

REQUEST FOR STATE BOARD WAIVER

THIS IS A PUBLIC DOCUMENT

Date: November 15, 2016

Name of Board Member or Former Board Member: Deb Shephard

Name of Board, Authority or Commission: South Dakota Board of Education

Brief explanation of your potential conflict of interest:

I am an adjunct instructor at Lake Area Technical Institute (LATI) in Watertown, SD. LATI is a party to a potential contract with the South Dakota Department of Education (SD DOE) to offer dual credit courses. The SD Board of Education is responsible for approving programs offered at technical institutes, some of which may be offered as dual credit courses and so this contract is related to subject matter under the Board's authority.

Brief explanation of the current or anticipated business transaction with a State agency or with a political subdivision of the State and your role in the transaction:

LATI and SD DOE will enter into a contract wherein LATI will provide dual credit courses to secondary students in return for partial payment by SD DOE of the student tuition per credit hour. I do not have any role in this transaction or supervision of any personnel involved. As part of my due diligence, I am reporting the relationship between LATI, as my employer from which I derive income, and SD DOE regarding this contract.

Brief explanation of the essential terms of the contract or transaction:

The contract is attached as Exhibit A. LATI will offer dual credit courses for \$145 per hour, and bill each student for \$48.33 per credit hour and bill the SD DOE for the remaining \$96.67. LATI is responsible for identifying courses which qualify for the reduced rate dual credit program.

Brief explanation of why you believe a waiver should be granted:

I do not play a role in the awarding of this contract and do not play a role in the administration of this contract. The services provided as part of the contract serve the public interest. If a specific issue comes before the board for a vote that would be a potential conflict of interest, I will disclose it and abstain from the vote.

Signature of Person Requesting Waiver: _____



STATE OF SOUTH DAKOTA

SOUTH DAKOTA BOARD OF EDUCATION

STATE BOARD DISCLOSURE LAWS
WAIVER AUTHORIZATION
PURSUANT TO SDCL 3-23-3 (current member)

A written request for waiver of conflict, dated November 15, 2016, was received from Deb Shephard. The request was acted upon by the members of the South Dakota Board of Education during a meeting held on November 15, 2016.

(check one)

_____ The request for waiver was denied for the following reasons:

_____ The request for waiver was authorized for the following reasons:

_____ The request for waiver was authorized subject to the following conditions:

Signature of Chairperson or Authorized Member Date

Date mailed to Auditor-General: _____