at that time.

- **January 2017** – SDHLA requested increase that would tie state rates to federal rate. There was indication of support from some Board of Finance members for doing so - in order to make future changes automatic. Asked SDHLA to come to February meeting to again discuss.
- **Jan 1, 2015 - Rate increased from \$50 to \$55 (Sep–May) and to \$70 (June – Aug) – This rate still in effect, January 2018**
- **December 2012** - \$55 request by SDHLA denied

- **July 1, 2012 - Rate increased from \$46.50 to \$50.00** (with suggestion by Board of Finance to review in more timely manner so increases are gradual)
- **November 2009 - \$49 request by SDHLA denied**
- **July 1, 2007 Rate increased from \$45.00 to \$46.50**

Why is Federal Rate a Good Tool to Use?

GSA Has Determination Process

Historically, GSA has worked with federal agencies, travelers, and the travel industry to improve the process of establishing federal lodging per diem rates. Since fiscal year 2005, **lodging per diem rates are based on average daily rate (ADR) data, which is a widely accepted lodging-industry measure**

Which is based upon a property's room rental revenue divided by the number of rooms rented as reported by the hotel property to the contractor.

A. Property Selection Criteria

Part of the GSA's per diem methodology for determining market rates involves collecting average daily rate (ADR) data from specific properties that meet the GSA criteria. The ADR is a widely accepted lodging-industry measure based upon a property's room rental revenue divided by the number of rooms rented as reported by the hotel property to our contractor, Smith Travel Research (STR). This calculation provides GSA with the average rate that rooms rent in a given area.

Our criteria includes geography (i.e., ZIP codes to which federal employees travel), fire-safe certification, and various property demographics. **STR ranks properties into luxury, upper upscale, upscale, mid-scale, and economy categories. The goal of the selection criteria is to choose properties best representing mid-range hotels in each market.**

B. Time Frame of Data

For the FY 2019 per diem study, GSA used ADR data generated from April 2017 to March 2018.

C. Seasonality

To better represent seasonal rate fluctuations, GSA has created seasonal rate periods in many markets where there is a sustained period (two or more months in length) where rates (ADR) are different from the preceding or following period by at least 15%. If there is an ADR difference between 10 and 14% of a sustained period and the occupancy rate level for this same period is 70% or more, this period also becomes a season. Once a season has been defined, the ADR for all seasons is computed using the current lodging data ending in March. GSA uses the same properties for rates and seasonal determination; however, three years' worth of data is used to determine seasons.

Federal Rate Doesn't Mean an Increase in All Areas

The Federal Rate is lower in several South Dakota Markets for the second year in a row.

- Custer / Fall River Counties Peak Season – 2017: \$136, 2018: \$133, 2019: \$114
- Pennington County in June – 2017: \$131, 2018: \$148, 2019: \$94
- Sturgis is no longer has higher than standard peak season rates – 2018: \$124, 2019: \$94

2019 Neighboring State Rates

Some of our neighboring states have adopted the Federal Rate or a percentage of the Federal rate for their state employees:

Montana	\$94.00	Federal rate entire year
North Dakota	\$84.60	90% of GSA rate (\$94)
Iowa	\$65.00	Agreements made with hotels - some up to \$120
Nebraska	Cost	
Wyoming	\$94.00	Can't exceed federal rate - but is set by Governor
Minnesota	Cost	Actual reasonable costs

Other Factor to Consider

Many hotels offer continental breakfast, a money saving measure for the state as it reduces the per diem spending.

Dowling, Kayla

From: Bray, Teresa
Sent: Wednesday, September 12, 2018 3:11 PM
To: Jasper Diegel
Cc: Dowling, Kayla; Bray, Teresa
Subject: RE: [EXT] October 16, 2018 Board of Finance

Thank you for your email Jasper. We will be sure to add this to the October Board of Finance agenda.

Teresa

Teresa J. Bray

Deputy Secretary of State, General Services
Office of the Secretary of State
500 E. Capitol Ave., Suite 204, Pierre, SD 57501
(605) 773-5002
Email: Teresa.Bray@state.sd.us
Website: <http://sdsos.gov>

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.

From: Jasper Diegel <jasper@sdhla.com>
Sent: Wednesday, September 12, 2018 3:01 PM
To: Bray, Teresa <Teresa.Bray@state.sd.us>
Cc: Katie Sieverding <katie@lancastermanagementgroup.com>
Subject: [EXT] October 16, 2018 Board of Finance

Hi Teresa,

I am emailing you on behalf of the South Hotel & Lodging Association to request that state rates for lodging are added to the October 16 agenda. I will have all documents to you before October 8. Please let me know if you have any questions.

Thank you.

Jasper Diegel, Executive Director
SD Hotel & Lodging Association

**Federal Lodging Rates
FY 2010 - FY 2018**

Primary Destination	County	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 2010													
Standard Rate	Applies for all locations without specified rates	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$70
Hot Springs	Custer County / Fall River County	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$94	\$94	\$94	\$70
Rapid City	Pennington County	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$118	\$118	\$118	\$70
Sturgis / Spearfish	Butte County / Lawrence County / Meade County	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$99	\$99	\$99	\$99	\$70
FY 2011													
Standard Rate	Applies for all locations without specified rates	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77
Hot Springs	Custer County / Fall River County	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$101	\$101	\$101	\$77
Rapid City	Pennington County	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$121	\$121	\$121	\$77
Sturgis / Spearfish	Butte County / Lawrence County / Meade County	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$108	\$108	\$108	\$77
FY 2012													
Standard Rate	Applies for all locations without specified rates	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77
Hot Springs	Fall River and Custer	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$110	\$110	\$110	\$77
Rapid City	Pennington	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$126	\$126	\$126	\$77
Sturgis / Spearfish	Meade, Butte and Lawrence	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$114	\$114	\$114	\$77
FY 2013													
Standard Rate	Applies for all locations without specified rates	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77
Hot Springs	Fall River and Custer	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$110	\$110	\$110	\$77
Rapid City	Pennington	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$126	\$126	\$126	\$77
Sturgis / Spearfish	Meade, Butte and Lawrence	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$114	\$114	\$114	\$77
FY 2014													
Standard Rate	Applies for all locations without specified rates	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77
Hot Springs	Fall River and Custer	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$110	\$110	\$110	\$77
Rapid City	Pennington	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$126	\$126	\$126	\$77
Sturgis / Spearfish	Meade, Butte and Lawrence	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$114	\$114	\$114	\$77
FY 2015													
Standard Rate	Applies for all locations without specified rates	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$83
Hot Springs	Fall River and Custer	\$85	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$119	\$119	\$119	\$85
Rapid City	Pennington	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$131	\$131	\$131	\$83
Sturgis / Spearfish	Meade, Butte and Lawrence	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$108	\$108	\$108	\$83
FY 2016													
Standard Rate	Applies for all locations without specified rates	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$83
Hot Springs	Fall River / Custer	\$89	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$128	\$128	\$128	\$89
Rapid City	Pennington	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$133	\$133	\$133	\$83
Sturgis / Spearfish	Meade / Butte / Lawrence	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$83	\$113	\$113	\$113	\$83
FY 2017													
Standard Rate	Applies for all locations without specified rates	\$89	\$89	\$89	\$89	\$89	\$89	\$89	\$89	\$89	\$89	\$89	\$89
Hot Springs	Fall River / Custer	\$93	\$89	\$89	\$89	\$89	\$89	\$89	\$89	\$126	\$126	\$126	\$93
Rapid City	Pennington	\$89	\$89	\$89	\$89	\$89	\$89	\$89	\$89	\$137	\$137	\$137	\$89
Sturgis / Spearfish	Meade / Butte / Lawrence	\$89	\$89	\$89	\$89	\$89	\$89	\$89	\$89	\$126	\$126	\$126	\$89
FY 2018													
Standard Rate	Applies for all locations without specified rates	\$91	\$91	\$91	\$91	\$91	\$91	\$91	\$91	\$91	\$91	\$91	\$91
Hot Springs	Fall River / Custer	\$93	\$91	\$91	\$91	\$91	\$91	\$91	\$91	\$136	\$136	\$136	\$93
Rapid City	Pennington	\$91	\$91	\$91	\$91	\$91	\$91	\$91	\$91	\$131	\$131	\$131	\$131
Sturgis / Spearfish	Meade / Butte / Lawrence	\$91	\$91	\$91	\$91	\$91	\$91	\$91	\$91	\$142	\$142	\$142	\$91
FY 2019													
Standard Rate	Applies for all locations without specified rates	\$93	\$93	\$93	\$93	\$93	\$93	\$93	\$93	\$93	\$93	\$93	\$93
Hot Springs	Fall River / Custer	\$98	\$93	\$93	\$93	\$93	\$93	\$93	\$93	\$133	\$133	\$133	\$98
Rapid City	Pennington	\$93	\$93	\$93	\$93	\$93	\$93	\$93	\$93	\$148	\$148	\$148	\$93
Sturgis / Spearfish	Meade / Butte / Lawrence	\$93	\$93	\$93	\$93	\$93	\$93	\$93	\$93	\$124	\$124	\$124	\$124



South Dakota Retailers Association
P.O. Box 638
320 East Capitol
Pierre, SD 57501

TO: State Board of Finance
c/o Secretary of State's Office
500 E. Capitol Ave.
Pierre, SD 57501-2536

FROM: Gary Cammack, President, SDRA Board of Directors

DATE: September 26, 2018

SUBJECT: Proposed Increase for In-State Per Diem Rates

On behalf of the South Dakota Retailers Association, I would like to express our support for increasing the maximum rate the State of South Dakota will pay for lodging for employees who are traveling on State business. The South Dakota Hotel and Lodging Association has requested that the state rate be set at 80% of the federal traveler per diem rate, and we believe this is a reasonable adjustment.

Since the current state rate went into effect on January 1, 2015, the costs to operate a lodging establishment have risen. For example, South Dakota's minimum wage is linked to the Consumer Price Index and increases every year on January 1st. On January 1, 2019 the minimum wage rate in South Dakota rises to \$9.10 per hour. The rate of state sales and use tax that lodging establishments pay for the purchase of the supplies, materials, equipment and services used by the facility – such as furniture, bedding, TVs, toiletries, ice buckets, ice machines, coffee pots and laundry supplies - rose from 4.0% to 4.5% in 2016. Due to the imposition of tariffs, our lodging establishments are also looking at potential increases in construction costs, and higher prices for purchasing some items such as washing machines.

Given changing market conditions and rising costs for the lodging industry, we do not believe the current rates are adequate and respectfully ask for your support of this increase.

Cc South Dakota Hotel and Lodging Association
Terry Van De Walle, WR Hospitality; SDRA Board of Directors

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.3

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: 9/4/2018 Agency: DCT

Agency Address: 1444 Fountain Plaza Dr, Rapid City, SD

Agency Phone Number: 605-394-2258

Employee Requesting Reimbursement: Scott Dirkes

Total Amount of Reimbursement: \$120⁰⁰

Date(s) of Expense: 8-4-2018 thru 8-11-2018

Event Leave Time: 6PM Event Return Time: 3AM

Explanation of official business performed: Worked Sturgis Rally shift, 6PM-3AM, for eight nights. During shift I could not return home for meals. Sturgis is approximately 90 miles from my home/leaving station

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

9/4/2018
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.

Name of Department/Office Head

Position/Title of Agency Official

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 to voucher to be sent to the State Auditor's Office.

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.3

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: 8-28-18 Agency: DCF

Agency Address: 1444 Fountain Plaza Drive RC SD

Agency Phone Number: 605-344-2258

Employee Requesting Reimbursement: Jeff Groble

Total Amount of Reimbursement: 120.⁰⁰

Date(s) of Expense: 8-4-18 through 8-11-18

Event Leave Time: 6pm Event Return Time: 3AM

Explanation of official business performed: Worked Rally shift starting at 6pm and returned at 3AM. During shift I could not return home for a meal. Sturgis is 40 miles from my duty station.

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.

Jeff Groble
Signature of Employee

8-28-18
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.

Name of Department/Office Head

Position/Title of Agency Official

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 to voucher to be sent to the State Auditor's Office.

Home Station Per Diem Reimbursement Request - SDCL 3-9-2.3

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: 9/5/18 Agency: DCT
Agency Address: 1444 Fountain Plaza Dr. R.C. SD 5702
Agency Phone Number: (605) 394-2258
Employee Requesting Reimbursement: Bob Palmer
Total Amount of Reimbursement: \$ 135.00
Date(s) of Expense: 08/09/18 thru 08/11/18
Event Leave Time: 7:00 PM Event Return Time: 6:00 AM

Explanation of official business performed: During the Sturgis motorcycle rally I was assigned to ride with Meade County Investigator for the duration of the rally. Due to the event and location, I was unable to return home for meals throughout the rally.

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

9/5/18
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.

Name of Department/Office Head

Position/Title of Agency Official

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 to voucher to be sent to the State Auditor's Office.

Debt Writeoff 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 on the Thursday prior to the Board of Finance meeting. 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: Adam Rosheim University of South Dakota

Requested Writeoff Amount: \$16,439.02 Date Debt Became Delinquent: 09/30/2016

Original Amount of Debt: \$16,439.02 Current Amount Due: \$16,439.02

Collection Efforts History: _____

Multiple emails and invoices to Mid-Central Coop, beginning 10/22/15

Grant fund – original agreement was that payment was to be made in two payments. Second payment was never made after State Department of Education cancelled Gear Up contract on 9/16/15. Contract dates were 10/01/2014 - 09/30/2015/

Reason for not referring to a collection agency: Agency dissolved

Reason for writeoff request: Dissolution of funding agency

Fiscal Officer Contact Information

Signature: 

Name: Adam Rosheim Agency/Institution: University of South Dakota

Address: 414 East Clark St. Vermillion, SD 57069
605-677-6839

Telephone: _____

Email: adam.rosheim@usd.edu

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

**Mid-Central Education Cooperative
PO Box 228
Platte, SD 57369
Service Agreement
#MCEC2015-GUUSD**

**Mid Central Ed Cooperative
612 S. Main Street
PO Box 228
Platte, SD 57369**

**University of South Dakota
Government Research Bureau
Attn: Kelly Duncan
414 E. Clark Street
Vermillion, SD 57069**

(Hereinafter referred to as Agency)

(Hereinafter referred to as Provider)

The Provider hereby enters into an Agreement for Services with the Agency.

Dates for Services will be October 1, 2014 through September 30, 2015.

I. The Provider:

- A. Update program logic model.
- B. Work with Gear Up Technical Advisor to acquire and analyze data from existing sources including attendance, grade promotion, course performance, graduation rates, GPA and performance scores on the Think Through Math (TTM) and Reading Plus (RP) systems.
- C. Develop multiple survey instruments, input any data from hard copy surveys and analyze collected survey data.
- D. Work with Gear Up Technical Advisor in updating data collection plan based on current (aggregate data). The plan should include Qualitative and Quantitative data collection.
- E. Conduct two focus groups: one with student participants in the summer program (end of June, 2015) and the second with Gear Up stakeholders (teachers, program implementers, etc.) (February, 2015) to collect qualitative information.
- F. Attend spring Site Coordinator meeting.
- G. Provide monthly updates on progress of evaluation report.
- H. Write a formative evaluation of the program that includes level of implementation, documents the process of service delivery, and provides updates (baseline, benchmarks, & targets) on project objective outcomes with a comparison to non-GU students (quasi-experimental). Draft and final reports to be reviewed by the advisory board.
- I. Follow attached Timeline and Deliverables as per the RFP (attachment a).

II. The Agency:

The Agency is responsible for providing timely feedback on survey instruments and draft reports. The Agency is also responsible for providing collected data necessary for analysis, as per approved data collection plan, in a timely manner.

The Agency will make two split payments to the Provider for services. The first half of payment will be made on April 20th, 2015, initiated with an invoice documenting activities. The final payment will be made upon satisfactory completion of work and reports. The total contract is not to exceed \$43,690.

General Provisions.

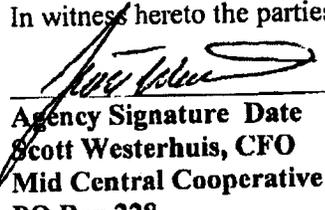
- A. Amendments. Any changes, modifications, revisions, or amendments to this Contract which are mutually agreed upon by the parties to this Contract shall be incorporated by written instrument, executed and signed by all parties to this Contract.
- B. Applicable Law/Venue. The construction, interpretation, and enforcement of this Contract shall be governed by the laws of the State of South Dakota. The Courts of the State of South Dakota shall have jurisdiction over this Contract and the parties.
- C. Assignment/Contract Not Used as Collateral. Neither party shall assign or otherwise transfer any of the rights or delegate any of the duties set out in this Contract without the prior written consent of the other party. The Provider shall not use this Contract, or any portion thereof for collateral for any financial obligation without the prior written permission of the Agency.
- D. Audit/Access to Records. The Agency and its representatives shall have access to any books, documents, papers, electronic data and records of the Provider which are pertinent to this Contract.
- E. Availability of Funds. Each payment obligation of the Agency is conditioned upon the availability of government funds which are appropriated or allocated for the payment of this obligation. If funds are not allocated and available for continued performance of the Contract, the Contract may be terminated by the Agency at the end of the period for which the funds are available. The Agency shall notify the Provider at the earliest possible time of the services which will or may be affected by a shortage of funds. No penalty shall accrue to the Agency in the event this provision is exercised, and the Agency shall not be obligated or liable for any future payments due or for any damages as a result of termination under this section. This provision shall not be construed to permit the Agency to terminate this Contract to acquire similar services from another party.
- F. Award of Related Contracts. The Agency may award supplemental or successor contracts for work related to this Contract. The Provider shall cooperate fully with other Providers and the Agency in all such cases.
- G. Compliance with Laws. The Provider shall keep informed of and comply with all applicable federal, state, and local laws and regulations in the performance of this Contract.
- H. Confidentiality of Information. All documents, data compilations, reports, computer programs, photographs, data and other work provided to or produced by the Provider in the performance of this Contract shall be kept confidential by the Provider unless written permission is granted by the Agency for its release. If and when Provider receives a request for information subject to this Contract, Provider shall notify Agency within ten (10) days of such request and not release such information to a third party unless directed to do so by Agency.
- I. Extensions/Renewals. Nothing in this Contract shall be interpreted or deemed to create an expectation that this Contract will be extended beyond the term described herein.
- J. Force Majeure. Neither party shall be liable for failure to perform under this Contract if such failure to perform arises out of causes beyond the control and without the fault or negligence of the nonperforming party. Such causes may include, but are not limited to, acts of God or the public enemy, fires, floods, epidemics, quarantine restrictions, freight embargoes, and unusually severe weather. This provision shall become effective only if the party failing to perform immediately notifies the other party of the extent and nature of the problem, limits delay in performance to that required by the event, and takes all

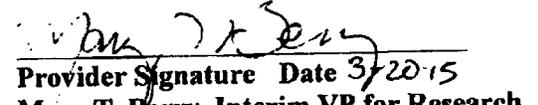
reasonable steps to minimize delays. This provision shall not be effective unless the failure to perform is beyond the control and without the fault or negligence of the nonperforming party.

- K. **Independent Contractor.** The Provider shall function as an independent contractor for the purposes of this Contract and shall not be considered an employee of the Agency for any purpose. Consistent with the express terms of this Contract, the Provider shall be free from control or direction over the details of the performance of services under this Contract. The Provider shall assume sole responsibility for any debts or liabilities that may be incurred by the Provider in fulfilling the terms of this Contract and shall be solely responsible for the payment of all federal, state, and local taxes which may accrue because of this Contract. Nothing in this Contract shall be interpreted as authorizing the Provider or its agents and/or employees to act as an agent or representative for or on behalf of the Agency or to incur any obligation of any kind on the behalf of the Agency. The Provider agrees that no health/hospitalization benefits, workers' compensation, unemployment insurance, and/or similar benefits available to Agency employees will inure to the benefit of the Provider or the Provider's agents and/or employees as a result of this Contract.
- L. **Notices.** All notices arising out of, or from, the provisions of this Contract shall be in writing either by regular mail, facsimile, e-mail or delivery in person at the address provided under this Contract.
- M. **Ownership and Destruction of Documents/Information.** Agency owns all documents, data compilations, reports, computer programs, photographs, data and other work provided to or produced by the Provider in the performance of this Contract. Upon termination of services, for any reason, Provider agrees to return all such original and derivative information/documents to the Agency in a useable format. In the case of electronic transmission, such transmission shall be secured. The return of information by any other means shall be by a parcel service that utilizes tracking numbers. Upon Agency's verified receipt of such information, Provider agrees to physically and electronically destroy any residual Agency-owned data, regardless of format, and any other storage media or areas containing such information. Provider agrees to provide written notice to Agency confirming the destruction of any such residual Agency-owned data. Provider retains the right to publish findings obtained during Contract after obtaining agency and grant advisory board approval.
- N. **Termination of Contract.** This Contract may be terminated, without cause, by the Agency upon thirty (30) days written notice. This Contract may be terminated by the Agency immediately for cause if the Provider fails to perform in accordance with the terms of this Contract.
- O. **Third Party Beneficiary Rights.** The parties do not intend to create in any other individual or entity the status of third party beneficiary, and this Contract shall not be construed so as to create such status. The rights, duties, and obligations contained in this Contract shall operate only between the parties to this Contract and shall inure solely to the benefit of the parties to this Contract. The provisions of this Contract are intended only to assist the parties in determining and performing their obligations under this Contract.

This contract contains the entire agreement between the parties, and is subject to and will be constructed under the laws of the State of South Dakota, and may be amended only in writing signed by both parties.

In witness hereto the parties signify their agreement by signature affixed below:


Agency Signature Date 3-20-15
Scott Westerhuis, CFO
Mid Central Cooperative
PO Box 228
Platte, SD 57369


Provider Signature Date 3/20/15
Mary T. Berry, Interim VP for Research
University of South Dakota
414 E. Clark Street
Vermillion, SD 57069

Attachment A

V. TIMELINE AND DELIVERABLES

- September 2014:*
1. Evaluator presents Advisory Committee with Draft Evaluation and Data Collection Plans; including QE design with specific details on the establishment of treatment and control groups, and specific dates for the delivery of preliminary and final draft reports and proposed content.
 2. SDGU Grant Advisory Committee reviews plan(s).
 3. Evaluator finalizes plan(s).
- April 30, 2015:* Evaluator provides SDGU Grant Advisory Committee with first preliminary project status report.
- August 15, 2015:* Evaluator provides SDGU Grant Advisory Committee with preliminary draft of final formative evaluation.
- September 15, 2015:* Evaluator provides SDGU Grant Advisory Committee with final formative evaluation report for the 2014-2015 grant year.
- Monthly:* Evaluator participates in monthly face-to-face SDGU Grant Advisory Committee meetings and provides status updates on data collection and data analysis.
- Quarterly:* Evaluator presents SDGU data to project management and other stakeholders (see Appendix I for SDGU performance indicators).

Koehn, Janet L

From: Nordyke, Shane A
Sent: Monday, October 19, 2015 1:45 PM
To: Koehn, Janet L
Subject: RE: Status of Projects
Attachments: GEAR UP Program Report 2015.pdf

Jan,

Highway Safety Plan is completed and can be billed. As is GearUp (running through Ed school, final report attached).
Harrisburg will finish up this month. I'll send you the final report as soon as it is completed.

Thanks,
Shane

Shane Nordyke, Ph.D.
Associate Professor of Political Science Director, Government Research Bureau University of South Dakota Vermillion, SD
57069 Shane.Nordyke@usd.edu
(605)677-6663

From: Koehn, Janet L
Sent: Friday, October 16, 2015 1:58 PM
To: Nordyke, Shane A
Subject: Status of Projects

Hi Shane,
Can you tell me if you have completed the City of Harrisburg Community Survey project and the FY16 Highway Safety Plan project yet? If not, will you let me know when you expect to have them completed so I can plan to invoice them accordingly? Thanks, Jan

Jan Koehn
Grants Specialist
Email janet.koehn@usd.edu
605-677-7225



INVOICE

University of South Dakota
414 E. Clark
Vermillion, SD 57069-2390

email = 0
COPY *to Stephanie Hubers*
10/22/15

TO: Mid Central Education Cooperative
Stephanie Hubers
612 South Main/ PO Box 228
Platte, SD 57369

Invoice Number: 240457-02
Invoice Date: 10/22/15
Index: 241027
Fund: 240457
Grant ID: UA1500055

		AMOUNT	
Service Agreement #MCEC2015-GUUSD SD GEARUP Evaluation & Proposal		Current	Cumulative
For Invoice Period: 05/01/15 - Completion			
Second 1/2 Payment for completed activities		21,845.00	43,690.00
Total		21,845.00	43,690.00
TOTAL DUE ON THIS INVOICE		\$ 21,845.00	
Please send payment to: University of South Dakota Attn: Ileen Weisser Grants Accounting - 105 Slagle 414 East Clark Street Vermillion, SD 57069 e-mail: janet.koehn@usd.edu phone: 605-677-6848 fax: 605-677-6936		Budget	\$43,690.00
		Expenses	\$21,845.00
		Remaining Balance	\$21,845.00

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.

Signed _____ Title Grants Specialist Date _____

Jan Koehn

PLEASE MAKE CHECKS PAYABLE TO 'THE UNIVERSITY OF SOUTH DAKOTA'

Please return a copy of this invoice with your remittance to insure proper credit.

Koehn, Janet L

From: Koehn, Janet L
Sent: Monday, December 07, 2015 1:08 PM
To: Bartling, Jerald; Weisser, Ileen; Brunick, Shelley
Subject: FW: USD Final Invoice fro Agreement #MCEC2015-GUUSD

FYI

From: Hubers, Stephanie [mailto:Stephanie.Hubers@k12.sd.us]
Sent: Monday, December 07, 2015 1:05 PM
To: Koehn, Janet L <Janet.Koehn@usd.edu>
Subject: RE: USD Final Invoice fro Agreement #MCEC2015-GUUSD

Hi Janet,

As of now all GEAR UP invoices have been put on hold until the transition takes place. Once I have more information I will let you know.

Stephanie A Hubers

Business Manager
Mid Central Educational Cooperative
612 South Main Avenue
PO Box 28
Platte SD 57369
Phone: 605.337.2636
Fax: 605.337.2271
Cell: 605.680.1055

From: Koehn, Janet L [mailto:Janet.Koehn@usd.edu]
Sent: Monday, December 7, 2015 10:59 AM
To: Hubers, Stephanie <Stephanie.Hubers@k12.sd.us>
Subject: FW: USD Final Invoice fro Agreement #MCEC2015-GUUSD
Importance: High

Hi Stephanie,
We haven't yet received the final payment for this project – can you let me know what the status is? Thanks, Jan

From: Koehn, Janet L
Sent: Thursday, October 22, 2015 9:26 AM
To: Stephanie.Hubers@k12.sd.us
Cc: 'Brown, Catrina' <Catrina.Brown@k12.sd.us>
Subject: USD Final Invoice fro Agreement #MCEC2015-GUUSD

Hi Stephanie,
Attached please find our final invoice and report for this project. Please let me know if you have any questions, thanks,
Jan



UNIVERSITY OF
SOUTH DAKOTA

INVOICE

University of South Dakota
414 E. Clark
Vermillion, SD 57069-2390

COPY

TO: Mid Central Education Cooperative

612 South Main/ PO Box 228
Platte, SD 57369

Invoice Number: 240457-02
Invoice Date: 3/11/16
Index: 241027
Fund: 240457
Grant ID: UA1500055

2nd Request for Payment - Please Pay

		AMOUNT	
Service Agreement #MCEC2015-GUUSD SD GEARUP Evaluation & Proposal		Current	Cumulative
For Invoice Period: 05/01/15 - Completion			
Second 1/2 Payment for completed activities		21,845.00	43,690.00
Total		21,845.00	43,690.00
TOTAL DUE ON THIS INVOICE		\$ 21,845.00	
Please send payment to: University of South Dakota Attn: Ileen Weisser Grants Accounting - 105 Slagle 414 East Clark Street Vermillion, SD 57069 e-mail: janet.koehn@usd.edu phone: 605-677-6848 fax: 605-677-6936		Budget	\$43,690.00
		Expenses	\$21,845.00
		Remaining Balance	\$21,845.00

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.

Signed _____ Title Grants Specialist Date _____

Jan Koehn

PLEASE MAKE CHECKS PAYABLE TO 'THE UNIVERSITY OF SOUTH DAKOTA'

Please return a copy of this invoice with your remittance to insure proper credit.



UNIVERSITY OF
SOUTH DAKOTA

COPY INVOICE

University of South Dakota
414 E. Clark
Vermillion, SD 57069-2390

TO: Mid Central Education Cooperative
612 South Main/ PO Box 228
Platte, SD 57369

Invoice Number: 240457-02
Invoice Date: 4/7/16
Index: 241027
Fund: 240457
Grant ID: UA1500055

3rd Request for Payment - Please Pay

		AMOUNT	
		Current	Cumulative
Service Agreement #MCEC2015-GUUSD SD GEARUP Evaluation & Proposal			
For Invoice Period: 05/01/15 - Completion			
Second 1/2 Payment for completed activities		21,845.00	43,690.00
Total		21,845.00	43,690.00
TOTAL DUE ON THIS INVOICE		\$ 21,845.00	
Please send payment to: University of South Dakota Attn: Ileen Weisser Grants Accounting - 105 Slagle 414 East Clark Street Vermillion, SD 57069 e-mail: janet.koehn@usd.edu phone: 605-677-6848 fax: 605-677-6936		Budget \$43,690.00 Expenses \$21,845.00 Remaining Balance \$21,845.00	

I declare under penalty of perjury that this claim has been examined by me, and the information furnished is true and correct.

Signed _____ Title Grants Specialist Date _____

Jan Koehn

ABLE TO 'THE UNIVERSITY OF SOUTH DAKOTA'

voice with your remittance to insure proper credit.