

2002 Business Assistance Report

Summary of Business and Financial
Assistance Reported by State and Local
Government Agencies Provided Between
July 1, 1995 and December 31, 2001
In Accordance With Minnesota Statutes § 116J.993
Through § 116J.995

VOLUME 1 OF 2

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through § 116J.995

2002 BUSINESS ASSISTANCE REPORT

Introduction and Background

The business subsidy law, Minnesota Statutes §116J.993 through §116J.995, applies to state and local government agencies with the authority to provide business subsidies or financial assistance and entities created or authorized by local government with this authority. The law provides a mechanism for taxpayers to learn about state and local funds used for business subsidies and financial assistance.

Eligible business subsidy agreements signed between July 1, 1995 and July 31, 1999, must be reported, as well as agreements signed between August 1, 1999 through December 31, 2001. Grantors are required to submit a Minnesota Business Assistance Form (MBAF) to the Department of Trade and Economic Development (DTED) for each agreement for two years after the benefit date or until goals are met, whichever is later (see Appendix A).

Under the law, local government agencies in communities with a population of more than 2,500 and state agencies with the authority to grant subsidies must submit a report to DTED, regardless of whether they have awarded business subsidies. Local government agencies in communities with a population of 2,500 or less are exempt from filing the MBAF unless they have awarded a subsidy in the past five years. DTED is required to compile and publish the results of the reports of the previous calendar year by August 1, of each year.¹

Data Collection

To facilitate the collection of report information, DTED created the MBAF (see DTED's web site www.dted.state.mn.us, click on Communities, then Business Subsidies Reporting, then Reporting Requirements to obtain a copy of the form). In February of 2002, DTED directed government agencies to submit a completed 2002 MBAF for each business subsidy agreement signed between January 1, 2001 and December 31, 2001. In accordance with law, DTED required that agencies submit forms based upon the year the agreement was signed rather than when the assistance was actually awarded, and report annually on each agreement for two years after the benefit date or until the goals are met, whichever is later.

For agreements entered into by agencies during the period of July 1, 1995 through July 31, 1999, DTED directed agencies to use the 1999 MBAF to fulfill reporting requirements. For agreements entered between August 1, 1999 and December 31, 1999, agencies were directed to

¹ Resource constrains prevented DTED from submitting this report by August 1, 2002.

use the 2000 MBAF. For agreements entered into between January 1, 2000 and December 31, 2000, DTED directed agencies to use the 2001 MBAF to comply with the statute. Agencies were also instructed to submit a form each year until DTED receives a form documenting that the business has achieved all its goals. See DTED's web site to obtain copies of all the forms.

Forms summarized in this report cover business and financial assistance agreements reached between January 1, 2001 through December 31, 2001, January 1, 2000 through December 31, 2000, August 1, 1999 through December 31, 1999 and July 1, 1995 through July 31, 1999, that were submitted to DTED. Forms submitted by government agencies for eligible projects are available on DTED's web site.

MBAF Distribution

In February 2002, DTED mailed a postcard to 3,500 government (city, township, county and state) agency officials throughout Minnesota that may use public money to provide business subsidies and qualified financial assistance. The postcard notified government agencies that the 2002 MBAF was available online and directed agencies to report to DTED by April 1 using the appropriate MBAF (see Appendix B). Those forms, as well as information related to reporting requirements, were available on the department's web site. The department also distributed the postcard to non-profit organizations, foundations and development corporations that may provide business assistance (see Table 1).

TABLE 1 Distribution of 2002 Minnesota Business Form

Community Development Corporations

Minnesota Initiative Fund Members

County Board Chairs Minnesota Mayors

County Planning Commission Chairs Port Authorities

County Seat Offices

Economic Development Association of MN

Economic Development Authorities

Economic Development Commissions

Regional Development Commission Directors

Regional Development Commission Directors

Rural Development Finance Authorities

Housing Redevelopment Authorities State Department Heads Minnesota Enterprise Zone Administrators Township Officials

In addition to mailing the postcard and posting the MBAFs on the department's website, DTED also took several steps to notify government agencies of the need to file the 2002 MBAF. The department has made many presentations to discuss the business subsidy law and reporting requirements and also provided online a fact sheet and Frequently Asked Questions publication that detailed provisions and requirements of the business subsidy law (see the department's web site). In April 2002, DTED also sent a final notice postcard to government agencies reminding

them to submit a report because either they awarded business subsidies during the last five years or represented a population of more than 2,500 persons. The department also informed agencies that if the department did not receive a report by June 1, 2002, those agencies were prohibited from awarding any business subsidies until a report had been filed as required by the statute (see Appendix B).

Overview of Findings

Because the statute requires DTED to track each individual project awarded funding, grantors are required to submit information annually for each project for two years or until the project achieves its goals, whichever is later. To ease review of project performance, project data is displayed in the same year as it was originally reported. However, any assistance reported prior to August 1, 1999 (using the 1999 MBAF) is aggregated into one 1999 section.

2002 MBAF Findings (2001 Activity)

Of the 558 state and local government agencies that were required to file either because of population size or previous business subsidy activity or current activity in 2001, 286 agencies submitted a 2002 MBAF and 272 agencies did not submit a form (see Appendix C).²

Of the 286 agencies that submitted a form, 66 agencies reported on 124 eligible business assistance agreements that were reached between January 1, 2001 and December 31, 2001. The \$80.9 million of business assistance provided by those 124 agreements ranged from a \$25,000 Tax Increment Financing (TIF) agreement to a \$38.8 million TIF agreement (see Appendix D). There were also four eligible financial assistance agreements reported by a city agency that ranged from \$31,958 to \$87,933 in assistance for renovating building stock and for designated historic preservation. The total value of financial assistance was \$204,665 (see Appendix E).

2001 MBAF Findings (2000 Activity)

There were 165 eligible business assistance agreements and 10 eligible financial assistance agreements reported by agencies in the 2001 Business Assistance Report. Of the 165 business assistance agreements reported in the 2001 report, agencies reported that 50 recipients had met all goals and obligations stipulated in the agreements. As a result, agencies were required to report on 115 business assistance agreements that were reached between January 1, 2000 and December 31, 2000. Of the 115 projects, DTED received 86 2001 MBAF forms from agencies as required by law (see Appendix F). The department also received 24 eligible business assistance agreements in 2002 that were not reported in the 2001 Business Assistance Report (see Appendix G). Resulting in a total of 110 eligible business assistance agreements that were submitted by government agencies in 2002.

Agencies were also required to report on 10 financial assistance agreements that were reached between January 1, 2000 and December 31, 2000. Of the 10 projects, DTED received two 2001 MBAF forms from agencies, meaning eight 2001 MBAF forms were not reported as required by law (see Appendix H).

² The 558 state and local government agencies were identified through several means; state agencies, previous MBAFs submitted, population size and government bodies identified through organizational membership lists (e.g., Economic Development Association of Minnesota). Since a comprehensive list of agencies is not available, the actual number of required filers may be higher.

2000 MBAF Findings (August 1, 1999 – December 31, 1999 Activity)

Agencies were required to report on 60 business assistance agreements that were reached between August 1, 1999 and December 31, 1999. Of the 60 projects, DTED received 33 2000 MBAF forms from agencies but there were 27 2000 MBAF forms that were not reported as required by the law (see Appendix I). The department also received two eligible business assistance agreements and one financial assistance agreement from agencies that were not reported in the 2001 Business Assistance Report (see Appendices J and K). There were a total of 35 eligible business assistance agreements and also one financial assistance agreement that were submitted by government agencies in 2002.

1999 MBAF Findings (July 1, 1995 – July 31, 1999 Activity)

Agencies were required to report on 105 business assistance agreements that were reached between July 1, 1995 and July 31, 1999. Of the 105 projects, DTED received 60 1999 MBAF forms from agencies but there were 45 1999 MBAF forms that were not reported as required by the statute (see Appendix L). DTED also received 25 eligible business assistance forms that were not reported in the 2001 Business Assistance Report (see Appendix M). There were a total of 85 eligible business assistance agreements that were submitted in 2002.

MBAF forms that reported ineligible projects (e.g., assistance valued at less than \$25,000 or business loans and loan guarantees of \$75,000 or less for agreements signed between August 1, 1999 and December 31, 2001) were not analyzed and are not included in this summary. Appendix Q displays forms excluded because they were postmarked after the June 1 deadline.

Public Hearing and Adopted Criteria

According to M.S. § 116J.994 business subsidies may not be granted until the grantor has held a public hearing and adopted criteria for awarding subsidies in compliance with the law. Grantors are also required to submit a copy of their adopted criteria policies to DTED.

There were 558 agencies required to hold a public hearing in 2001 in accordance with the statute because of population size or previous activity. The distribution of agencies that reported holding a public hearing is as follows:

- 268 agencies or 48.0 percent reported holding a public hearing in compliance with the statute:
- 284 agencies or 50.9 percent either did not submit a form or reported not holding a public hearing on the 2002 MBAF; and,
- 6 agencies or 1.1 percent provided other explanations for not being in compliance with the statute during the period of January 1, 2001 and December 31, 2001.

Of the 558 agencies that were required to submit criteria in accordance with the statute, the distribution of the criteria submitted by agencies is as follows:

- 222 agencies or 39.8 percent submitted criteria in accordance with the statute³;
- 333 agencies or 59.7 percent did not submit criteria; and,
- 3 agencies or 0.5 percent provided other explanations for not being in compliance.

³Of the 222 agencies that submitted criteria in accordance with the law, 7 submitted criteria in 2002, 94 submitted criteria in 2001 and 121 submitted their criteria in 2000 (see Appendices O and P).

2002 MBAF Findings

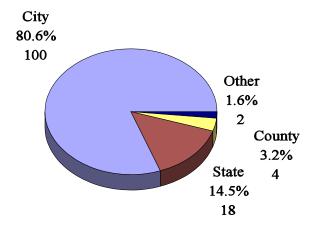
Forms summarized in this section of the report encompass business and financial assistance reached between January 1, 2001 and December 31, 2001. Under the business subsidy law, agencies are required to submit a 2002 MBAF form until all goals and obligations are fulfilled in agreements made between government agencies and recipients.

There were 124 eligible business assistance agreements and four eligible financial assistance agreements reached between January 1, 2001 and December 31, 2001. The \$80.9 million of business assistance provided by those 124 agreements ranged from a \$25,000 Tax Increment Financing (TIF) agreement to a \$38.8 million TIF agreement. There were also four eligible financial assistance agreements reported by a city agency that ranged from \$31,958 to \$87,933 in assistance for renovating building stock and for designated historic preservation. The total value of financial assistance was \$204,665.

Distribution of Assistance Agreements

Cities accounted for most of the business assistance agreements reported in 2002. As Figure 1 shows, of the 124 business subsidy agreements reported on the 2002 MBAF, cities accounted for 100 agreements (80.6 percent), the state for 18 agreements (14.5 percent), counties for four agreements (3.2 percent) and other agencies for two agreements (1.6 percent).

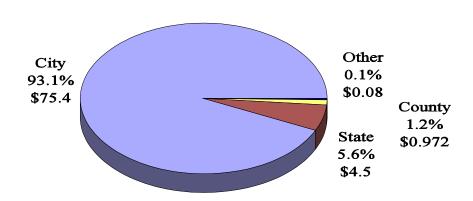
FIGURE 1
Distribution of Business Assistance Agreements by Government Agency for Agreements Reached Between January 1, 2001 and December 31, 2001



As Figure 2 indicates, the distribution of the value of business subsidies provided by agencies was similar to the distribution of assistance agreements. Of the \$80.9 million in business subsidies reported on the 2002 MBAF, city agencies accounted for \$75.4 million (93.2 percent), state agencies, \$4.5 million (5.6 percent), county agencies \$972,000 (1.1 percent) and other agencies, \$82,000 (0.1 percent).

FIGURE 2
Distribution of Business Assistance Agreements by Value for Agreements
Reached Between January 1, 2001 and December 31, 2001



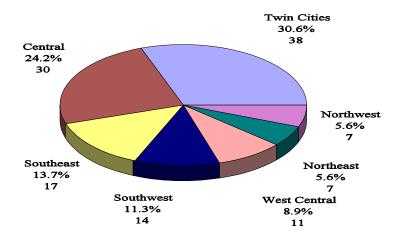


One city agency accounted for all of the financial assistance activity reported in 2002. The city agency reported four eligible agreements that had a total value of \$204,665.

Regional Distribution of Assistance Agreements

The Twin Cities region accounted for most of the business assistance reported on in 2002. As Figure 3 shows, of the 124 business assistance agreements reported on the 2002 MBAF, the Twin Cities region accounted for 38 agreements (30.6 percent), Central for 30 agreements (24.2 percent), Southeast for 17 agreements (13.7 percent), Southwest for 14 agreements (11.3 percent), West Central for 11 agreements (8.9 percent), Northeast for seven agreements (5.6 percent) and Northwest for seven agreements (5.6 percent) (see Appendix R for county representation in DTED Economic Development Regions).

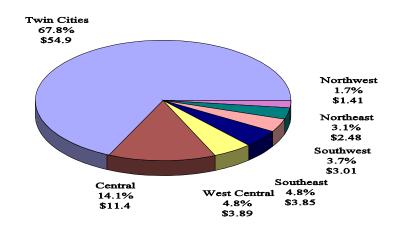
FIGURE 3
Regional Distribution of Business Assistance Agreements Reached
Between January 1, 2001 and December 31, 2001



Of the \$80.9 million in business subsidies reported in 2002 by government agencies, the Twin Cities region provided about \$54.9 million (67.8 percent), Central \$11.4 million (14.1 percent), West Central \$3.89 million (4.8 percent), Southeast \$3.85 million (4.7 percent), Southwest \$3.01 million (3.7 percent), Northeast \$2.48 million (3.0 percent) and Northwest \$1.41 million (1.7 percent) (see Figure 4).

FIGURE 4
Regional Distribution of Business Assistance Agreements by Value for Agreements
Reached Between January 1, 2001 and December 31, 2001





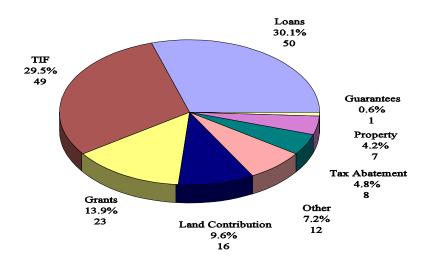
Of the four financial assistance agreements reported in 2002, the Southeast region accounted for all four agreements which provided \$204,665 in assistance.

Type and Value of Assistance Provided

Of the \$80.9 million in subsidies reported by state, county and local government agencies, amounts ranged from a \$25,000 TIF to a \$38.8 million TIF. The median value was \$177,160 for all agreements awarded.

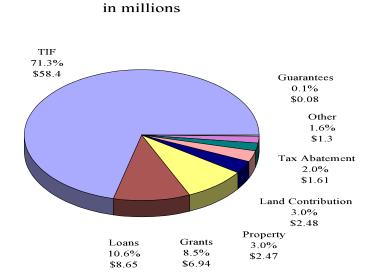
TIF and loans were the most common types of subsidies provided. Of the 124 business subsidies agreements reported by government agencies, there were 166 types of business subsidies reported because several agencies reported more than one type of assistance for each project. As Figure 5 illustrates, of the 166 types of business subsidies reported by government agencies, loans were involved in 50 agreements (30.1 percent) and TIF was used in 49 agreements (29.5 percent).

FIGURE 5
Distribution of Business Assistance Agreements Reached
Between January 1, 2001 and December 31, 2001



In contrast to the distribution of agreements by types of subsidies, TIF accounted for the highest share, 70.9 percent (\$57.4 million), followed by loans, 10.7 percent (\$8.65 million) (see Figure 6).

FIGURE 6
Distribution of Business Assistance Agreements for Agreements
Reached Between January 1, 2001 and December 31, 2001



Type and Value of TIF District for Assistance Agreements

Of the 124 business assistance agreements entered into by government agencies, 49 agreements included tax increment financing. Of the 49 agreements, 34 agreements (69.4 percent) were TIF economic development districts and 15 agreements (30.6 percent) were TIF redevelopment districts.

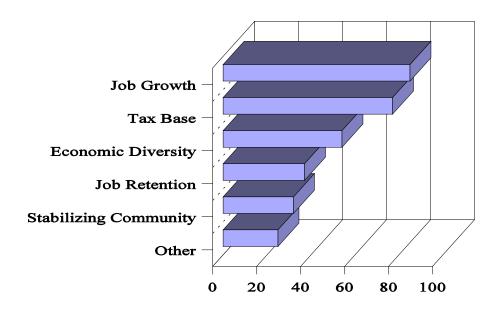
Of the \$80.9 million in business subsidies provided by government agencies in 2002, \$57.4 million consisted of tax increment financing. TIF redevelopment, 78.7 percent (\$45.2 million), accounted for the largest share of TIF district types, followed by TIF economic development, 21.3 percent (\$12.2 million).

Of the \$204,655 in financial assistance reported in 2002 by city agencies, all four agreements were for renovating building stock or designated historic preservation districts.

Public Purpose for Assistance Agreements

Minnesota Statutes §116J.994 requires that business and financial assistance agreements state a public purpose. Of the 124 business assistance agreements entered into by government agencies, creating high quality job growth, 85 agreements (68.5 percent), and increasing the tax base, 77 agreements (62.1 percent)⁴, accounted for the highest share of public purpose reported by government agencies. Other types of public purpose included increasing economic diversity, 54 agreements (43.5 percent), job retention, 37 agreements (29.8 percent) and stabilizing the community, 36 agreements (28.1 percent).

FIGURE 7
Distribution of Business Assistance by Public Purpose for Agreements
Reached Between January 1, 2001 and December 31, 2001



Of the four financial assistance agreements entered into by government agencies in 2002, the types of public purpose included stabilizing the community four agreements (100 percent), and other types of public purposes, four agreements (100.0 percent).⁵

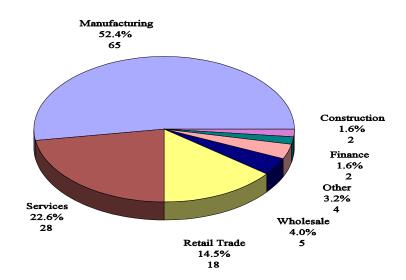
⁴ Increasing the tax base was used by agencies in conjunction with other public purposes.

⁵ Other types of public purposes indicated in the four agreements were for renovating building stock.

Industry Sector of Assistance for Recipients

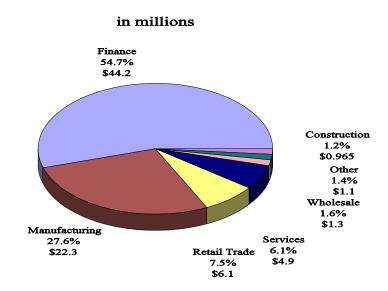
Of the 124 business assistance agreements reported by government agencies in 2002, the manufacturing sector accounted for 65 agreements (52.4 percent), services, 28 agreements (22.6 percent), retail trade, 18 agreements (14.5 percent), wholesale trade, five agreements (4.0 percent), other, four agreements (3.2 percent), finance, insurance, and real estate, two agreements (1.6 percent) and construction, two agreements (1.6 percent) (see Figure 8).

FIGURE 8
Distribution of Business Assistance Agreements by Industrial Sector for Agreements
Reached Between January 1, 2001 and December 31, 2001



Of the \$80.9 million in business assistance provided by government agencies, the finance, insurance, and real estate sector accounted for \$44.2 million (54.7 percent), manufacturing, \$22.3 million (27.5 percent), retail trade, \$6.1 million (7.6 percent), services, \$4.9 million (6.1 percent), wholesale trade, \$1.3 million (1.6 percent), other, \$1.1 million (1.4 percent) and construction, \$0.965 million (1.2 percent) (see Figure 9).

FIGURE 9
Distribution of Value for Industrial Sectors for Agreements Reached
Between January 1, 2001 and December 31, 2001



Of the four financial assistance agreements reported in 2002, the services sector accounted for three agreements (75.0 percent) and retail, one agreement (25.0 percent). Of the \$204,665 in financial assistance reported by government agencies in 2002, the services sector accounted for \$116,732 (57.0 percent) and retail \$87,933 (43.0 percent).

Establishment and Attainment of Goals Identified in the Agreement

The MBAF asked grantors to identify the type of goals that recipients were expected to achieve. Grantors were also required to indicate the progress toward these goals. This section provides general information on those issues.

Under the law, if the assistance agreement includes specific wage and job goals then those goals must be attained within two years of the benefit date. Assistance agreements can also include other types of goals. Of the 124 eligible business assistance agreements entered into by government between January 1, 2001 and December 31, 2001, 83.1 percent or 103 agreements established specific job and wage goals, 3.2 percent or 4 agreements did not, and 13.7 percent or 17 agreements were missing data.

Of the 103 business assistance agreements that were reported by agencies that established specific job and wage goals, 24.3 percent or 25 agreements have attained specific job and wage goals; and 75.7 percent or 78 agreements reported that the recipient had not attained specific job and wage goals. All agencies reported that recipients had more time to meet their goals.

There were 17 business assistance agreements reported by agencies that established other job creation and retention goals. Of the 17 agreements reported by agencies as establishing other job creation and wage goals, eight recipients reported that they had attained their goals and one recipient was missing data. All agencies reported that recipients had more time to meet their goals.

There were four business assistance agreements reported by agencies that established other wage goals. At this time, no agency has reported that they have attained goals. All agencies reported that recipients had more time to meet their goals.

There were 15 business assistance agreements reported by agencies that established goals other than wage and job goals. Of the 15 agreements reported by agencies that established goals other than wage and job goals, eight recipients attained their goals. All agencies reported that recipients had more time to meet their goals.

There were four eligible financial assistance agreements reported by a government agency and all four agreements established goals other than wage and job goals.⁶ Of the four agreements reported, one recipient has attained their goals. The agency reported that the other three recipients have more time to meet their goals.

Job Creation and Wage Goals and Actual Performance

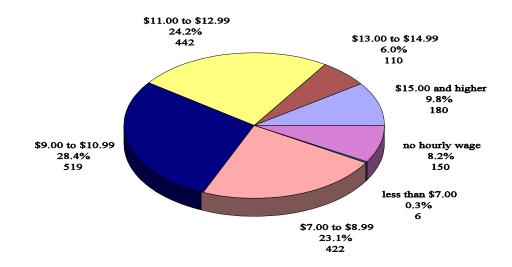
Under the law, the business assistance, in addition to other goals, must include goals for the number of jobs created, which may include separate goals for the number of full-time or part-time jobs, and wage goals for jobs created or retained.

Of the 124 eligible business assistance agreements, agencies reported a full-time job creation goal of 1,828 jobs. The distribution of full-time job creation and wage goals are as follows:

- 9.8 percent or 180 jobs were expected to pay an hourly wage of \$15.00 or higher;
- 6.0 percent or 110 jobs between \$13.00 and \$14.99;
- 24.2 percent or 442 jobs between \$11.00 and \$12.99;
- 28.4 percent or 519 jobs between \$9.00 and \$10.99;
- 23.1 percent or 422 jobs between \$7.00 and \$8.99;
- 0.3 percent or 6 jobs at less than \$7.00; and,
- 8.2 percent or 150 jobs with no hourly wage level goal (see Figure 10).

⁶The four agreements indicated that the goals other than wage and job goals were for property rehabilitation.

FIGURE 10
Distribution of Full-time Job Creation and Wage Goals for Agreements Reached
Between January 1, 2001 and December 31, 2001



Agencies reported full-time hourly health insurance value in 15 business assistance agreements for a total of 419 jobs with an average hourly value of \$1.68.

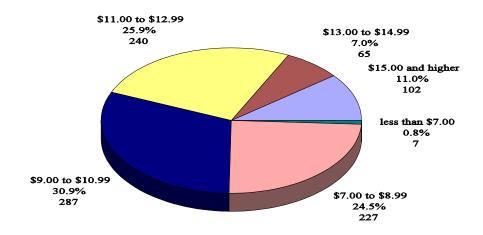
There were no full-time job creation goals for the four eligible financial assistance agreements.

Actual Full-time Job Creation and Wages

Agencies reported 928 actual full-time jobs created compared to a goal of 1,828 jobs. All agencies reported that recipients had more time to meet their job creation and wage goals. The distribution of actual full-time goals is as follows:

- 11.0 percent or 102 jobs are paying an hourly wage of \$15.00 or higher;
- 7.2 percent or 65 jobs between \$13.00 and \$14.99;
- 25.8 percent or 240 jobs between \$11.00 and \$12.99;
- 30.9 percent or 287 jobs between \$9.00 and \$10.99;
- 24.5 percent or 227 jobs between \$7.00 and \$8.99; and,
- 0.8 percent or 7 jobs at less than \$7.00 (see Figure 11).

FIGURE 11
Distribution of Actual Full-time Job Creation and Wages for Agreements
Reached Between January 1, 2001 and December 31, 2001



Agencies reported actual full-time hourly health insurance value in 29 business assistance agreements for a total of 365 jobs with an average hourly value of \$1.78.

Full-time Equivalent (FTE) Job Creation and Wage Goals

Some agreements called for job creation in terms of FTE. Of the 124 eligible business assistance agreements, some agencies reported a FTE job creation goal of 283 jobs. The distribution of full-time equivalent job creation and wage goals are as follows:

- 14.1 percent or 40 jobs were expected to pay an hourly wage of \$15.00 or higher;
- no jobs between \$13.00 and \$14.99;
- 1.1 percent or 3 jobs between \$11.00 and \$12.99;
- 61.1 percent or 173 jobs between \$9.00 and \$10.99;
- 9.5 percent or 27 jobs between \$7.00 and \$8.99
- 8.1 percent or 23 jobs at less than \$7.00; and,
- 6.0 percent or 17 jobs without an hourly wage level.

Agencies reported full-time equivalent hourly health insurance value in two business assistance agreements for a total of 23 jobs with an average hourly value of \$2.00.

Actual Full-time Equivalent (FTE) Job Creation and Wages

Agencies reported 143 actual full-time equivalent jobs created compared to a goal of 283. All agencies reported that recipients had more time to meet their job creation and wage goals. The distribution of actual FTE job creation and wage goals are as follows:

- no jobs are paying an hourly wage of \$15.00 or higher;
- no jobs between \$13.00 and \$14.99;
- 11.2 percent or 16 jobs between \$11.00 and \$12.99;
- 55.2 percent or 79 jobs between \$9.00 and \$10.99;
- 16.8 percent or 24 jobs between \$7.00 and \$8.99; and,
- 16.8 percent or 24 jobs at less than \$7.00.

Agencies reported actual full-time equivalent hourly health insurance value in four business assistance agreements for a total of 87 jobs with an average hourly value of \$1.58.

Part-time Job Creation and Wage Goals

Of the 124 eligible business assistance agreements, agencies reported a part-time job creation goal of 16 jobs. The distribution of part-time job creation and wage goals are as follows:

- no part-time jobs were expected to pay an hourly wage of \$15.00 or higher;
- 6.5 percent or 1 job between \$13.00 and \$14.99;
- 32.3 percent or 5 jobs between \$11.00 and \$12.99;
- 19.4 percent or 3 jobs between \$9.00 and \$10.99;
- 12.9 percent or 2 jobs between \$7.00 and \$8.99;
- 19.4 percent or 3 jobs at less than \$7.00; and,
- 9.7 percent or 2 jobs without an hourly wage level.

No agency reported a part-time hourly health value for any business assistance agreement.

Actual Part-time Job Creation and Wages

Agencies reported 52 actual part-time jobs created compared to a goal of 16 jobs. The distribution of actual part-time job creation and wage goals are as follows:

- 3.8 percent or 2 jobs are paying an hourly wage of \$15.00 or higher;
- 11.5 percent or 6 jobs between \$13.00 and \$14.99;
- 23.1 percent or 12 jobs between \$11.00 and \$12.99;
- 19.2 percent or 10 jobs between \$9.00 and \$10.99;
- 7.7 percent or 4 jobs between \$7.00 and \$8.99; and,
- 34.6 percent or 18 jobs without an hourly wage.

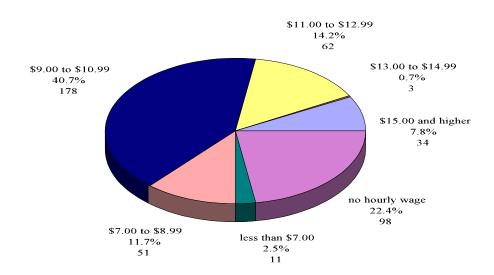
Agencies reported actual part-time hourly health insurance value in two business assistance agreements for a total of 5 jobs with an average hourly value of \$2.53.

Job Retention and Wage Goals

Of the 124 eligible business assistance agreements, agencies reported a job retention goal of 437 jobs. The distribution of job retention and wage goals is as follows:

- 7.8 percent or 34 jobs were expected to pay an hourly wage of \$15.00 and higher;
- 0.7 percent or 3 jobs between \$13.00 and \$14.99;
- 14.2 percent or 62 jobs between \$11.00 and \$12.99;
- 40.7 percent or 178 jobs between \$9.00 and \$10.99;
- 11.7 percent or 51 jobs between \$7.00 and \$8.99;
- 2.5 percent or 11 jobs at less than \$7.00; and,
- 22.4 percent or 98 jobs with no hourly wage level (see Figure 12).

FIGURE 12
Distribution of Job Retention and Wage Goals for Agreements Reached
Between January 1, 2001 and December 31, 2001



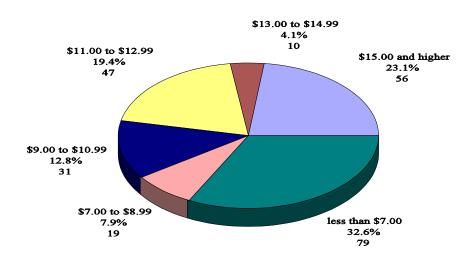
Agencies reported an hourly value of health insurance for jobs retained in six business assistance agreements for a total of 289 jobs for an average hourly value of \$1.40.

Actual Job Retention and Wages

Agencies reported 242 jobs retained compared to a goal of 437 jobs. All agencies reported that recipients had more time to meet their job creation and wage goals. The distribution of actual job retention and wage goals is as follows:

- 23.1 percent or 56 jobs are paying an hourly wage of \$15.00 and higher;
- 4.1 percent or 10 jobs between \$13.00 and \$14.99;
- 19.4 percent or 47 jobs between \$11.00 and \$12.99;
- 12.8 percent or 31 jobs between \$9.00 and \$10.99;
- 7.9 percent or 19 jobs between \$7.00 and \$8.99; and,
- 32.6 percent or 79 jobs at less than \$7.00 (see Figure 13).

FIGURE 13
Distribution of Job Retention and Wages for Agreements
Reached Between January 1, 2001 and December 31, 2001



Agencies reported an hourly value of health insurance for actual jobs retained in seven business assistance agreements for a total of 91 jobs for an average hourly value of \$0.93.

Recipient's Achievement of Goals and Fulfillment of Obligations

Of the 124 business assistance agreements entered into by government agencies between January 1, 2001 and December 31, 2001, agencies reported 40 agreements where recipients had achieved all goals and obligations stipulated in the agreements. All agencies reported that recipients had more time to meet their goals and obligations. The total value for those 40 agreements was \$51.8 million out of the \$80.9 million of business assistance reported between January 1, 2001 and December 31, 2001. Grantors cited two recipients that had failed to achieve some goals or fulfill obligations that were required to be fulfilled by the time the report was submitted⁷

Of the four financial assistance agreements entered into by government agencies between January 1, 2001 and December 31, 2001, one agency reported that one recipient had achieved all goals and obligations stipulated in the agreement and no recipient failed to achieve any goals or fulfill any obligations as required by law. All agencies reported that recipients had more time to meet their goals and obligations. The total value of the one agreement was \$49,088 out of the \$204,665 of financial assistance reported between January 1, 2001 and December 31, 2001.

Recipients Failing to Fulfill Reporting Obligations

Of the 124 business assistance agreements entered into by government agencies between January 1, 2001 and December 31, 2001 reported to DTED in 2001, 121 agreements or 97.6 percent of recipients fulfilled the reporting obligation. There were three agreements or 2.4 percent of recipients reported by agencies that failed to report.⁸

Of the four financial assistance agreements entered into by government agencies between January 1, 2001 and December 31, 2001 reported to DTED in 2002, four agreements or 100 percent of recipients fulfilled the reporting obligation.

⁷The City of Sauk Centre reported on two separate forms that Johnson Precision/SCO failed to achieve goals or fulfill obligations under the agreement signed. The total amount outstanding is \$7,882.17. Since the MBAF forms were completed in 2001, the business was one job short of meeting the goals established. The city intends to hold a public hearing to extend the deadline officially to December 22, 2001 and is awaiting job creation figures for the final date to determine what action is necessary as far as repayment requirements.

⁸Saint Paul Port Authority reported that Aries Precision Sheet Metal failed to report. The type of assistance is a land sale and the total value is \$692,604.

The City of Sauk Centre reported on two separate forms that Johnson Precision/SCO failed to report. The type of assistance was a TIF pay as you go and the total value is not to exceed \$41,690.

2001 MBAF Findings

Forms summarized in this section of the report update business and financial assistance agreements reached between January 1, 2000 and December 31, 2000. Under the law, government agencies are required to submit a 2001 MBAF form until all goals and obligations are fulfilled in agreements made between government agencies and recipients for two years after the benefit date or until the goals are met, whichever is later.

There were 165 eligible business assistance agreements reported by government agencies in the 2001 Business Assistance Report. Of the 165 eligible business assistance agreements reported in the 2001 report, agencies reported that 50 recipients had met all goals and obligations stipulated in the business assistance agreements. As a result, agencies were required to report on 115 business assistance agreements that were reached between January 1, 2000 and December 31, 2000.

Of the 115 projects, DTED received 86 2001 MBAF forms from agencies as required by law but there were 29 2001 MBAF forms that were not reported as required by the law (see Appendix F). The department also received 24 eligible business assistance agreements in 2002 that were not reported in the 2001 Business Assistance Report (see Appendix G). There were a total of 110 eligible business assistance agreements that were submitted by government agencies in 2002. This section of the report provides an update of the job creation and wage goals for the 24 business assistance agreements not reported previously and the actual performance of the 110 eligible business assistance agreements reported in 2002.

There were also 10 eligible financial assistance agreements reported by government agencies in the 2001 Business Assistance Report. Of the 10 eligible financial assistance agreements reported in the 2001 report, agencies reported that no recipient had met any of the goals and obligations stipulated in the financial assistance agreements. As a result, agencies were required to report on 10 financial assistance agreements that were reached between January 1, 2000 and December 31, 2000.

Of the 10 projects, DTED received two 2001 MBAF forms from agencies as required by law but there were eight 2001 MBAF forms that were not reported (see Appendix H). This report provides an update of the achievement of goals and obligations stipulated in the two financial assistance agreements received by DTED.

Establishment and Attainment of Goals Identified in the Agreement

The MBAF asked grantors to identify the type of goals that recipients were expected to achieve. Grantors were also required to indicate the progress toward these goals. This section provides general information on those issues.

Under the law, if the assistance agreement includes wage and job goals then those goals must be attained within two years of the benefit date. Assistance agreements can also include other types of goals. Of the 24 business assistance agreements that reported for the first time in 2002, 91.7 percent or 22 business assistance agreements established specific job and wage goals, 4.2 percent or one agreement did not established specific job and wage goals and 4.2 percent or one agreement was missing data.

Of the 22 agreements that were reported by agencies that established specific job and wage goals, 40.9 percent or nine agreements have attained specific job and wage goals, 45.5 percent or 10 agreements reported that the recipient had not attained specific job and wage goals, and 13.6 percent or three agreements were missing data.

There was one business assistance agreement reported by an agency that established goals other than wage and job goals. The agency reported that the recipient had met their goals.

Of the two financial assistance agreements that were reported in 2002, 100.0 percent or two financial assistance agreement established goals other than wage and job goals. Of the two agreements reported by agencies, each agency reported that the recipient had met their goals.

Job Creation and Wage Goals and Actual Performance as Reported in 2002

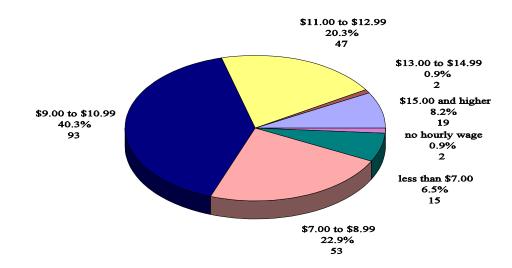
Under the business subsidy law, the assistance must include goals for the number of jobs created, which may include separate goals for the number of full-time or part-time jobs and wage goals for jobs created or retained. This section provides information about the job creation and wage goals for the 24 agreements reported by agencies for the first time in 2002. It also includes information about the actual performance of the 24 business assistance agreements combined with the 86 updated 2001 MBAF forms reported by agencies in 2002 for a total of 110 agreements.

Full-time Job Creation and Wage Goals

Agencies reported full-time job creation in 19 of the 24 business assistance agreements reported for the first time. Those agencies reported a full-time job creation goal of 231 jobs. The distribution of full-time job creation and wage goals are as follows:

- 8.2 percent or 19 jobs were expected to pay an hourly wage of \$15.00 or higher;
- 0.9 percent or 2 jobs between \$13.00 and \$14.99;
- 20.3 percent or 47 jobs between \$11.00 and \$12.99;
- 40.3 percent or 93 jobs between \$9.00 and \$10.00;
- 22.9 percent or 53 jobs between \$7.00 and \$8.99;
- 6.5 percent or 15 jobs at less than \$7.00; and,
- 0.9 percent or 2 jobs with no hourly wage level (see Figure 14).

FIGURE 14
Distribution of Full-time Job Creation and Wage Goals for Agreements Reached
Between January 1, 2000 and December 31, 2000



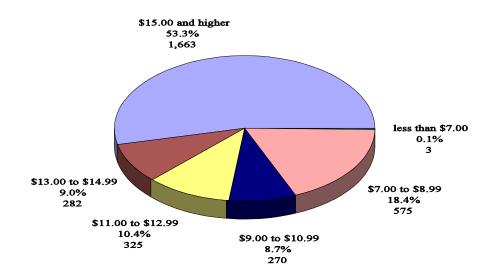
One agency reported a full-time hourly health insurance value in two business assistance agreements for a total of 58 jobs with an average hourly value of \$0.79.

Actual Full-time Job Creation and Wages

Agencies reported actual full-time job creation and wage goals in 63 of the 110 business assistance agreements. Agencies reported 3,118 actual full-time jobs created compared to a goal of 2,953 jobs. The distribution of actual full-time job creation and wage goals are as follows:

- 53.3 percent or 1,663 jobs are paying an hourly wage of \$15.00 or higher;
- 9.0 percent or 282 jobs between \$13.00 and \$14.99;
- 10.4 percent or 325 jobs between \$11.00 and \$12.99;
- 8.7 percent or 270 jobs between \$9.00 and \$10.99;
- 18.4 percent or 575 jobs between \$7.00 and \$8.99; and,
- 0.1 percent or 3 jobs at less than \$7.00 (see Figure 15).

FIGURE 15
Distribution of Actual Full-time Job Creation and Wages for Agreements
Reached Between January 1, 2000 and December 31, 2000



Agencies reported actual full-time average hourly health insurance value in 36 agreements for a total of 1,010 jobs with an actual average hourly value of \$1.92.

Full-time Equivalent (FTE) Job Creation and Wage Goals

Some agreements called for job creation in terms of FTE or full-time equivalent. Agencies reported FTE job creation and wage goals in two business assistance agreements for a total of 72 jobs. The distribution of full-time equivalent job creation and wage goals are as follows:

- no jobs were expected to pay an hourly wage of \$15.00 or higher;
- no jobs between \$13.00 and \$14.99;
- no jobs between \$11.00 and \$12.99;
- no jobs between \$9.00 and \$10.99;
- 100.0 percent or 72 jobs between \$7.00 and \$8.99;
- no jobs at less than \$7.00; and
- no jobs with no hourly wage level.

Agencies did not report any full-time equivalent hourly health insurance value for any of the business subsidy agreements.

Actual Full-time Equivalent (FTE) Job Creation and Wages

Agencies reported actual full-time equivalent job creation and wages in nine of the 110 business assistance agreements. Those agencies reported 195 actual full-time equivalent jobs created compared to a goal of 1,731 jobs. All agencies reported recipients had more time to meet their job creation and wage goals. The distribution of actual FTE job creation and wage goals are as follows:

- 4.1 percent or 8 jobs are paying an hourly wage of \$15.00 or higher;
- 4.6 percent or 9 jobs between \$13.00 and \$14.99;
- 24.6 percent or 48 jobs between \$11.00 and \$12.99;
- 7.7 percent or 15 jobs between \$9.00 and \$10.99;
- 55.9 percent or 109 jobs between \$7.00 and \$8.99; and,
- 3.1 percent or 6 jobs at less than \$7.00.

Agencies reported an actual full-time equivalent average hourly health value in four business assistance agreements for a total 51 jobs with an average hourly value of \$1.17.

Part-time Job Creation and Wage Goals

There were no part-time job creation and wage goals for the 24 business assistance agreements reported for the first time in 2002. As a result agencies did not report any part-time average hourly health insurance value for any of the business subsidy agreements.

Actual Part-time Job Creation and Wages

Agencies reported actual part-time job creation and wage goals in 17 of the 110 business subsidy agreements. Agencies reported 127 actual part-time jobs created compared to a goal of 30 jobs. Agencies reported that recipients had more time to meet their job and wage goals. The distribution of actual part-time job creation and wage goals are as follows:

- no jobs are paying an hourly wage of \$15.00 or higher;
- 3.9 percent or 5 jobs between \$13.00 and \$14.99;
- 3.1 percent or 4 jobs between \$11.00 and \$12.99;
- 12.6 percent or 16 jobs between \$9.00 and \$10.99;
- 71.7 percent or 91 jobs between \$7.00 and \$8.99; and,
- 8.7 percent or 11 jobs at less than \$7.00.

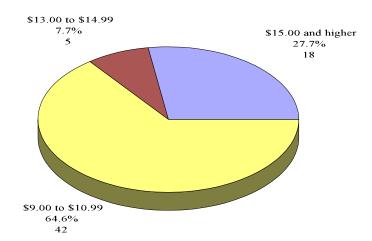
Agencies reported an actual part-time average hourly health value in nine business assistance agreements for a total of 54 jobs with an average hourly value of \$2.26.

Job Retention and Wage Goals

Agencies reported job retention and wage goals in four of the 24 business subsidy agreements. Those agencies reported a job retention goal of 65 jobs. The distribution of job retention and wage goals is as follows:

- 27.7 percent or 18 jobs were expected to pay an hourly wage of \$15.00 or higher;
- 7.7 percent or 5 jobs between \$13.00 and \$14.99;
- no jobs between \$11.00 and \$12.99;
- 64.6 percent or 42 jobs between \$9.00 and \$10.99;
- no jobs between \$7.00 and \$8.99;
- no jobs at less than \$7.00; and,
- no jobs with no hourly wage level (see Figure 16).

FIGURE 16
Distribution of Job Retention and Wage Goals for Agreements Reached
Between January 1, 2000 and December 31, 2000



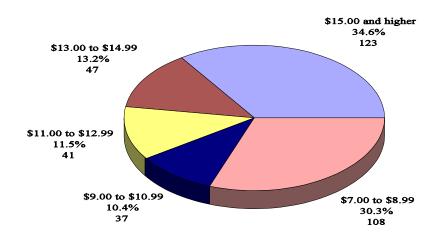
Agencies did not report an hourly value of health insurance for jobs retained for any of the business subsidy agreements.

Actual Job Retention and Wages

Agencies reported actual job retention and wage goals in 14 of the 110 business assistance agreements. Those agencies reported 356 jobs retained compared to a goal of 349. All agencies reported that recipients had more time to meet their job retention and wage goals. The distribution of actual job retention and wage goals is as follows:

- 34.5 percent or 123 jobs are paying an hourly wage of \$15.00 or higher;
- 13.2 percent or 47 jobs between \$13.00 and \$14.99;
- 11.5 percent or 41 jobs between \$11.00 and \$12.99;
- 10.4 percent or 37 jobs between \$9.00 and \$10.99;
- 30.4 percent or 108 jobs between \$7.00 and \$8.99; and,
- no jobs at less than \$7.00 (see Figure 17).

FIGURE 17
Distribution of Actual Job Retention and Wages for Agreements
Reached Between January 1, 2000 and December 31, 2000



Agencies reported an hourly value of health insurance for actual jobs retained in eight business assistance agreements for a total of 211 jobs for an average hourly value of \$1.62.

Recipient's Achievement of Goals and Fulfillment of Obligations

Of the 110 eligible business assistance agreements entered into by government agencies between January 1, 2000 and December 31, 2000 reported to DTED in 2002, agencies reported 34 agreements where recipients had achieved all goals and obligations stipulated in the agreements. The total value of those 34 agreements was \$300.8 million out of the \$574.2 million of business assistance provided in 2000. Grantors cited three recipients that had failed to achieve goals or fulfill obligations that were required to be fulfilled by the time the report was submitted and three agreements reported by grantors that were missing data.⁹

⁹Robbinsdale EDA reported that TMC Stores, Inc., failed to achieve goals or fulfill any other obligations because recipient sold business operation. The initial value of the business assistance was \$80,000 and the type of assistance was a loan. The recipient has paid back the loan in full, however, there were four years remaining of a

Of the two financial assistance agreements entered into by government agencies between January 1, 2000 and December 31, 2000 reported to DTED in 2002, two agreements or 100 percent of recipients had achieved all goals and obligations stipulated in the agreement. The total value of the two agreements were \$10.8 million out of \$11.4 million of financial assistance reported in prior reports (see Appendix H).

Recipients Failing to Fulfill Reporting Obligations

Of the 110 business assistance agreements entered into by government agencies between January 1, 2000 and December 31, 2000 reported to DTED in 2002, 108 agreements or 98.2 percent of recipients fulfilled the reporting obligation. There were two agreements or 1.8 percent of recipients reported by agencies that were missing data.

Of the two financial assistance agreements entered into by government agencies between January 1, 2000 and December 31, 2000 reported to DTED in 2002, two agreements or 100 percent of recipients fulfilled the reporting requirement.

five-year business retention goal. The business retention goals are not enforceable because the business has been sold.

Montevideo Community Development Corporation reported that Micro-Dynamics Corporation failed to achieve goals or fulfill obligations because of a downturn in the economy. The initial value of the business assistance was \$150,000 and the type of assistance was a loan. The loan was repaid in full December 18, 2001.

Long Lake EDA reported that VB Properties, LLC and Gregory and Jane Shaughnessy failed to achieve goals or fulfill obligations because construction did not proceed on the project. The initial value of the business assistance was \$455,000 and the type of assistance was tax increment financing. The agreement between the EDA and the recipient has been termined and the assistance has been repaid in full.

2000 MBAF Findings

Forms summarized in this section of the report update business and financial assistance agreements reached between August 1, 1999 and December 31, 1999. Under the law, government agencies are required to submit a 2000 MBAF form until all goals and obligations are fulfilled in agreements mad between government agencies and recipients for two years after the benefit date or until the goals are met, whichever is later.

Agencies were required to report on 60 business assistance agreements that were reached between August 1, 1999 and December 31, 1999. Of the 60 projects, DTED received 33 2000 MBAF forms from agencies but there were 27 2000 MBAF forms that were not reported as required by the law (see Appendix I). The department also received two eligible business assistance agreements and one financial assistance agreement from agencies that were not reported in the 2000 Business Assistance Report (see Appendices J and K).

There were a total of 35 eligible business assistance agreements along with one financial assistance agreement that were submitted by government agencies in 2002. This section provides an update of the job creation wage goals for the two business assistance agreements and the actual performance of the 35 eligible business assistance agreements reported in 2002. The section also provides an update of the one eligible financial assistance agreement reported in 2002.

Establishment and Attainment of Goals Identified in the Agreement

The MBAF asked grantors to identify the type of goals that recipients were expected to achieve. Grantors were also required to indicate the progress toward these goals. This section provides general information on those issues.

Under the law, if the assistance agreement includes specific job and wage goals then those goals must be attained within two years of the benefit date. Assistance agreements can include other types of goals. Of the two business assistance agreements that were reported for the first time in 2002, 50.0 percent or one agreement established specific job and wage goals and 50.0 percent or one agreement was missing data.

Of the one agreement reported by an agency that established specific job and wage goals that agency reported that the recipient had met their goals in the agreement.

There was one agreement reported by an agency that established goals other than wage and job goals. The agency reported that the recipient had attained their goals in the agreement.

There was one financial assistance agreement reported by a government agency in 2002. The agency reported that the recipient had achieved all goals and fulfilled all obligations stipulated in the agreement.

Job Creation and Wage Goals and Actual Performance as Reported in 2002

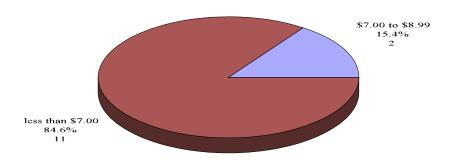
Under the business subsidy law, the assistance agreement must include goals for the number of jobs created, which may include separate goals for the number of full-time or part-time jobs and wage goals for jobs created or retained. This section provides information about the job creation and wage goals for the two agreements reported by agencies for the first time in 2001. It also includes information about the actual performance of the two business assistance agreements combined with the 33 updated 2000 MBAF forms reported by agencies in 2002 for a total of 35 agreements.

Full-time Job Creation and Wage Goals

Agencies reported full-time job creation in two of the two business assistance agreements reported for the first time in 2002. Those agencies reported a full-time job creation goal of 13 jobs. The distribution of full-time job creation and wage goals are as follows:

- no jobs were expected to pay an hourly wage of \$15.00 or higher;
- no jobs between \$13.00 and \$14.99;
- no jobs between \$11.00 and \$12.99;
- no jobs between \$9.00 and \$10.99;
- 15.4 percent or 2 jobs between \$7.00 and \$8.99;
- 84.6 percent or 11 jobs at less than \$7.00; and,
- no jobs with no hourly wage level (see Figure 18).

FIGURE 18
Distribution of Full-time Job Creation and Wage Goals for Agreements Reached
Between August 1, 1999 and December 31, 1999



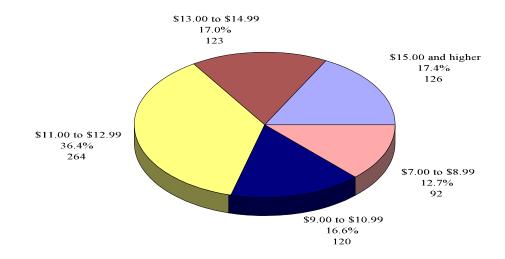
No agency reported any agreements with a full-time hourly health insurance value.

Actual Full-time Job Creation and Wages

Agencies reported actual full-time job creation and wage goals in 27 of the 35 business assistance agreements. Agencies reported 725 actual full-time jobs created compared to a goal of 512 jobs. All recipients reported that recipients had more time to meet their job creation and wage goals. The distribution of actual full-time job creation and wage goals are as follows:

- 17.4 percent or 126 jobs are paying an hourly wage of \$15.00 or higher;
- 17.0 percent or 123 jobs between \$13.00 and \$14.99;
- 36.4 percent or 264 jobs between \$11.00 and \$12.99;
- 16.6 percent or 120 jobs between \$9.00 and \$10.99;
- 12.6 percent or 92 jobs between \$7.00 and \$8.99; and,
- no jobs at less than \$7.00 (see Figure 19).

FIGURE 19
Distribution of Actual Full-time Job Creation and Wages for Agreements
Reached Between August 1, 1999 and December 31, 1999



Agencies reported actual full-time hourly health insurance value in 13 business assistance agreements for a total of 311 jobs with an average hourly value of \$3.37.

Full-time Equivalent (FTE) Job Creation and Wage Goals

No agency reported full-time equivalent job creation and wage goals in any of the two business assistance agreements reported for the first time in 2002.

Actual Full-time Equivalent (FTE) Job Creation and Wages

Agencies reported actual full-time equivalent job creation and wages in two of the 35 business assistance agreements. Those agencies reported 20 actual full-time equivalent jobs compared to a goal of 55 jobs. All agencies reported that recipients had more time to meet their job creation and wage goals. The distribution of actual FTE job creation and wage goals are as follows:

- 75.0 percent or 15 jobs are paying an hourly wage of \$15.00 or higher;
- 5.0 percent or 1 job between \$13.00 and \$14.99;
- no jobs between \$11.00 and \$12.99;
- 10 percent or 2 jobs between \$9.00 and \$10.99;
- 10 percent or 2 jobs between \$7.00 and \$8.99; and
- no jobs at less than \$7.00.

Agencies reported an actual full-time equivalent hourly health insurance value in two business assistance agreements for a total of 20 jobs with an average hourly value of \$0.94.

Part-time Job Creation and Wage Goals

No agency reported part-time equivalent job creation and wage goals in either of the two business assistance agreements reported for the first time in 2002.

Actual Part-time Job Creation and Wages

Agencies reported actual part-time job creation and wage goals in 11 of the 35 business assistance agreements. Agencies reported 125 actual part-time jobs created compared to a goal of 42 jobs. The distribution of actual part-time job creation and wage goals are as follows:

- 0.8 percent or 1 job is paying an hourly wage of \$15.00 or higher;
- 3.2 percent or 4 jobs between \$13.00 and \$14.99;
- no jobs between \$11.00 and \$12.99;
- 12.0 percent or 15 jobs between \$9.00 and \$10.99;
- 38.2 percent or 48 jobs between \$7.00 and \$8.99;
- 45.8 percent or 57 jobs at less than \$7.00.

Agencies reported an actual part-time hourly health insurance value in three business assistance agreements for a total of four jobs with an hourly average value of \$1.95.

Job Retention and Wage Goals

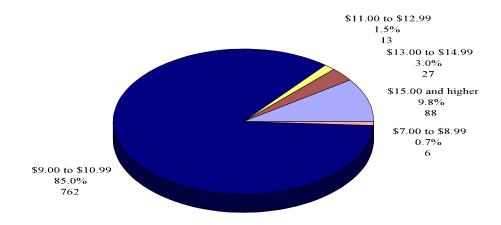
No agency reported job retention creation and wage goals in either of the two business assistance agreements reported for the first time in 2002.

Actual Job Retention and Wages

Agencies reported actual job retention and wage goals in six of the 35 business assistance agreements. Agencies reported 896 jobs retained compared to a goal of 943 jobs. The distribution of actual job retention and wage goals is as follows:

- 9.8 percent or 88 jobs are paying an hourly wage of \$15.00 or higher;
- 3.0 percent or 27 jobs between \$13.00 and \$14.99;
- 1.5 percent or 13 jobs between \$11.00 and \$12.99;
- 85.0 percent or 762 jobs between \$9.00 and \$10.99;
- 0.7 percent or 6 jobs between \$7.00 and \$8.99; and
- no jobs at less than \$7.00 (see Figure 20).

FIGURE 20
Distribution of Actual Job Retention and Wages for Agreements
Reached Between August 1, 1999 and December 31, 1999



Agencies reported an hourly value of health insurance for actual jobs retained in four business assistance agreements for a total of 876 jobs for an average hourly value of \$5.28.

Recipient's Achievement of Goals and Fulfillment of Obligations

Of the 35 business assistance agreements entered into by government agencies between August 1, 1999 and December 31, 1999 reported to DTED in 2002, agencies reported 18 agreements where recipients had achieved all goals and obligations stipulated in the agreements. The total value of those 18 agreements was \$7.1 million out of \$10.2 million of business

assistance provided. Grantors cited three recipients that had failed to achieve goals or fulfill obligations that were required to be fulfilled by the time the report was submitted.¹⁰

Of the one financial assistance agreement entered into by a government agency between August 1, 1999 and December 31, 1999 reported to DTED in 2002, the recipient had achieved all goals and obligations as required by law. The total value of the agreement was \$568,167.

Recipients Failing to Fulfill Reporting Obligations

Of the 35 business assistance agreements entered into by government agencies between August 1, 1999 and December 31, 1999 and reported to DTED in 2002, grantors reported that 35 or 100 percent of the recipients fulfilled the reporting obligation.

Of the one financial assistance agreement entered into by a government agency between August 1, 199 and December 31, 1999 reported to DTED in 2002, the recipient fulfilled the reporting requirements and no recipient failed to achieve any goals or fulfill any obligations as required by law.

Cannon Falls EDA reported that Lorentz Etc., Inc., failed to achieve goals and fulfill obligations under the agreement because business revenues were below projections. The initial value of the business assistance was \$109,000 and the type of assistance was a land contribution. The recipient has fulfilled repayment obligations but the EDA is planning to schedule a public hearing to consider a one-year extension.

City of Belview reported that Heartland Wood Products failed to achieve goals or fulfill obligations under the agreement because the recipient was sold. The initial value of the business assistance was \$100,000 and the type of assistance was a loan. The assistance has been repaid in full.

¹⁰City of Fergus Falls reported that Florists' Atrium Ltd., failed to achieve goals or fulfill any other obligations under the agreement because recipient has ceased operations. The initial value of the business assistance was \$77,400 and the type of assistance was a loan and grant. The city attorney will be consulted to determine whether any repayment can be made.

1999 MBAF Findings

Agencies are subject to reporting requirements for assistance agreements that were made between July 1, 1995 and July 31, 1999. The reporting requirements under Minnesota Statutes §116J.991 are less expansive and very different from those found in Minnesota Statutes §116J.993 through §116J.995 (see Appendix S). For example, Minnesota Statutes §116J.991 does not required business assistance to meet a public purpose and there is no requirement for grantors to adopt a criteria policy after a public hearing. DTED directed government agencies to use the 1999 MBAF for agreements that had not achieved all wage and job goals signed prior to August 1, 1999 to comply with the statute.

Forms summarized in this section of the report cover business assistance agreements reached between July 1, 1995 and July 31, 1999 that were submitted to DTED. Forms submitted by government agencies for eligible projects are available on the department's web site.

Agencies were required to report on 105 business assistance agreements that were reached between July 1, 1995 and July 31, 1999. Of 105 projects, DTED received 60 1999 MBAF for agencies but there were 45 1999 MBAF forms that were not reported as required by the statute (see Appendix L). The department also received 25 eligible business assistance forms that were not reported in the 2001 Business Assistance Report (see Appendix M). There were a total of 85 eligible business assistance agreements submitted in 2002. This section provides an update of the job creation and wage goals and actual performance of the 85 eligible business assistance agreements (see Appendix N).

Job Creation and Wage Goals and Actual Performance as Reported in 2002

The 1999 MBAF asked agencies to identify the job creation and average hourly wage levels for businesses receiving assistance. Of the 85 eligible business assistance agreements reported by government agencies in 2002 on the 1999 MBAF, 69 agreements provided by agencies reported a job creation goal of 3,826 jobs with an average hourly wage of \$12.07. There were also 16 forms submitted by government agencies that did not report either job creation goals or average hourly wage goals.

Of the 85 eligible business assistance forms reported by government agencies in 2002, 4,850 actual jobs were created on 54 forms with an average wage level of \$15.07. There were also 31 assistance forms submitted by agencies that did not report any actual job creation goals or actual average hourly wage goals.

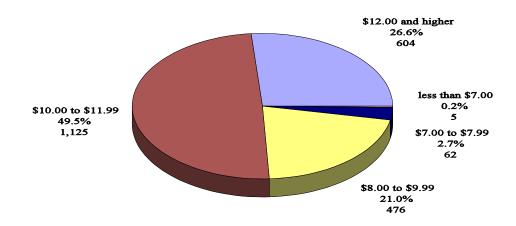
Full-time Job Creation and Wage Goals

Under the law, government agencies providing assistance must establish wage level and job creation goals for a business receiving assistance. Of the 85 eligible business assistance reported

by government agencies in 2002, agencies reported a full-time job creation goal of 2,272 jobs. The distribution of full-time job creation and hourly wage levels are as follows:

- 26.6 percent or 604 jobs were expected to pay an hourly wage of \$12.00 or higher;
- 49.5 percent or 1,125 jobs between \$10.00 and \$11.99;
- 21.0 percent or 476 jobs between \$8.00 and \$9.99;
- 2.7 percent or 62 jobs between \$7.00 and \$7.99; and,
- 0.2 percent or 5 jobs at less than \$7.00 (see Figure 21).

FIGURE 21
Distribution of Full-time Job Creation and Wages for Agreements
Reached Between July 1, 1995 and July 31, 1999



Agencies reported a full-time hourly value of voluntary benefits in 23 business assistance agreements for a total of 1,186 jobs with an average hourly value of \$1.74.

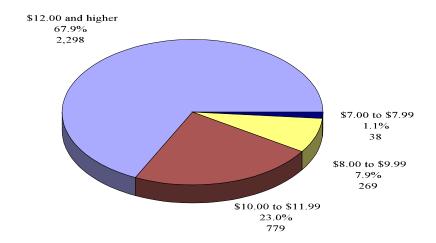
Actual Full-time Job Creation and Wages

Of the 85 eligible business assistance agreements, government agencies reported 3,384 jobs created compared to a goal of 2,272 jobs. Agencies that did not meet their job creation or wage

levels will have to report to DTED until all wage and job goals are met. The distribution of actual full-time job creation and wage levels are as follows:

- 67.9 percent or 2,298 jobs are paying an hourly wage of \$12.00 or higher;
- 23.0 percent or 779 jobs between \$10.00 and \$11.99;
- 7.9 percent or 269 jobs between \$8.00 and \$9.99;
- 1.1 percent or 38 jobs between \$7.00 and \$7.99; and,
- no jobs at less than \$7.00 (see Figure 22).

FIGURE 22
Distribution of Actual Full-time Job Creation and Wage Goals for Agreements Reached Between July 1, 1995 and July 31, 1999



Agencies

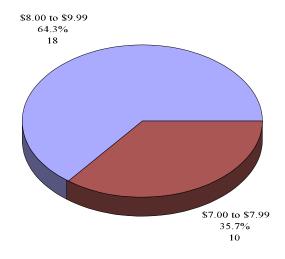
reported actual full-time hourly value of voluntary benefits in 18 agreements for a total of 701 jobs with an average hourly benefit of \$1.70.

Part-time Job Creation and Wage Goals

Of the 85 eligible business assistance agreements, government agencies reported a part-time job creation goal of 28 jobs. The distribution of part-time job creation and hourly wage levels are as follows:

- no jobs were expected to pay an hourly wage of \$12.00 or higher;
- no jobs between \$10.00 and \$11.99;
- 64.3 percent or 18 jobs between \$8.00 and \$9.99;
- 35.7 percent or 10 jobs between \$7.00 and \$7.99; and,
- no jobs at less than \$7.00 (see Figure 23).

FIGURE 23
Distribution of Part-time Job Creation and Wage Goals for Agreements
Reached Between July 1, 1995 and July 31, 1999



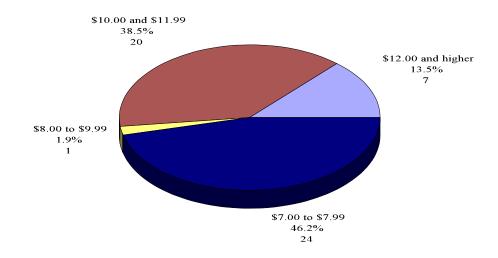
No agency reported a part-time hourly value of voluntary benefits for any business assistance agreement.

Actual Part-time Job Creation and Wages

Of the 85 eligible business assistance agreements, government agencies reported 52 jobs created compared to a goal of 28 jobs. The distribution of actual part-time job creation and hourly wage levels are as follows:

- 13.5 percent or 7 jobs are paying an hourly wage of \$12.00 or higher;
- 38.5 percent or 20 jobs between \$10.00 and \$11.99;
- 1.9 percent or 1 job between \$8.00 and \$9.99;
- 46.2 percent or 24 jobs between \$7.00 and \$7.99; and,
- no jobs at less than \$7.00 (see Figure 24).

FIGURE 24
Distribution of Actual Part-time Job Creation and Wage Goals for Agreements
Reached Between July 1, 1995 and July 31, 1999



Agencies reported an actual part-time hourly value of voluntary benefits in four business assistance agreements for a total of 16 jobs with an average hourly benefit of \$2.48.

Achievement of Wage and Job Goals

Of the 85 eligible 1999 business assistance forms received by DTED from government agencies, the distribution of the achievement of wage and job goals are as follows:

- 42 or 49.4 percent of the forms reported achieving all wage and job goals for a total value of \$23.0 million;
- 41 or 48.2 percent reported that all wage and job goals have not be met for a total value of \$16.5 million; and.
- 2 or 2.4 percent of the forms were missing data for a total value of \$842,604 (see Appendix N).

Administration of M.S. § 116J.993 through § 116J.995

DTED has strived to improve compliance with M.S. § 116J.993 through § 116J.995. In addition to postcard notifications sent to agencies, the department has increased the information available on its web site including detailed provisions and requirements of the business subsidy law. In preparing this report the department responded to more than 300 phone calls and e-mails and made more than 60 calls to agencies to clarify inconsistent data on the forms.

APPENDICES A - T

APPENDIX A:

Minnesota Statutes 116J.993 - 116J.995 (2001 Law)

116.J.993 Definitions.

Subdivision 1. **Scope.** For the purposes of sections 116J.993 to 116J.995, the terms defined in this section have the meanings given them.

- Subd. 2. **Benefit date.** "Benefit date" means the date that the recipient receives the business subsidy. If the business subsidy involves the purchase, lease, or donation of physical equipment, then the benefit date begins when the recipient puts the equipment into service. If the business subsidy is for improvements to property, then the benefit date refers to the earliest date of either:
 - (1) when the improvements are finished for the entire project; or
- (2) when a business occupies the property. If a business occupies the property and the subsidy grantor expects that other businesses will also occupy the same property, the grantor may assign a separate benefit date for each business when it first occupies the property.
- Subd. 3. **Business subsidy.** "Business subsidy" or "subsidy" means a state or local government agency grant, contribution of personal property, real property, infrastructure, the principal amount of a loan at rates below those commercially available to the recipient, any reduction or deferral of any tax or any fee, any guarantee of any payment under any loan, lease, or other obligation, or any preferential use of government facilities given to a business.

The following forms of financial assistance are not a business subsidy:

- (1) a business subsidy of less than \$25,000;
- (2) assistance that is generally available to all businesses or to a general class of similar businesses, such as a line of business, size, location, or similar general criteria;
- (3) public improvements to buildings or lands owned by the state or local government that serve a public purpose and do not principally benefit a single business or defined group of businesses at the time the improvements are made;
- (4) redevelopment property polluted by contaminants as defined in section 116J.552, subdivision 3;
- (5) assistance provided for the sole purpose of renovating old or decaying building stock or bringing it up to code and assistance provided for designated historic preservation districts, provided that the assistance is equal to or less than 50 percent of the total cost;
- (6) assistance to provide job readiness and training services if the sole purpose of the assistance is to provide those services;
 - (7) assistance for housing;
- (8) assistance for pollution control or abatement, including assistance for a tax increment financing hazardous substance subdistrict as defined under section 469.174, subdivision 23;
 - (9) assistance for energy conservation;
 - (10) tax reductions resulting from conformity with federal tax law;
 - (11) workers' compensation and unemployment compensation;
 - (12) benefits derived from regulation;
 - (13) indirect benefits derived from assistance to educational institutions;
- (14) funds from bonds allocated under chapter 474A, bonds issued to refund outstanding bonds, and bonds issued for the benefit of an organization described in section 501(c)(3) of the Internal Revenue Code of 1986, as amended through December 31, 1999;
- (15) assistance for a collaboration between a Minnesota higher education institution and a business;

- (16) assistance for a tax increment financing soils condition district as defined under section 469.174, subdivision 19;
- (17) redevelopment when the recipient's investment in the purchase of the site and in site preparation is 70 percent or more of the assessor's current year's estimated market value;
- (18) general changes in tax increment financing law and other general tax law changes of a principally technical nature;
- (19) federal assistance until the assistance has been repaid to, and reinvested by, the state or local government agency;
 - (20) funds from dock and wharf bonds issued by a seaway port authority;
- (21) business loans and loan guarantees of \$75,000 or less; and
- (22) federal loan funds provided through the United States Department of Commerce, Economic Development Administration.
- Subd. 4. **Grantor.** "Grantor" means any state or local government agency with the authority to grant a business subsidy.
- Subd. 5. **Local government agency.** "Local government agency" includes a statutory or home rule charter city, housing and redevelopment authority, town, county, port authority, economic development authority, community development agency, nonprofit entity created by a local government agency, or any other entity created by or authorized by a local government with authority to provide business subsidies.
- Subd. 6. **Recipient.** "Recipient" means any for-profit or nonprofit business entity that receives a business subsidy. Only nonprofit entities with at least 100 full-time equivalent positions and with a ratio of highest to lowest paid employee, that exceeds ten to one, determined on the basis of full-time equivalent positions, are included in this definition.
- Subd. 7. **State government agency.** "State government agency" means any state agency that has the authority to award business subsidies.

HIST: 1999 c 243 art 12 s 1; 2000 c 482 s 1

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116J.994 Regulating Local And State Business Subsidies.

Subdivision 1. **Public purpose.** A business subsidy must meet a public purpose which may include, but may not be limited to, increasing the tax base. Job retention may only be used as a public purpose in cases where job loss is specific and demonstrable.

- Subd. 2. **Developing a set of criteria.** A business subsidy may not be granted until the grantor has adopted criteria after a public hearing for awarding business subsidies that comply with this section. The criteria may not be adopted on a case-by-case basis. The criteria must set specific minimum requirements that recipients must meet in order to be eligible to receive business subsidies. The criteria must include a specific wage floor for the wages to be paid for the jobs created. The wage floor may be stated as a specific dollar amount or may be stated as a formula that will generate a specific dollar amount. A grantor may deviate from its criteria by documenting in writing the reason for the deviation and attaching a copy of the document to its next annual report to the department. The commissioner of trade and economic development may assist local government agencies in developing criteria. A copy of the criteria must be submitted to the department of trade and economic development along with the first annual report following the enactment of this section or with the first annual report after it has adopted criteria, whichever is earlier.
- Subd. 3. **Subsidy agreement.** (a) A recipient must enter into a subsidy agreement with the grantor of the subsidy that includes:
- (1) a description of the subsidy, including the amount and type of subsidy, and type of district if the subsidy is tax increment financing;
 - (2) a statement of the public purposes for the subsidy;
 - (3) measurable, specific, and tangible goals for the subsidy;
 - (4) a description of the financial obligation of the recipient if the goals are not met;
 - (5) a statement of why the subsidy is needed;
- (6) a commitment to continue operations in the jurisdiction where the subsidy is used for at least five years after the benefit date;
 - (7) the name and address of the parent corporation of the recipient, if any; and
 - (8) a list of all financial assistance by all grantors for the project.
- (b) Business subsidies in the form of grants must be structured as forgivable loans. For other types of business subsidies, the agreement must state the fair market value of the subsidy to the recipient, including the value of conveying property at less than a fair market price, or other in-kind benefits to the recipient.
- (c) If a business subsidy benefits more than one recipient, the grantor must assign a proportion of the business subsidy to each recipient that signs a subsidy agreement. The proportion assessed to each recipient must reflect a reasonable estimate of the recipient's share of the total benefits of the project.
- (d) The state or local government agency and the recipient must both sign the subsidy agreement and, if the grantor is a local government agency, the agreement must be approved by the local elected governing body, except for the St. Paul Port Authority and a seaway port authority.
 - (e) Notwithstanding the provision in paragraph (a), clause
- (6), a recipient may be authorized to move from the jurisdiction where the subsidy is used within the five-year period after the benefit date if, after a public hearing, the grantor approves the recipient's request to move. For the purpose of this paragraph, if the grantor is a state

government agency other than the iron range resources and rehabilitation board, "jurisdiction" means a city or township.

Subd. 4. **Wage and job goals.** The subsidy agreement, in addition to any other goals, must include: (1) goals for the number of jobs created, which may include separate goals for the number of part-time or full-time jobs, or, in cases where job loss is specific and demonstrable, goals for the number of jobs retained; and (2) wage goals for the jobs created or retained. After a public hearing, if the creation or retention of jobs is determined not to be a goal, the wage and job goals may be set at zero.

In addition to other specific goal time frames, the wage and job goals must contain specific goals to be attained within two years of the benefit date.

- Subd. 5. **Public notice and hearing.** (a) Before granting a business subsidy that exceeds \$500,000 for a state government grantor and \$100,000 for a local government grantor, the grantor must provide public notice and a hearing on the subsidy. A public hearing and notice under this subdivision is not required if a hearing and notice on the subsidy is otherwise required by law.
- (b) Public notice of a proposed business subsidy under this subdivision by a state government grantor, other than the iron range resources and rehabilitation board, must be published in the State Register. Public notice of a proposed business subsidy under this subdivision by a local government grantor or the iron range resources and rehabilitation board must be published in a local newspaper of general circulation. The public notice must identify the location at which information about the business subsidy, including a summary of the terms of the subsidy, is available. Published notice should be sufficiently conspicuous in size and placement to distinguish the notice from the surrounding text. The grantor must make the information available in printed paper copies and, if possible, on the Internet. The government agency must provide at least a ten-day notice for the public hearing.
 - (c) The public notice must include the date, time, and place of the hearing.
- (d) The public hearing by a state government grantor other than the iron range resources and rehabilitation board must be held in St. Paul.
- (e) If more than one nonstate grantor provides a business subsidy to the same recipient, the nonstate grantors may designate one nonstate grantor to hold a single public hearing regarding the business subsidies provided by all nonstate grantors. For the purposes of this paragraph, "nonstate grantor" includes the iron range resources and rehabilitation board.
- Subd. 6. **Failure to meet goals.** The subsidy agreement must specify the recipient's obligation if the recipient does not fulfill the agreement. At a minimum, the agreement must require a recipient failing to meet subsidy agreement goals to pay back the assistance plus interest to the grantor or, at the grantor's option, to the account created under section 116J.551 provided that repayment may be prorated o reflect partial fulfillment of goals. The interest rate must be set at no less than the implicit price deflator for government consumption expenditures and gross investment for state and local governments prepared by the bureau of economic analysis of the United States Department of Commerce for the 12-month period ending March 31 of the previous year. The grantor, after a public hearing, may extend for up to one year the period for meeting the wage and job goals under subdivision 4 provided in a subsidy agreement. A grantor may extend the period for meeting other goals under subdivision 3, paragraph (a), clause (3), by documenting in writing the reason for the extension and attaching a copy of the document to its next annual report to the department.

A recipient that fails to meet the terms of a subsidy agreement may not receive a business subsidy from any grantor for a period of five years from the date of failure or until a recipient satisfies its repayment obligation under this subdivision, whichever occurs first.

Before a grantor signs a business subsidy agreement, the grantor must check with the compilation and summary report required by this section to determine if the recipient is eligible to receive a business subsidy.

Subd. 7. Reports by recipients to grantors.

- (a) A business subsidy grantor must monitor the progress by the recipient in achieving agreement goals.
- (b) A recipient must provide information regarding goals and results for two years after the benefit date or until the goals are met, whichever is later. If the goals are not met, the recipient must continue to provide information on the subsidy until the subsidy is repaid. The information must be filed on forms developed by the commissioner in cooperation with representatives of local government. Copies of the completed forms must be sent to the local government agency that provided the subsidy or to the commissioner if the grantor is a state agency. If the iron range resources and rehabilitation board is the grantor, the copies must be sent to the board. The report must include:
- (1) the type, public purpose, and amount of subsidies and type of district, if the subsidy is tax increment financing;
 - (2) the hourly wage of each job created with separate bands of wages;
- (3) the sum of the hourly wages and cost of health insurance provided by the employer with separate bands of wages;
 - (4) the date the job and wage goals will be reached;
- (5) a statement of goals identified in the subsidy agreement and an update on achievement of those goals;
 - (6) the location of the recipient prior to receiving the business subsidy;
- (7) why the recipient did not complete the project outlined in the subsidy agreement at their previous location, if the recipient was previously located at another site in Minnesota;
 - (8) the name and address of the parent corporation of the recipient, if any;
 - (9) a list of all financial assistance by all grantors for the project; and
 - (10) other information the commissioner may request.

A report must be filed no later than March 1 of each year for the previous year. The local agency and the iron range resources and rehabilitation board must forward copies of the reports received by recipients to the commissioner by April 1.

- (c) Financial assistance that is excluded from the definition of "business subsidy" by section 116J.993, subdivision 3, clauses (4), (5), (8), and (16), is subject to the reporting requirements of this subdivision, except that the report of the recipient must include instead:
- (1) the type, public purpose, and amount of the financial assistance, and type of district if the assistance is tax increment financing;
- (2) progress towards meeting goals stated in the assistance agreement and the public purpose of the assistance;
- (3) if the agreement includes job creation, the hourly wage of each job created with separate bands of wages;
- (4) if the agreement includes job creation, the sum of the hourly wages and cost of health insurance provided by the employer with separate bands of wages;

- (5) the location of the recipient prior to receiving the assistance; and
- (6) other information the grantor requests.
- (d) If the recipient does not submit its report, the local government agency must mail the recipient a warning within one week of the required filing date. If, after 14 days of the postmarked date of the warning, the recipient fails to provide a report, the recipient must pay to the grantor a penalty of \$100 for each subsequent day until the report is filed. The maximum penalty shall not exceed \$1,000.
- Subd. 8. **Reports by grantors.** (a) Local government agencies of a local government with a population of more than 2,500 and state government agencies, regardless of whether or not they have awarded any business subsidies, must file a report by April 1 of each year with the commissioner. Local government agencies of a local government with a population of 2,500 or less are exempt from filing this report if they have not awarded a business subsidy in the past five years. The report must include a list of recipients that did not complete the recipient report required under subdivision 7 and a list of recipients that have not met their job and wage goals within two years and the steps being taken to bring them into compliance or to recoup the subsidy.

If the commissioner has not received the report by April 1 from an entity required to report, the commissioner shall issue a warning to the government agency. If the commissioner has still not received the report by June 1 of that same year from an entity required to report, then that government agency may not award any business subsidies until the report has been filed.

- (b) The commissioner of trade and economic development must provide information on reporting requirements to state and local government agencies.
- Subd. 9. **Compilation and summary report.** The department of trade and economic development must publish a compilation and summary of the results of the reports for the previous calendar year by August 1 of each year. The reports of the government agencies to the department and the compilation and summary report of the department must be made available to the public.

The commissioner must coordinate the production of reports so that useful comparisons across time periods and across grantors can be made. The commissioner may add other information to the report as the commissioner deems necessary to evaluate business subsidies. Among the information in the summary and compilation report, the commissioner must include:

- (1) total amount of subsidies awarded in each development region of the state;
- (2) distribution of business subsidy amounts by size of the business subsidy;
- (3) distribution of business subsidy amounts by time category;
- (4) distribution of subsidies by type and by public purpose;
- (5) percent of all business subsidies that reached their goals;
- (6) percent of business subsidies that did not reach their goals by two years from the benefit date;
- (7) total dollar amount of business subsidies that did not meet their goals after two years from the benefit date;
 - (8) percent of subsidies that did not meet their goals and that did not receive repayment;
- (9) list of recipients that have failed to meet the terms of a subsidy agreement in the past five years and have not satisfied their repayment obligations;
 - (10) number of part-time and full-time jobs within separate bands of wages; and
 - (11) benefits paid within separate bands of wages.

Subd. 10. **Compilation.** The department of trade and economic development must publish a compilation of granting agencies' criteria policies adopted in the previous calendar year by August 1 of each year.

HIST: 1999 c 243 art 12 s 2; 2000 c 482 s 2-11; 2001 c 7 s 28

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116J.995 Economic Grants.

An appropriation rider in an appropriation to the department of trade and economic development that specifies that the appropriation be granted to a particular business or class of businesses must contain a statement of the expected benefits associated with the grant. At a minimum, the statement must include goals for the number of jobs created, wages paid, and the tax revenue increases due to the grant. The wage and job goals must contain specific goals to be attained within two years of the benefit date. The statement must specify the recipient's obligation if the recipient does not attain the goals. At a minimum, the statement must require a recipient failing to meet the job and wage goals to pay back the assistance plus interest to the department of trade and economic development provided that repayment may be prorated to reflect partial fulfillment of goals. The interest rate must be set at no less than the implicit price deflator as defined under section 116J.994, subdivision 6. The legislature, after a public hearing, may extend for up to one year the period for meeting the goals provided in the statement.

HIST: 1999 c 243 art 12 s 3; 2000 c 482 s 12; 2001 c 7 s 29

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APPENDIX B:

DTED Postcard Notifications to Agencies



2002 Minnesota **Business Assistance Form** Now Available



First Class US Postage PAID Permit No. 171

Minn. Stat. §116J.993 to §116J.995 requires that business subsidies and financial assistance provided by state and local government agencies be reported by April 1 of each year to the Department of Trade and Economic Development. The law also requires certain government agencies to submit a report even if subsidy activity has not occurred.

Agencies providing reports must use the appropriate Minnesota Business Assistance Form. These forms, as well as information related to reporting requirements, are available online at www.dted.state.mn.us/02x00f.asp, click on Business Subsidies Reporting. If you cannot access the online version, please call 651-296-1778 and forms will be mailed to you.



2002 Minnesota **Business Assistance Form** Now Available

Minn. Stat. §116J.993 to §116J.995 requires that business subsidies and financial assistance provided by state and local government agencies be reported by April 1 of each year to the Department of Trade and Economic Development. The law also requires certain government agencies to submit a report even if subsidy activity has not occurred.

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500 Metro Square 121 7th Place East Economic St. Paul MN 55101

First Class **US Postage** PAID Permit No. 171

2002 Minnesota Business Assistance Form FINAL NOTICE

MINNESOTA STATUES §116J.993 to §116J.995 requires that all government agencies (e.g., cities, townships, economic development authorities, etc.) submit a Minnesota Business Assistance Form (MBAF) if:



- they represent a population of more than 2,500;
 or
- they have awarded business assistance during the last five years (1997 2001).

Our records indicate that your agency is required to submit a MBAF. If we do not receive a report by June 1, your agency may not award any business assistance until a report has been filed. These forms, as well as information related to reporting requirements, are available on line at www.dted.state.mn.us/02x00f.asp, click on Business Subsidies Reporting, then Reporting Requirements. If you have any questions please call 651-296-0580.

-The Minnesota Department of Trade and Economic Development

18A 0036 4/02 600



Information and Analysis

A DIVISION OF THE MINNESOTA DEPARTMENT OF TRADE AND ECONOMIC DEVELOPMENT

500 Metro Square ■ 121 7th Place East St. Paul, Minnesota 55101-2146 ■ USA

APPENDIX C:

Listing of Agencies Required to Submit a 2002 MBAF

Agency Name	Pop >2500	PriorActivity*	2001 Activity ****	Rec'd Report **
Afton, City of	Yes	Yes	No	No
Aitkin, City of	No	Yes	No	No
Aitkin County	Yes	No	No	Yes
Albany, City of	No	Yes	Yes	Yes
Albert Lea Port Authority	Yes	Yes	No	No
Albert Lea, City of	Yes	Yes	No	No
Albertville, City of	Yes	No	No	No
Alexandria, City of	Yes	No	No	Yes
Alexandria (Township of)	Yes	No	No	No
Andover, City of	Yes	No	No	Yes
Annandale, City of Annandale EDA	Yes Yes	Yes Yes	No Yes	Yes Yes
Anoka, City of	Yes	Yes	Yes	Yes
Anoka County	Yes	Yes	No	Yes
Apple Valley, City of	Yes	No	No	No
Arden Hills, City of	Yes	Yes	No	No
Arrowhead Regional Development Commission	Yes	Yes	No	No
Austin, City of	Yes	No	No	Yes
Bagley, City of	No	Yes	No	No
Baldwin (Township of)	Yes	No	No	Yes
Barnesville EDA	No	Yes	No	Yes
Baxter, City of	Yes	No	No	No
Bayport, City of	Yes	No	No	No
Becker, City of	No	Yes	No	Yes
Becker, City of, EDA Becker County, EDA	No Yes	Yes No	No No	No Yes
Becker (Township of)	Yes	No	No	Yes
Belle Plaine, City of	Yes	Yes	No	Yes
Belle Plaine EDA	Yes	Yes	No	No
Beltrami County HRA	Yes	No	No	No
Belview, City of	No	Yes	No	Yes
Bemidji, City of	Yes	No	No	No
Bemidji (Township of)	Yes	No	No	Yes
Benson, City of	Yes	Yes	Yes	Yes
Benson, EDA	Yes	Yes	No	No
Benson, HRA	Yes	No	No	Yes
Benton County	Yes	Yes	No	Yes
Big Lake, City of	Yes	No	No	No
Big Lake EDA Big Lake (Township of)	Yes Yes	No No	Yes No	Yes No
Big Stone County	Yes	No	No	Yes
Blackduck, City of	No	No	Yes	Yes
Blaine, City of	Yes	No	No	No
Blaine Area Development Company	Yes	Yes	No	Yes
Blaine EDA	Yes	Yes	No	No
Blooming Prairie, City of	No	Yes	No	No
Bloomington, City of	Yes	No	No	Yes
Bloomington HRA	Yes	No	No	Yes
Bloomington Port Authority	Yes	No	No	No
Blue Earth, City of	Yes	No	No	No
Blue Earth EDA Bradford (Township of)	Yes	Yes	Yes	Yes
Brainerd, City of	Yes Yes	No Yes	No Yes	No Yes
Brandon EDA	No Yes	Yes	Yes No	No Yes
Breckenridge, City of	Yes	No	No	Yes
Breckenridge HRA	Yes	No	No	Yes
Breezy Point, City of	Yes	No	No	No
Breezy Point EDA	Yes	Yes	No	No
Brockway (Township of)	Yes	No	No	Yes
Brooklyn Center, City of	Yes	No	No	No
Brooklyn Center EDA	Yes	Yes	No	No
Brooklyn Park, City of	Yes	Yes	No	No
Brooklyn Park, City of EDA	Yes	No	No	No
Brooks, City of	No	Yes	No	No***
Brooten, City of	No	Yes	No	Yes
Browerville, City of	No	Yes	No	Yes
Brown County Economic Development Partners, Inc.	Yes	Yes	No	Yes
Buffalo, City of	Yes No	Yes Yes	No No	Yes No
Buffalo Lake, City of Buhl, City of	No No	Yes	No No	Yes
Burns (Township of)	Yes	No	No	Yes
Danio (Township or)	169	L INU	INU	169

Listing of Agencies Required to Submit a 2002 MBAF

Agency Name	Pop >2500	PriorActivity*	2001 Activity ****	Rec'd Report **
Burnsville, City of	Yes	No	No	No
Burnsville EDA	Yes	Yes	Yes	Yes
Business Development Inc.(Fergus Falls)	Yes	Yes	No	Yes
Byron, City of	Yes	No	No	Yes
Caledonia, City of	Yes	No	No	Yes
Caledonia EDA	Yes	Yes	No	No
Calumet, City of	No	Yes	No	Yes
Cambridge, City of	Yes	Yes	Yes	Yes
Cambridge HRA	Yes	No	No	No
Canby, City of Cannon Falls, City of	No Yes	Yes Yes	No No	No No
Cannon Falls, City of Cannon Falls EDA	Yes	Yes	No	Yes
Carlton County	Yes	No	No	No
Carver County	Yes	No	No	No
Carver County HRA	Yes	No	No	No
Cascade (Township of)	Yes	No	No	No
Cass County	Yes	No	No	Yes
Cass County HRA	Yes	Yes	No	No
Centerville, City of	No	Yes	No	No
Central Minnesota Initiative Fund	Yes	Yes	No	Yes
Champlin, City of	Yes	No	No	Yes
Champlin, EDA	Yes	No	No	No
Chanhassen, City of	Yes	No	No	No***
Chaska, City of	Yes	No	No	Yes
Chaska EDA Chatfield, City of	Yes	Yes	No	Yes
Chippewa County	No Yes	Yes No	No No	No No
Chippewa County Chippewa County HRA	Yes	No	No	Yes
Chisago City, City of	No	Yes	No	Yes
Chisago County HRA - EDA	Yes	Yes	No	Yes
Chisago Lake (Township of)	Yes	No	No	Yes
Chisholm, City of	Yes	No	No	No
Circle Pines, City of	Yes	No	No	No
Claremont, City of	No	Yes	No	No
Clarissa, City of	No	Yes	No	Yes
Clearwater County	Yes	No	No	No
Cloquet, City of	Yes	Yes	No	Yes
Cokato, City of	No	Yes	No	No***
Cold Spring, City of	Yes	No	No	Yes
Collegeville (Township of)	Yes	No	No	No
Columbia Heights, City of	Yes	Yes	No	Yes
Columbia Heights EDA Columbus (Township of)	Yes	Yes	No	No
Cook County	Yes Yes	No No	No No	No No
Coon Rapids, City of	Yes	Yes	No	Yes
Corcoran, City of	Yes	No	No	No
Cosmos, City of	No	Yes	No	Yes
Cottage Grove, City of	Yes	Yes	Yes	Yes
Cottage Grove EDA	Yes	No	No	No
Cottonwood County	Yes	No	No	No
Credit River (Township of)	Yes	No	No	No
Crookston, City of	Yes	Yes	No	No
Crookston HRA	Yes	No	No	Yes
Crosby, City of	No	Yes	No	Yes
Crow Wing County	Yes	No	No	No
Crystal, City of	Yes	Yes	No	Yes
Dakota County	Yes	No	No	No***
Dakota County Community Development Agency Dawson	Yes	No No	No Vos	No Vos
Dayton, City of	No Yes	No No	Yes No	Yes No
Deephaven, City of	Yes	No	No	Yes
Delano, City of	Yes	No	Yes	Yes
Detroit Lakes, City of	Yes	No	Yes	Yes
Detroit Lakes Dev. Authority	Yes	Yes	Yes	Yes
Dilworth, City of	Yes	No	No	Yes
Dodge Center, City of	No	Yes	No	Yes
Douglas County	Yes	No	No	Yes
Douglas County HRA	Yes	Yes	No	No
Duluth, City of	Yes	Yes	No	Yes
Duluth EDA	Yes	Yes	No	No
Duluth HRA	Yes	No	No	No
Duluth Seaway Port Authority	Yes	No	No	Yes

A gamay Nama	Don . 2500	PriorActivity*	2001 Activity ****	Rec'd Report **
Agency Name Dundas, City of	Pop >2500 No	Yes	No	No
Dunnell, City of	No	Yes	Yes	Yes
Eagan, City of	Yes	Yes	No	No
East Bethel, City of	Yes	No	No	No
East Central Regional Dev. Commission	Yes	Yes	No	No
East Grand Forks, City of	Yes	Yes	No	No
East Grand Forks EDHA	Yes	Yes	Yes	Yes
Eden Prairie, City of	Yes	Yes	No	Yes
Eden Valley, City of	No V	Yes	No	No
Edina, City of Edina HRA	Yes Yes	No Yes	No No	No Yes
Elbow Lake, City of	No	Yes	No	No
Elk River, City of	Yes	Yes	No	No
Elk River EDA	Yes	Yes	No	Yes
Elk River HRA	Yes	No	No	No
Ely, City of	Yes	Yes	No	No
Ely HRA	Yes	No	No	No
Eveleth, City of	Yes	Yes	Yes	Yes
Eveleth EDA	Yes	No	No	Yes
Fairmount, City of	Yes	Yes	Yes	Yes
Falcon Heights, City of	Yes	No	No	Yes
Faribault, City of	Yes Yes	Yes No	No No	No Yes
Faribault County Faribault County Local Redevelopment Agency	Yes	No	No No	Yes
Faribault EDA	Yes	Yes	Yes	Yes
Farmington, City of	Yes	No	No	No
Farmington HRA	Yes	Yes	No	No***
Fergus Falls, City of	Yes	Yes	Yes	Yes
Fergus Falls Port Authority	Yes	Yes	No	Yes
Fillmore County	Yes	No	No	No
Foley, City of	No	Yes	No	No
Forest Lake, City of	Yes	No	No	No
Forest Lake HRA	Yes	No	No	No
Forest Lake (Township of)	Yes	No	No	No
Fountain, City of Franklin (Township of)	No Yes	Yes No	No No	Yes No
Freeborn County HRA	Yes	No	No	Yes
Fridley, City of	Yes	No	No	No
Fridley HRA	Yes	Yes	No	Yes
Frogtown Action Alliance	No	Yes	No	No
Garrison, City of	No	Yes	No	No
Gaylord, City of	No	Yes	No	No
Glencoe, City of	Yes	No	No	No***
Glenwood, City of	Yes	No	No	No
Glyndon	No	Yes	No	Yes
Golden Valley, City of	Yes	No No	No No	No No
Goodhue County Goodview, City of	Yes Yes	No	No No	Yes
Grand Lake (Township of)	Yes	No	No	No
Grand Rapids, City of	Yes	No	No	Yes
Grand Rapids EDA	Yes	No	No	Yes
Grand Rapids Township	Yes	No	No	Yes
Granite Falls, City of	Yes	Yes	Yes	Yes
Granite Falls EDA	Yes	No	No	No
Granite Falls HRA	Yes	Yes	No	No
Grant, City of	Yes	No	No	No***
Grant County	Yes	No	No	No
Grant (Township of)	Yes	No Vos	No No	No Yes
Grey Eagle, City of Grygla, City of	Yes No	Yes Yes	No No	Yes No
Ham Lake, City of	Yes	Yes	No	Yes
Harris (Township of)	Yes	No	No	No
Hassan (Township of)	Yes	No	No	No
Hastings, City of	Yes	Yes	Yes	Yes
Henderson, City of	No	Yes	No	Yes
Hennepin County	Yes	Yes	No	No
Henning, City of, EDA	No	Yes	No	No
Hermantown, City of	Yes	No	No	No
Hibbing EDA	Yes	Yes	No	No
Hibbing, City of	Yes	Yes	Yes	Yes
Hinckley, City of	No Yes	Yes	No	No
Hopkins, City of	Yes	Yes	No	No

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Agency Name Hopkins HRA	Pop >2500 Yes	PriorActivity* Yes	2001 Activity **** No	Rec'd Report ** Yes
Houston County	Yes	Yes	Yes	Yes
Howard Lake, City of	No	Yes	Yes	Yes
Hubbard County	Yes	No	No	No
Hugo, City of	Yes	No	No	No***
Hutchinson, City of	Yes	Yes	No	No
Hutchinson Community Development EDA	Yes	No	No	No
Independence, City of	Yes	No	No	No
International Falls, City of	Yes	Yes	No	No
Inver Grove Heights, City of	Yes	Yes	No	Yes
Iron Range Resources and Rehabilitation Agency (IRRRA)	Yes	Yes	Yes	Yes
Isanti, City of	No	No	Yes	Yes
Isanti County	Yes	No	No	Yes
Itasca County	Yes	No	No	Yes
Jackson, City of	Yes	Yes	No	Yes
Jackson County (Revolving Loan Fund)	Yes	Yes	No	Yes
Jasper, City of	No	No	Yes	Yes
Jenkins, City of	Yes	Yes	No	No
Joint Economic Development Commission	Yes	Yes	No	No
Jordon, City of	Yes	Yes	No	Yes
Kanabec County	Yes	No	No	Yes
Kandiyohi County HRA	Yes	No	No	Yes
Kandiyohi County Rural Development Finance Authority	Yes	No	No	No
Karlstad EDA	No	Yes	No	No
Kasson, City of	Yes	Yes	Yes	Yes
Keewatin, City of	No	Yes	No	No
Kiester EDA	No	Yes	No	No
Kimball	No	Yes	No	Yes
Kittson County	Yes	No	No	Yes
Kittson Office of Economic Development	Yes	No No	No	Yes
Koochiching Development Authority Lac qui Parle County	Yes		Yes	Yes
La Crescent, City of	Yes Yes	No No	No No	No Yes
La Grand (Township of)	Yes	No	No	No
Lake City, City of	Yes	Yes	No	Yes
Lake County	Yes	No	No	Yes
Lake Elmo, City of	Yes	No	No	No
Lake of the Woods County	Yes	No	No	No
Lakeville, City of	Yes	Yes	No	Yes
La Prairie, City of	No	Yes	No	No
Lauderdale, City of	No	No	No	No
Le Center, City of	No	Yes	No	Yes
Lent (Township of)	Yes	No	No	No
Leroy, City of	No	Yes	No	No
Lester Prairie, City of	No	Yes	No	Yes
Le Sueur, City of	Yes	No	No	No
Le Sueur EDA	Yes	No	No	No
Le Suer County	Yes	No	No	Yes
Le Sueur County HRA	Yes	No	No	Yes
Lindstrom, City of	Yes	No	No	No
Lino Lakes, City of	Yes	Yes	No	No
Lino Lakes EDA	Yes	Yes	Yes	Yes
Linwood (Township of)	Yes	Yes	No	No
Litchfield, City of	Yes	No	No	Yes
Little Canada, City of	Yes	Yes	No	No
Little Falls, City of	Yes	Yes	No	No
Livonia (Township of)	Yes	No	No	Yes
Long Lake, City of	No	Yes	No	No
Long Lake EDA	No	No	No	Yes
Long Prairie, City of	Yes	No	No	Yes
Luverne, City of	Yes	No	No	Yes
Luverne EDA	Yes	No	Yes	Yes
Luverne HRA	Yes	No	No	No
Lyon County	Yes	Yes	No	No
McLeod County	Yes	No	No	Yes
McLeod County HRA	Yes	No	No	Yes
Madelia, City of	No	Yes	No	No***
Madison Lake, City of	No	Yes	No	No
Mahnomen County	Yes	No	No	Yes
Mahtomedi, City of	Yes	No	No	Yes
Mankato, City of	Yes	Yes	No	No
Maple Grove, City of	Yes	No	No	Yes

TA No	In	In the Austria	10004 4 41 14 4444	In all notes
Agency Name Maple Lake, City of	Pop >2500 No	PriorActivity* Yes	2001 Activity **** No	Rec'd Report ** No
Maple Plain, City of	No	Yes	No	Yes
Mapleton, City of	No	Yes	No	No
Maplewood, City of	Yes	No	Yes	Yes
Marion (Township of)	Yes	No	No	No
Marshall County	Yes	No	No	Yes
Marshall, City of	Yes	No	No	Yes
Marshall EDA	Yes	Yes	No	No
Marshall HRA	Yes	Yes	No	No
May (Township of)	Yes	No	No	No
Maynard, City of MEDA	No Yes	Yes Yes	No No	No Yes
Medina (corporate name for Hamel)	Yes	No	No	No
Meeker County	Yes	No	Yes	Yes
Melrose, City of	Yes	No	No	No
Melrose Area Development Authority	Yes	Yes	No	Yes
Melrose HRA	Yes	No	No	No
Mendota Heights, City of	Yes	Yes	No	Yes
Metropolitan Council	Yes	No	No	Yes
Mid-Minnesota Development Commission	Yes	Yes	No	Yes
Milaca	Yes	Yes	No	Yes
Mille Lacs County Minneapolis, City of	Yes	No	No	Yes
Minneapolis, City of Minneapolis Community Development Agecy	Yes Yes	No Yes	No Yes	No Yes
Minneapolis Consortium of Community Developers	Yes	No	No	Yes
Minneapolis Foundation	Yes	Yes	No	No
Minneapolis Foundation's Enterpreneurs Fund	Yes	Yes	No	Yes
Minneapolis Public Housing Authority	Yes	No	No	No
Minnesota Planning	Yes	No	No	Yes
Minnesota Pollution Control Agency	Yes	Yes	No	Yes
Minnetonka, City of	Yes	Yes	No	No
Minnetrista, City of	Yes	No	No	No
MN Department of Agriculture	Yes	No	Yes	Yes
MN Department of Trade and Economic Development MN Office of Environmental Assistance	Yes Yes	Yes	Yes	Yes
MN Rural Finance Authority	Yes	No Yes	No No	No No
Montevideo, City of	Yes	Yes	No	Yes
Montevideo Community Development Corporation	Yes	Yes	No	Yes
Montevideo HRA	Yes	No	No	No
Montgomery, City of	Yes	Yes	No	No
Monticello, City of	Yes	Yes	No	No
Monticello EDA	Yes	Yes	No	Yes
Monticello HRA	Yes	Yes	Yes	Yes
Monticello (Township of)	Yes	No	No	Yes
Montrose, City of	Yes	Yes	Yes	Yes
Moorhead, City of Moose Lake, City of	Yes No	Yes Yes	Yes No	Yes
Mora, City of	Yes	Yes	No	Yes No***
Morris, City of	Yes	No	No	Yes
Morrison County	Yes	No	No	No
Motley, City of	No	Yes	No	No***
Mound, City of	Yes	Yes	No	Yes
Mound HRA	Yes	No	No	Yes
Mounds View, City of	Yes	Yes	No	No
Mounds View EDA	Yes	No	No	Yes
Mountain Iron, City of	Yes	No	No	No
Mountain Iron HRA	Yes	No	No	No
Mountain Lake EDA Mower County	No Yes	Yes Yes	No No	No Yes
Mower County Mower County Housing Authority	Yes	No Yes	No	Yes No
Murdock, City of	No	Yes	No	No
New Brighton, City of	Yes	No	No	Yes
New Hope, City of	Yes	No	No	Yes
New London (Township of)	Yes	No	No	Yes
New Market (Township of)	Yes	No	No	No***
Newport, City of	Yes	No	No	No
New Prague, City of	Yes	Yes	No	Yes
New Scandia (Township of)	Yes	No	No	No
New Ulm, City of	Yes	Yes	No	Yes
New Ulm EDA	Yes	No	No	Yes
New York Mills EDA	No Vos	Yes	No	Yes
Nicollet County	Yes	No	No	No

Agency Name	Pop >2500	PriorActivity*	2001 Activity ****	Rec'd Report **
Nobles County	Yes	No	Yes	Yes
Norman County	Yes	No	No	No
North Branch	Yes	Yes	No	No
North Branch EDA	Yes	No	Yes	Yes
Northland Foundation	Yes	No	No	Yes
North End Area Revitalization, Inc.	No	Yes	No	Yes
Northern (Township of)	Yes	No	No	No
Northfield, City of Northfield EDA	Yes Yes	Yes Yes	No No	Yes Yes
North Mankato, City of	Yes	Yes	No	No
North Mankato, North Mankato Port Authority	Yes	Yes	Yes	Yes
North Oaks. City of	Yes	No	No	No
North Saint Paul	Yes	No	No	No
Northwest MN Foundation	Yes	Yes	No	No
Norwood, City of	Yes	No	No	No
Oakdale, City of	Yes	Yes	No	Yes
Oak Grove, City of	Yes	No	No	Yes
Oak Park Heights, City of	Yes	No	No	Yes
Oak Park Heights EDA	Yes	No	No	No
Olivia, City of	No	Yes	No	Yes
Olivia EDA	No Voc	Yes	No No	Yes
Olmstead County Onamia, City of	Yes No	No Yes	No No	No Yes
Orono, City of	Yes	No	No	No
Osakis, City of	No Yes	Yes	No	No
Osseo, City of	Yes	Yes	No	No
Osseo EDA	Yes	No	Yes	Yes
Otsego, City of	Yes	No	No	Yes
Owatonna, City of	Yes	No	No	Yes
Owatonna EDA	Yes	Yes	No	Yes
Park Rapids, City of	Yes	No	No	No
Parkers Prairie, City of	No	Yes	No	No
Paynesville, City of	No	Yes	No	Yes
Pelican Rapids, City of	No	Yes	No	No
Pennington County	Yes	No	No	Yes
Pequot Lakes, City of Perham, City of	No No	Yes Yes	No Yes	No Yes
Pierz, City of	No	Yes	No	Yes
Pine City, City of	Yes	Yes	No	Yes
Pine Island, City of	No	Yes	No	No
Pipestone EDA	Yes	Yes	No	Yes
Pipestone, City of	Yes	Yes	No	No
Pipestone County	Yes	No	No	No
Plainview, City of	Yes	Yes	No	No
Plato, City of	No	Yes	No	No
Plymouth, City of	Yes	No	No	Yes
Polk County	Yes	No	No	No
Pope County	Yes	No	No	Yes
Preston, City of	No Yes	Yes	No No	No No
Princeton, City of Princeton HRA	Yes Yes	No No	No No	No No
Prior Lake, City of	Yes	Yes	No	No
Proctor, City of	Yes	Yes	No	Yes
Proctor EDA	Yes	No	No	Yes
Quad Cities EDA	Yes	No	No	Yes
Ramsey, City of	Yes	Yes	No	No***
Ramsey County	Yes	No	No	Yes
Ramsey County HRA	Yes	No	No	Yes
Red Lake Falls, City of	No	Yes	No	No
Red Wing, City of	Yes	No	No	No***
Red Wing HRA Red Wing Port Authority	Yes	No Voc	Yes	Yes
Redwood County	Yes Yes	Yes No	Yes No	Yes No
Redwood County Redwood Falls, City of	Yes	Yes	No	Yes
Renville, City of	No	Yes	No	Yes
Rice Lake (Township of)	Yes	No	No	Yes
Richfield, City of	Yes	Yes	No	No
Richfield HRA	Yes	Yes	No	Yes
Robbinsdale, City of	Yes	No	No	Yes
Robbinsdale EDA	Yes	Yes	No	Yes
Rochester (Township of)	Yes	No	No	No
Rochester, City of	Yes	Yes	Yes	Yes

Agency Name	Pop >2500	PriorActivity*	2001 Activity ****	Rec'd Report **
Rockford, City of	Yes	No	Yes	Yes
Rockford (Township of)	Yes	No	No	No
Rogers, City of	No	Yes	Yes	Yes
Roseau, City of	Yes	Yes	No	Yes
Roseau County	Yes	No	No	No***
Rosemount, City of	Yes	No	No	No
Rosemount Port Authority	Yes	Yes	Yes	Yes
Roseville, City of Sacred Heart, City of	Yes No	Yes Yes	No No	Yes No
Saint Anthony, City of	Yes	No	No	Yes
Saint Anthony Village	Yes	No	No	No
Saint Augusta (Township of)	Yes	No	No	No
Saint Charles, City of	Yes	Yes	No	No
Saint Cloud, City of	Yes	Yes	No	No
Saint Cloud, HRA	Yes	Yes	No	No
Saint Francis, City of	Yes	No	No	Yes
Saint James, City of	Yes	Yes	No	Yes
Saint James HRA	Yes	No	No	No
Saint Joseph, City of	Yes	Yes	No	No
Saint Joseph (Township of)	Yes	No	No	No
Saint Louis County Saint Louis Park, City of	Yes Yes	No No	No No	Yes No
Saint Louis Park, City of	Yes	No	Yes	Yes
Saint Louis Fair EDA Saint Michael, City of	Yes	Yes	No	No
Saint Paul, City of	Yes	Yes	Yes	Yes
Saint Paul Park, City of	Yes	No	No	No
Saint Paul Planning and Economic Development	Yes	No	No	No
Saint Paul, Port Authority of	Yes	Yes	Yes	Yes
Saint Peter, City of	Yes	Yes	No	No
Saint Peter EDA	Yes	Yes	Yes	Yes
Sartell, City of	Yes	Yes	No	Yes
Sauk Centre, City of	Yes	No	Yes	Yes
Sauk Rapids, City of Sauk Rapids HRA	Yes Yes	No Yes	No Yes	Yes Yes
Savage, City of	Yes	No	No	Yes
Savage EDA	Yes	Yes	No	No
Scott County	Yes	No	No	Yes
Sebeka, City of	Yes	Yes	No	Yes
Shakopee, City of	Yes	Yes	No	No
Shoreview, City of	Yes	No	Yes	Yes
Shorewood, City of	Yes	No	No	No
Slayton EDA	Yes	Yes	No	Yes
Sleepy Eye, City of	Yes	No	No	Yes
Sleepy Eye EDA	Yes	Yes	No	Yes
South Saint Paul South St. Paul HRA	Yes Yes	No Yes	No No	No Yes
South East and South Central Minnesota Initiative Fund	Yes	Yes	No	No
Southern Minnesota Initiative Foundation	Yes	No	No	Yes
Southwest Minnesota Foundation	Yes	Yes	No	No
Southwest Minnesota Initiative Fund	Yes	Yes	No	No
Southwest Regional Development Commission	Yes	Yes	No	Yes
Spicer, City of	Yes	Yes	Yes	Yes
Spring Grove, City of	No	Yes	No	Yes
Spring Lake Park, City of	Yes	No	No	Yes
Spring Lake Township	Yes	No	No	No
Spring Valley, City of Spring Valley EDA	No	Yes	No	Yes
Staples, City of	No Yes	Yes Yes	No No	Yes No
Staples EDA	Yes	No	No	No
Stearns County	Yes	Yes	No	Yes
Steams County HRA	Yes	Yes	No	No
Steele County	Yes	No	No	Yes
Stevens County	Yes	No	No	No
Stewartville, City of	Yes	Yes	No	No
Stillwater, City of	Yes	Yes	No	Yes
Stockton, City of	No	Yes	No	Yes
Swift County	Yes	Yes	Yes	Yes
Swift County HRA	Yes	No	No	No
Swift County RDA	Yes	No	No	No
Thief River Falls, City of	Yes	Yes	No	Yes
Traverse County Thomson (Township of)	Yes	No No	No No	No Vos
THOMSON (TOWNSNIP OI)	Yes	No	INO	Yes

Listing of Agencies Required to Submit a 2002 MBAF

Agency Name	Pop >2500	PriorActivity*	2001 Activity ****	Rec'd Report **
Two Harbors, City of	Yes	No	No	Yes
Two Harbors Development Commission	Yes	Yes	No	Yes
Upper Minnesota Valley Regional Development Commission	Yes	No	No	No
Urban Initiative Board/Milestone Growth Fund	Yes	Yes	No	No
Vadnais Heights, City of	Yes	No	No	No
Verndale, City of	No	Yes	No	Yes
Victoria, City of	Yes	No	No	No
Villard, City of	No	Yes	No	No
Virginia, City of	Yes	No	No	Yes
Wabasha, City of	Yes	Yes	No	Yes
Wabasso, City of	No	Yes	No	No
Waconia, City of	Yes	Yes	No	Yes
Wadena, City of	Yes	Yes	No	No
Wadena Development Authority	Yes	No	No	Yes
Waite Park, City of	Yes	No	Yes	Yes
Wakefield (Township of)	Yes	No	No	No
Walker, City of	No	Yes	No	Yes
Warroad Port Authority	No	Yes	Yes	Yes
Waseca, City of	Yes	Yes	Yes	Yes
Waseca HRA	Yes	Yes	No	Yes
Watab (Township of)	Yes	No	No	Yes
Watertown, City of	Yes	No	No	No
Waterville, City of	No	Yes	Yes	Yes
Watkins, City of	Yes	Yes	No	Yes
Wayzata, City of	Yes	No	No	No
	No	Yes	No	Yes
Welcome, City of				
Wells, City of	No	Yes	No	No
Wells EDA	No	Yes	No	No
West Central Initiative Fund	Yes	Yes	No	No
West Concord, City of	No	Yes	No	No
West Lakeland (Township of)	Yes	No	No	No
West St. Paul, City of	Yes	Yes	No	No
West St. Paul EDA	Yes	No	No	No
Wheaton EDA	No	Yes	No	No
White Bear Lake, City of	Yes	Yes	No	Yes
White Bear Lake HRA	Yes	Yes	No	No
White Bear (Township of)	Yes	No	No	No
Wilken County	Yes	No	No	No
Willmar, City of	Yes	Yes	No	Yes
Windom, City of	Yes	No	No	No
Windom, EDA	Yes	No	No	Yes
Winnebago, City of	No	Yes	No	Yes
Winona, City of	Yes	No	No	Yes
Winona, Port Authority	Yes	Yes	No	No
Winsted	No	Yes	No	No
Woodbury, City of	Yes	Yes	No	Yes
Woodbury EDA	Yes	Yes	No Yes	No
Worthington, City of	Yes	No	Yes	Yes
Wright County	Yes	No	No	Yes
Wright County Economic Development Partnership	Yes	No	No	No
Wyoming, City of	Yes	No	Yes	Yes
Wyoming (Township of)	Yes	No	No	Yes
Zimmerman EDA	No	Yes	No	Yes
Zumbrota, City of	Yes	No	No	Yes
Zumbrota EDA	Yes	No	No	Yes
	Yes - 81.7% (456)	Yes - 51.3% (286)	Yes - 12.0% (67)	Yes - 51.3% (286)
	No - 18.3% (102)	No - 48.7% (272)	No - 88.0% (491)	No - 48.7% (272)

^{*} Prior activity is defined as project activity within the past five years.

** Received report by June 1, 2002 and data included in analysis.

*** Received report after June 1, 2002 and data is not included in analysis.

**** 2001 activity is defined as eligible business subsidy and financial assistance agreements entered into between January 1, 2001 and December 31, 2001.

APPENDIX D:

Distribution of Business Assistance Amounts by Value for Agreements Reached from January 1, 2001 and December 31, 2001

Grantor Name	Recipient Name	Total Amount
St. Louis Park EDA	Meridian Properties Real Estate Development LLC	\$44,159,582
Waite Park, City of	Ben's Tool and Iron Works	\$2,430,000
Brainerd, City of	KTJ Limited Partnership (East Brainerd Mall)	\$2,400,000
Minneapolis Community Development Agency	Hillcrest Development	\$1,500,000
Rogers, City of	GAGE	\$1,253,000
Perham, City of	Tuffy's Pet Foods Inc.	\$1,094,333
Iron Range Resources & Rehabilition Agency	Scheduled Airlines Travel Offices Inc.	\$1,000,000
Detroit Lakes, City of	MMCDC - Graystone Annex	\$925,000
Rogers, City of	Diamond Lake Associates LLP	\$875,000
North Mankato Port Authority	Capstone Press Inc	\$862,000
Montrose, City of	Lyman Lumber Company	\$762,300
Detroit Lakes Development Authority	BTD Manufacturing	\$654,000
Delano, City of	KTJ Limited Partnership Forty Two	\$650,000
Rosemount Port Authority	Gruett-Labriola Partnership and Associated Wood Products	\$642,096
Rockford, City of	Auto Clor Systems	\$640,000
Dawson, City of	Prairie Farmers Cooperative	\$606,250
Brainerd, City of	GJR Investments LLP (Lexington Mfg.)	\$600,000
Iron Range Resources & Rehabilitation Agency	Delta Dental Plan of MN	\$560,000
Rochester, City of	Pemstar Inc.	\$550,000
Kasson, City of	Milton and Nancy Kuball	\$519,231
Nobles County	Highland Manufacturing Inc.	\$510,000
Maplewood, City of	Schroeder Milk Company Inc.	\$500,000
Wyoming, City of	Regal Machine Inc.	\$450,000
Osseo EDA	Calico Barn, T W Remodeling	\$420,000
St. Paul Port Authority	Custom Exchange LLC	\$417,520
MN Department of Trade and Economic Development	Cargill Dow LLC	\$400,000
Iron Range Resources & Rehabilitaion Agency	Fast Action Support Team Inc.	\$400,000
Kasson, City of	RKD Properties LLC	\$378,900
East Grand Forks EDHA	A & L Potato	\$370,000
Perham, City of	Greenspire Graphics	\$366,202
Rockford, City of	Shark Industries Ltd	\$334,900
Cottage Grove, City of	South St. Paul Agri - Properties	\$332,900
Waterville, City of	Gear & Broach Inc.	\$300,000
Granite Falls, City of	Granite Fluid Power Machining & Fabrication	\$300,000
Cottage Grove, City of	Tradehome Shoe Stores Inc.	\$296,840
Eveleth, City of	Entronix International	\$290,000
MN Department of Trade and Economic Development MN Department of Trade and Economic Development	Diversified Manufacturing	\$290,000 \$290,000
Big Lake EDA	Entronix International Whirl-Air-Flow	
East Grand Forks EDHA		\$271,203
Sauk Rapids HRA	Eagle's Erie #350 Benton Business Park Partnership LLP	\$270,000 \$265,000
Cottage Grove, City of	Lorenz Family Limited Partnership	\$263,735
Cambridge, City of	North Star Media Inc.	\$251,793
Perham, City of	MN Metalworks Inc.	\$250,000
Luverne EDA	Netbriefing Inc.	\$250,000
Sauk Rapids HRA	Kay/Bern Properties	\$247,700
Perham City of	Photos Unlimited of Perham Inc.	\$240,000
Anoka, City of	Pioneer Packaging & Printing Inc.	\$237,534
Warroad Port Authority	Heatmor Inc.	\$223,852
Burnsville EDA	Homes by Chase	\$222,439
St. Paul, City of	Highland Grill	\$221,250
Lino Lakes EDA	Hazeldelmar LLC	\$217,059
Rockford, City of	R & L Meyer Properties LLC	\$215,241
East Grand Forks EDHA	Nardane Inc. :dba Touch of Magic	\$207,183
Big Lake EDA	A.J. Machinery/Great Dane Properties LLC	\$206,115
Rosemount Port Authority	Precision Components Inc. Preventive Care Inc.	\$200,000
Worthington, City of	Reatech Corp	\$200,000
Rosemount Port Authority	Kaywer Properties LLC	\$200,000
Granite Falls, City of	Granite Fluid Power, Machining & Fabrication Inc.	\$200,000
MN Department of Trade and Economic Development	Gear & Broach Inc.	\$200,000
MN Department of Trade and Economic Development	Marketing Concepts of MN Inc.	\$189,700
Cambridge, City of	Cambridge Business Development Co.	\$178,845
Kasson, City of	Daniel and Margaret Gadient	\$175,474
Annandale Economic Development Authority	Coro LLC	\$175,000
	ļ	ψ.70,000

Grantor Name	Recipient Name	Total Amount
Spicer, City of	DA Washworks	\$174,250
Rockford, City of	Diversified Remediation and Controls Inc.	\$169,524
Granite Falls, City of	Sem Manufacturing Inc	\$160,000
Faribault EDA	Faribault Woolen Mills Co	\$150,000
Hibbing, City of	L & M Radiator Inc.	\$150,000
MN Department of Trade and Economic Development	Pro-Tainer Inc./Shavie Properties LLP	\$150,000
MN Department of Trade and Economic Development	TFW Industries Inc.	\$150,000
MN Department of Trade and Economic Development	Mattracks Inc.	\$150,000
MN Department of Trade and Economic Development	A.R.K. Bedding	\$150,000
East Grand Forks EDHA	WayCool 3D.com	\$150,000
Red Wing Port Authority	Dr. Dennis Vaillant DDS	\$150,000
Meeker County	North Star Processing LLC	\$150,000
Big Lake EDA	Clay & Darlene Thompson , Thompson Woodworking	\$149,398
Rockford, City of	Holiday Sales Inc.	\$146,028
Houston County	Black Forest Originals	\$142,000
Fergus Falls City of	Excel Plastics LLC	\$136,000
Blue Earth EDA	Lampert Yards Inc.	\$131,093
Swift County	Custom Rot-Mold Inc.	\$125,000
St. Peter EDA	LJP Enterprises of St. Peter LLC	\$120,000
Granite Falls, City of	Matt Valves Inc.	\$120,000
Kasson, City of	Tri-Star Manufacturing Inc	\$119,300
Cambridge, City of	G & G Ventures	\$117,745
North Branch EDA	J & C Real Estate	\$108,336
MN Department of Agriculture	Minnesota Agro Forestry Cooperative	\$107,000
Fergus Falls, City of	Art-N-Sign Inc	\$106,650
Blackduck, City of	Blackduck Family Foods	\$105,000
MN Department of Trade and Economic Development	Prestige Plating & Coating	\$100,000
St. Paul, City of	Long's Auto Place Inc.	\$100,000
MN Department of Trade and Economic Development	Apprise Technologies Inc	\$100,000
MN Department of Trade and Economic Development	Fast Inc.	\$100,000
MN Department of Trade and Economic Development	Venture Allies LLC	\$95,000
Howard Lake, City of	MG Development LLC	\$95,000
Benson, City of	Redball LLC	\$92,742
Sauk Centre, City of	Fitness Guru	\$89,650
Isanti, City of	Isanti County Equipment Inc.	\$86,950
Dunnell, City of	Hometown CAFC	\$83,772
Fairmont, City of	Marketlink, Inc.	\$80,000
MN Department of Trade and Economic Development	Waynes Inc	\$80,000
Granite Falls, City of	Southwest MN Rural Technology Coop	\$80,000
St. Paul, City of	Jackson Venture Inc. DBA Artists' Quarter	\$80,000
Montrose, City of	Ae Barboque Inc.	\$80,000
East Grand Forks EDHA	Northern Valley Machine	\$79,900
North Branch EDA	David J & Martha Arnold	\$70,866
Moorhead, City of	Marguerite's Music	\$59,157
Albany, City of	Ramler Trucking Inc.	\$57,037
Hastings, City of	Hastings Gymnastics Center	\$52,706
North Branch EDA	Prime Ventures Ltd	\$52,220
St. Paul, City of	The Markham Co. (Hamm Bldg)	\$50,000
Shoreview, City of	Lexington Shores LLC	\$45,000
Hastings, City of	For Pak Inc.	\$43,559
Jasper, City of	Sioux Valley Wireless	\$43,125
Koochiching EDA	Ground Support	\$42,000
Monticello HRA	Integrated Recycling Technologies Corp	\$40,000
Koochiching EDA	Koochwave Commications	\$40,000
Waseca, City of	Twin Oaks Veterinary Clinic	\$34,710
Blue Earth EDA	The Dollar Store	\$32,371
Moorhead, City of	Todd's Alignment & Repair	\$31,767
Moorhead, City of	PTE Properties LLC	\$29,155
Blue Earth EDA	Shirley Ann Griffin, LLC Clinic	\$25,996
Sauk Centre, City of	T & M Inc.	\$25,000
Total		\$80,894,184

Median \$177,160

APPENDIX E:

Distribution of Financial Assistance Amounts by Value for Agreements Reached from January 1, 2001 and December 31, 2001 Distribution of Financial Assistance Amounts by Value for Agreements Reached from January 1, 2001 and December 31, 2001

Grantor Name	Recipient Name	Total Amount
Red Wing HRA	Red Wing Pottery Sales Inc	\$87,933.00
Red Wing HRA	Hay Creek Condo Association	\$49,088.00
Red Wing HRA	The License Center	\$35,686.00
Red Wing HRA	Hilltop Communications	\$31,958.00

Total \$204,665.00

Median \$42,387.00

APPENDIX F:

Listing of Agencies Required to Submit a 2001 MBAF Because of Business Assistance Activity Reported in Prior Reports

Agency Name	Recipient Name	Prior Activity*	Rec'd Report**	Total Amount
Annual EDA	Aitkin County Growth Inc	Yes	No	\$42,369
Annandale EDA Annandale EDA	Reichel's Catering Service Market Properties, LLC	Yes Yes	Yes Yes	\$96,853
Austin, City of	Cooperative Response Center Inc.	Yes	Yes	\$65,000 \$237,978
Belle Plaine, City of	HealthPostures Inc.	Yes	No	\$110,15
Benton County	Crystal Cabinets Inc.	Yes	No	\$482,000
Big Lake EDA	Big Lake Commerce Centers LLP	Yes	No	\$66,18
Big Lake EDA	Ataboy Manufacturing & A-Boy LLP	Yes	No	\$47,05
Blaine Area Development Corporation	Forman Properties	Yes	No	\$100,00
Blaine Area Development Corporation	Pneu-Motion Inc.	Yes	No	\$84,19
Blue Earth EDA	Nuvex Ingredients Inc	Yes	No	\$1,248,93
Brooklyn Park EDA Brooklyn Park EDA	Unisource Worldwide Inc. Brooklyn Blyd Investors	Yes Yes	Yes	\$629,00
Brooklyn Park EDA Brooklyn Park EDA	Duke Realty Investments Inc. Crossroads North 4	Yes	Yes Yes	\$336,00 \$286,00
Brooklyn Park EDA	Gildon LLC	Yes	Yes	\$255,00
Burnsville EDA	Southcross Commerce Center II	Yes	Yes	\$1,177,79
Burnsville EDA	Southcross Drive-42 LLP	Yes	Yes	\$1,175,67
Burnsville EDA	US Federal Credit Union	Yes	Yes	\$294,00
Burnsville EDA	Gila LLC	Yes	Yes	\$149,03
Chaska EDA	Update Properties LLC	Yes	Yes	\$147,96
Chisago County HRA-EDA	Selvig Family LLC	Yes	Yes	\$150,80
Cottage Grove, City of	CCE Technologies Inc.	Yes	No	\$99,72
Cottonwood, City of	Cottonwood Welding and Manufacturing	Yes	Yes	\$108,00
Detroit Lakes, City of Detroit Lakes, City of	Friesens Inc BTD Manufacturing	Yes Yes	No No	\$450,00 \$60,00
Duluth EDA	Duke Construction Limited Partnership	Yes	Yes	\$1,650,00
Duluth, City of	United HealthCare Services Inc	Yes	No	\$500.00
Edina HRA	Grandview Square LLC	Yes	Yes	\$3,950,00
Elk River EDA	Track of the Wolf Inc.	Yes	No	\$129,05
Elk River, City of	SoftPac Industries Inc	Yes	No	\$700,00
Hastings, City of	Greenlawn Underground Sprinklers Inc.	Yes	Yes	\$51,99
Hastings, City of	Miller Electric Inc.	Yes	Yes	\$29,89
Howard Lake, City of	Stellar Health Care Inc.	Yes	Yes	\$99,00
Hugo, City of	Schwieters Properties	Yes	No***	\$261,00
Iron Range Resources & Rehabilitation Agency Iron Range Resources & Rehabilitation Board	Accelerated Payments Inc Larex Inc.	Yes Yes	Yes Yes	\$550,000 \$350,000
Lake City, City of	Hearth Technologies Inc.	Yes	No	\$483,07
Lakeville, City of	DR Horton Inc Minnesota	Yes	Yes	\$336,28
Le Center, City of	Lenzen & Schoenecker Properties	Yes	No	\$400,000
Le Center, City of	Fiberglas Fabricators	Yes	No	\$100,000
Lino Lakes EDA	CJN Investments LLP	Yes	Yes	\$77,18
Little Falls, City of	DJ Holding LLC	Yes	Yes	\$37,50
Long Lake EDA	VB Properties LLC	Yes	Yes	\$465,00
Long Lake EDA	James Loosen	Yes	Yes	\$150,00
Maple Grove, City of	Data Recognition Corp	Yes	Yes	\$466,00
Milaca, City of Minneapolis Community Development Agency	MLVC Partnership Graco Inc.	Yes Yes	No Yes	\$32,00 \$1,175,00
Minneapolis Community Development Agency	Ryan GB2000	Yes	Yes	\$965,00
MN Agriculture & Economic Development Board	Fairview Health Services	Yes	Yes	\$180,315,00
MN Department of Agriculture	MN Soybean Processors	Yes	No	\$27,50
MN Department of Trade and Economic Development	Genmar Holding/Lund Boats	Yes	Yes	\$500,00
MN Department of Trade and Economic Development	AAF-McQuay Inc	Yes	Yes	\$500,00
MN Department of Trade and Economic Development	United Structual Components	Yes	Yes	\$470,00
MN Department of Trade and Economic Development	Systematic Refrigeration Inc	Yes	No***	\$300,00
MN Department of Trade and Economic Development	Alphagraphics Group Inc	Yes	Yes	\$285,00
MN Department of Trade and Economic Development	Resale World.com	Yes	Yes	\$250,00
MN Department of Trade and Economic Development MN Department of Trade and Economic Development	Schwans Sales Enterprises European Roasterie Inc.	Yes Yes	Yes Yes	\$233,30 \$225,00
MN Department of Trade and Economic Development MN Department of Trade and Economic Development	Harfel LLC	Yes	Yes	\$225,00
MN Department of Trade and Economic Development	Shark Industries	Yes	Yes	\$200,00
MN Department of Trade and Economic Development	Bedford Technology LLC	Yes	Yes	\$199,00
MN Department of Trade and Economic Development	Impact Plastics	Yes	Yes	\$198,00
MN Department of Trade and Economic Development	Larex Inc.	Yes	Yes	\$175,00
MN Department of Trade and Economic Development	Cooperative Response Center Inc.	Yes	Yes	\$150,00
MN Department of Trade and Economic Development	LaCrosse McCormick	Yes	Yes	\$142,00
MN Department of Trade and Economic Development	Regal Machine	Yes	Yes	\$120,00
MN Department of Trade and Economic Development	Accelerated Payments Inc	Yes	Yes	\$116,00
MN Department of Trade and Economic Development	Dycast Specialities Corp	Yes	Yes	\$100,00 \$100,00
MN Department of Trade and Economic Development MN Department of Trade and Economic Development	Alexandria Extrusion Central Marble Products	Yes Yes	Yes Yes	\$100,00
MN Department of Trade and Economic Development	Hill Wood Products Inc.	Yes	Yes	\$100,00
MN Department of Trade and Economic Development	Voyager Supply & Fabrication	Yes	Yes	\$90,00
MN Department of Trade and Economic Development	Gold'N Plump Poultry	Yes	Yes	\$71,00
MN Department of Trade and Economic Development	Tracy Minntronix Corp	Yes	Yes	\$150,00
Montevideo Community Development Corporation	Micro-Dynamics Corporation	Yes	Yes	\$150,000
Monticello City of	Twin City Die Castings Co.	Yes	Yes	\$500,00
Monticello EDA	Twin City Die Castings Co	Yes	Yes	\$100,00
Moorhead, City of	United Structural Components LLC	Yes	Yes	\$139,40

Listing of Agencies Required to Submit a 2001 MBAF Because of Business Assistance Activity Reported in Prior Reports

Agency Name	Recipient Name	Prior Activity*	Rec'd Report**	Total Amount
Moorhead, City of	State Bank of Hawley	Yes	Yes	\$42,600
Mound HRA	MetroPlains Development LLC	Yes	Yes	\$1,800,000
Mound HRA	RayMar Properties Inc	Yes	Yes	\$250,000
Mountain Lake EDA	Protient Inc	Yes	Yes	\$300,000
New Ulm, City of	New Ulm Ecomomic Development Corp	Yes	Yes	\$350,000
North Branch EDA	G&K Development	Yes	Yes	\$185,000
North Branch EDA	Peterson's North Branch Mill	Yes	Yes	\$83,000
North Branch EDA	HBSL, LLC	Yes	Yes	\$29,000
Oakdale, City of	CSM Investors Inc	Yes	Yes	\$432,000
Owatonna EDA	General Equipment Co. Inc.	Yes	Yes	\$211,065
Pequot Lakes, City of	DRW Partnership LLP	Yes	No***	\$223,000
Pine River, City of	Pine River State Bank	Yes	Yes	\$205,000
Ramsey, City of	Systematic Refrigeration Inc	Yes	No	\$642,000
Ramsey, City of	Ramsey B& B Associates LLC	Yes	No***	\$349,589
Red Wing Port Authority	D.L. Ricci	Yes	Yes	\$1,250,000
Red Wing Port Authority	Alphagraphics Munson Printing	Yes	Yes	\$150,000
Richfield HRA	Best Buy Co., Inc.	Yes	Yes	\$59,923,127
Robbinsdale EDA	TMC Stores Inc	Yes	Yes	\$80,000
Rochester, City of	Mayo Foundation	Yes	Yes	\$290,000,000
Rockford, City of	Vertin Properties LLC	Yes	No	\$640,000
Savage, City of	BF Nelson Folding Con/Larry M Ross LLC	Yes	Yes	\$200,000
Scott County	ADC Telecommunications Inc	Yes	Yes	\$1,290,000
Scott County	B.F. Nelson Folding Cartons Inc.	Yes	Yes	\$300,000
Shakopee, City of	ADC Telecommunications Inc.	Yes	Yes	\$720,000
South St. Paul HRA	Stebgo Metals	Yes	Yes	\$174,679
South St. Paul HRA	GoldCom	Yes	Yes	\$72,600
South St. Paul HRA	Holtkoetter Leuchten	Yes	Yes	\$53,361
South St. Paul HRA	Schadegg Mechanical Inc	Yes	Yes	\$27,400
Spring Valley, City of	Kapper's Fabricating Inc	Yes	Yes	\$210,000
St. Charles, City of	Glen & Sandy Craven	Yes	No	\$210,200
St. Louis Park EDA	CSM Hospitality Inc	Yes	Yes	\$2,549,450
Waterville, City of	Gear & Broach Inc.	Yes	No	\$100,000
White Bear Township	Omni-Tract Surgical	Yes	No	\$439,566
Windom EDA	Jerry Kramer	Yes	Yes	\$150,000
Winsted, City of	Scherping Systems	Yes	Yes	\$150,000
Worthington City of	Awra Doro Inc	Yes	No	\$175,000
Wyoming, City of	Sunrise Fiberglass	Yes	Yes	\$198,000
Totals	•	115	Yes - 74.8% (86)	\$571,225,561
			No - 25.2% (29)	

* Prior Activity is defined as project activity reported in 2001 that had not achieved goals.
** Received report by June 1, 2002 and data included in analysis.
*** Received report after June 1, 2002 and data is not included in analysis.

APPENDIX G:

Summary of Agencies that Submitted a 2001 MBAF in 2002 but did not Report Business Assistance Activity in Prior Reports

Agency Name	Recipient Name	Total Amount
Alexandria, City of	Alexandria Extrusion Company	\$500,000
Big Lake EDA	Big Lake Commerce Center	\$136,499
Big Lake EDA	Ataboy Manufacturing	\$88,971
Chaska EDA	West Suburban Housing	\$898,266
Eden Prairie, City of	Elim Homes Inc.	\$1,000,000
Freeport, City of	Quality Trailer Products Corp	\$90,000
Lino Lakes EDA	Marmon/Keystone Corporation	\$322,242
Lino Lakes EDA	North American Composites	\$122,250
Maple Plain, City of	David & Lise Potter	\$288,677
Marshall, City of	Schwan's Sales Enterprises Inc.	\$1,198,450
Marshall, City of	Iceberg Acquisitions Inc.	\$200,000
Marshall, City of	McS. T. Properties	\$50,000
Oak Grove, City of	Stock Building Supply	\$125,000
Pine River, City of	Ultimate Liquors	\$101,500
Rogers, City of	Rogers Associates LLP	\$1,060,000
Rosemount Port Authority	Webb Business Promotions	\$664,636
Savage, City of	Lifetime Fitness	\$4,300,000
Spicer, City of	Mel's Sport Shop	\$100,000
St. Cloud HRA	Eastgate II LLP	\$306,000
St. Paul, City of	Buchmeier Agency Inc	\$63,425
St. Paul, City of	J. Ring Glass Studio Inc.	\$53,355
Waseca, City of	Delta Waseca	\$255,000
Wheaton, City of	Barrett Automatic	\$150,000
Wyoming, City of	Mikbrico LLP	\$463,000
Totals	24	\$12,537,271

APPENDIX H:

Listing of Agencies Required to Submit a 2001 MBAF Because of Financial Assistance Activity Reported in Prior Reports

Listing of Agencies Required to Submit a 2001 MBAF Because of Financial Assistance Activity Reported in Prior Reports

Agency Name	Recipient Name	Prior Activity*	Rec'd Report**	Total Amount
Albert Lea, City of	ABA Properties	Yes	No	\$125,000
Albert Lea, City of	ABA Properties	Yes	No	\$125,000
Minneapolis Community Development Agency	Ryan GB 2000, LLC	Yes	Yes	\$10,686,004
MN Office of Environmental Assistance	Biko Associates Inc.	Yes	No	\$89,730
MN Office of Environmental Assistance	Teknapak Inc.	Yes	No	\$82,309
MN Office of Environmental Assistance	LHB Architects & Engineers	Yes	No	\$74,866
MN Office of Environmental Assistance	Amazon Environmental Inc	Yes	No	\$60,803
MN Office of Environmental Assistance	STA Development Corp	Yes	No	\$49,000
MN Office of Environmental Assistance	Hirshfields Paint Mfg Inc.	Yes	No	\$38,500
Spring Valley, City of	Spring Valley Mutual Insurance Company	Yes	Yes	\$75,000
Totals		10	Yes - 20% (2)	\$11,406,212

No - 80% (8)

^{*} Prior Activity is defined as project activity reported in 2001.

^{**} Received report by June 1, 2002 and data included in analysis.

APPENDIX I:

Listing of Agencies Required to Submit a 2000 MBAF Because of Business Assistance Activity Reported in Prior Reports

Agency Name	Recipient Name	Prior Activity*	Rec'd Report**	Total Amount
Albany, City of	Stearns Bank	Yes	Yes	\$256,000
Albert Lea, City of	Albert Lea Hospitality	Yes	No	\$225,000
Belview, City of	Heartland Wood Products	Yes	Yes	\$100,000
Blaine Area Development Co	SNR Holding LLC	Yes	No	\$100,000
Buhl, City of	Kidspeace/Point ReJuvenate	Yes	No	\$293,000
Cambridge, City of	Park Manufacturing	Yes	Yes	\$251,000
Cannon Fall, City of	Lorentz Meats	Yes	Yes	\$109,000
Champin EDA	Lifetime Fitness	Yes	No	\$2,000,000
Chanhassen, City of	Chanhassen Lakes Business Park 3 LLP	Yes	No***	\$77,625
Chanhassen, City of	Monk Properties LLC	Yes	No***	\$48,077
Chanhassen, City of	Monk Properties LLC	Yes	No***	\$46,575
Chanhassen, City of	Eden Trace Corp	Yes	No***	\$45,073
Dakota County CDC	Signal Hill Company II LLC	Yes	Yes	\$3,300,000
,				
East Central Regional Development Commission	Atscott Manufacturing	Yes	No	\$100,000
Fergus Falls, City of	Florist' Atrium	Yes	Yes	\$77,450
Hibbing, City of	Carpenter Brother Services Inc. dba Portable John	Yes	Yes	\$94,850
Hugo, City of	Nor-Lake Holding Co. LLC	Yes	No	\$529,900
Jackson, City of	Jackson Development Corp. for Accent Insurance Recovery Solutions	Yes	No	\$85,000
LeCenter, City of	Francis & Margaret Smith/S & J Transport	Yes	No	\$380,600
Little Falls, City of	Larson/Glastron Boats, Inc.	Yes	Yes	\$1,120,000
Maple Grove, City of	Northwest Athletic Club	Yes	No	\$750,000
Meeker County	Litchfield Woolen Mills	Yes	No	\$240,000
Melrose Area Development Authority	Carstens Industries Inc.	Yes	Yes	\$191,086
Mendota Heights, City of	Lexington Business Park IV LLC	Yes	Yes	\$166,000
Mendota Heights, City of	Lexington Business Park LLC	Yes	Yes	\$166,000
Mendota Heights, City of	Mayflower Distributing Co.	Yes	Yes	\$145,000
Mendota Heights, City of	Ferris Incentives	Yes	Yes	\$79,500
Mid-Minnesota Development Commission	Litchfield Woolen Mills	Yes	No	\$100,000
Mid-Minnesota Development Commission	Health Postures	Yes	No	\$100,000
MN Department of Trade and Economic Development	Emerald Manufacturing, Inc.	Yes	Yes	\$50,000
MN Department of Trade and Economic Development	Aaron Carlson Woodwork	Yes	Yes	\$100,000
MN Department of Trade and Economic Development	T&R Properties	Yes	Yes	\$150,000
MN Department of Trade and Economic Development	Health Postures	Yes	Yes	\$100,000
MN Department of Trade and Economic Development	Royal America Foods	Yes	Yes	\$300,000
MN Department of Trade and Economic Development	Aitkin Iron Works	Yes	No***	\$187,500
		_	Yes	
MN Department of Trade and Economic Development	Siglo Sunplant Inc.	Yes		\$180,000
MN Department of Trade and Economic Development	Thomas Engineering Company	Yes	Yes	\$135,000
MN Department of Trade and Economic Development	Pro Fabrication	Yes	Yes	\$115,000
MN Department of Trade and Economic Development	Lorentz Etc. Inc.	Yes	Yes	\$100,000
Monticello, City of	Twin Cities Die Casting Company	Yes	Yes	\$40,000
Monticello EDA	Aroplax Corporation	Yes	Yes	\$100,000
Monticello HRA	Twin Cities Die Casting Company	Yes	Yes	\$225,000
Osakis, City of	Lind-Rife Precision	Yes	Yes	\$72,601
Pequot Lakes, City of	T & D Enterprises	Yes	No	\$85,000
Pipestone EDA	Loopy's Dollar Stores Inc.	Yes	No***	\$225,000
Ramsey, City of	Intech Industries	Yes	No***	\$164,360
Ramsey, City of	RMR Capital LLC	Yes	No	\$164,360
Redwing Port Authority	Lab Boy Enterprises LLC	Yes	No	\$102,500
Robbinsdale EDA	Minnesota Development LLC	Yes	Yes	\$617,500
Saint Cloud HRA	Park Manufacturing	Yes	Yes	\$478,537
Saint Cloud HRA	ETC Enterprises Inc., Project aka Grand Stay Hotel	Yes	Yes	\$414,976
Saint Cloud HRA	Lehnen Project LLC aka Midway Iron and Steel Inc.	Yes	Yes	\$184,950
Spicer, City of	Twin Spin Cinema	Yes	Yes	\$75,653
South St. Paul HRA	Concord Properties	Yes	Yes	\$27,800
Southwest Regional Development Commission	Jackson Development Corp.	Yes	No	\$85,000
Southwest Regional Development Commission	KHC Construction Inc.	Yes	No	\$85,000
Wabasha, City of	Wabasha Clinic - Mayo Health Systems	Yes	No	\$100,000
Wabasha, City of	Abbott Furniture & Funeral Home Inc.	Yes	No	\$77,200
West St. Paul, City of	Signal Hill Company II LLP	Yes	No	\$624,500
Windom EDA	Guardian Inn Windom LLC	Yes	Yes	\$400,000
Totals	Guardian inin windom LLC	60	Yes - 55.0% (33)	\$16,944,173
IUIAIS		00	1es - 55.0% (33)	Φ10,544,1/3

Yes - 55.0% (33) No - 45.0% (27)

^{*} Prior Activity is defined as project activity reported in 2001.

** Received report by June 1, 2002 and data included in analysis.

*** Received report after June 1, 2002 and data is not included in analysis.

APPENDIX J:

Summary of Agencies that Submitted a 2000 MBAF in 2002 but did not Report Business Assistance Activity in Prior Reports Summary of Agencies that Submitted a 2000 MBAF in 2002 but did not Report Business Assistance Activity in Prior Reports

Agency Name	Recipient Name	Total Amount
Norwood Young America, City of	Lakeview Clinic Building Corporation	\$175,000.00
Osakis, City of	Maus Fabricating	\$33,455.00
Totals	2	\$208,455.00

APPENDIX K:

Listing of Agencies that Submitted a 2000 Financial Assistance Form in 2002 but did not Report Activity in Prior Reports

Listing of Agencies that Submitted a 2000 Financial Assistance Form in 2002 but did not Report Activity in Prior Reports

Agency Name	Recipient Name	Total Amount
St Louis Park EDA	Fern Hill Place LLC	\$568.167

APPENDIX L:

Listing of Agencies Required to Submit a 1999 MBAF Because of Activity Reported in Prior Reports

A manage Name	Desirient News	Dulan Aathritus	Deeld Demont**	Tatal Amazunt
Agency Name Austin, City of	Recipient Name Palleton On MN Inc.	Prior Activity*	Rec'd Report**	Total Amount
Breezy Point, City of	Breezy Point LLC	Yes Yes	No No	\$66,200 \$985,000
Breezy Point, City of	Breezy Point Sports	Yes	No	\$720,000
Brooklyn Park EDA	Duke Realty Investments Inc Crossroads North Business Center 7	Yes	Yes	\$598,000
Brooklyn Park EDA	Duke Realty Investments Inc. Crossroads North Business Center 5	Yes	Yes	\$451,000
Brooklyn Park EDA Brooklyn Park EDA	Crossroads North Business Center 3	Yes	Yes	\$182,000
Burnsville EDA	Millpond Partners	Yes	Yes	\$1,210,000
Burnsville EDA	Southcross Commerce Center LLP	Yes	Yes	\$1,097,000
Burnsville EDA	Kraus-Anderson Inc.	Yes	Yes	\$586,000
Burnsville EDA	Quality Ingredients Corp	Yes	Yes	\$376,684
Burnsville EDA	Peter J. Smith	Yes	Yes	\$359,199
Burnsville EDA	Paul F. Gonyea	Yes	Yes	\$267,328
Burnsville EDA	Burnsville Showcase LLP	Yes	Yes	\$240,690
Burnsville EDA	Rivers Edge Partners LLP	Yes	Yes	\$178,300
Burnsville EDA	Consolidated Computer Services Inc	Yes	Yes	\$115,000
Burnsville EDA	Leeanndee Partnership	Yes	Yes	\$68,674
Burnsville EDA	RDO Equipment Co	Yes	Yes	\$52,000
Burnsville EDA	Ticen's Pro Care Inc	Yes	Yes	\$51,000
Burnsville EDA	MN Valley YMCA	Yes	Yes	\$50,000
Burnsville EDA	Eastling Family Partnership Ltd	Yes	Yes	\$44,000
Burnsville EDA	Al's Cabinets	Yes	Yes	\$42,960
Cook County	Devil Track Lodge	Yes	No	\$100,000
Cook County	Thomsonite Beach Resort	Yes	No	\$100,000
Cook County	Sven & Ole's Inc	Yes	No	\$60,000
Cook County	Site Supply	Yes	No	\$50,000
Detroit Lakes, City of	Midwest MN Community Development Corp	Yes	No	\$409,250
Duluth EDA	DMR Consulting Group Inc	Yes	No	\$120,000
Duluth EDA	Crossroads Flux Inc.	Yes	No	\$31,575
Fergus Falls City of	Norcon Resources LLP	Yes	Yes	\$302.300
Ham Lake, City of	Al-Cast Mold & Pattern Inc.	Yes	No	\$55,000
Hibbing, City of	Sim Supply	Yes	No	\$130,000
Hopkins HRA	Hopkins Business Center	Yes	No	\$1,717,132
Jackson, City of	Omnium Worldwide Inc. dba Accent Insurance Recovery Solutions	Yes	No	\$75,000
Lakeville City of	Hearth Technologies Inc	Yes	No	\$323,738
LeCenter, City of	Goldsneye Products	Yes	No	\$200,000
LeCenter, City of	Factor Motors	Yes	No	\$130,000
LeCenter, City of	Max Johnson Trucking	Yes	No	\$76,000
LeCenter, City of	House of Insurance	Yes	No	\$58,000
LeCenter, City of	Mr Garage	Yes	No	\$50,000
Luverne EDA	Excito Foods	Yes	No	\$50,000
Minneapolis Community Development Agency	Clean X Dry Cleaning Service	Yes	No	\$75,000
MN Department of Agriculture	Haubenschild Farm Inc	Yes	No	\$150,000
MN Department of Agriculture	Heartland Energy Inc	Yes	No	\$50,000
MN Department of Agriculture	Prairie Farmers Cooperative	Yes	No	\$47,200
MN Department of Agriculture	MN Valley Alfalfa Producers	Yes	No	\$29,000
MN Department of Trade and Economic Development	American Coating Technology	Yes	Yes	\$148,000
MN Department of Trade and Economic Development	Aaron Carlson Woodworking	Yes	Yes	\$100,000
MN Department of Trade and Economic Development	Sparks Manufacturing Inc	Yes	Yes	\$85,000
MN Department of Trade and Economic Development	Impressions Inc.	Yes	Yes	\$5,195,000
MN Department of Trade and Economic Development	New Morning Windows	Yes	Yes	\$4,965,000
MN Department of Trade and Economic Development	Alexandria Extrusion	Yes	Yes	\$500,000
MN Department of Trade and Economic Development	Design Line Cabinets	Yes	No	\$500,000
MN Department of Trade and Economic Development	Media One (St. Paul)	Yes	Yes	\$500,000
MN Department of Trade and Economic Development	Andersen Corp (Cottage Grove)	Yes	Yes	\$500,000
MN Department of Trade and Economic Development	Electric Machinery Co (Mpls)	Yes	Yes	\$375,000
MN Department of Trade and Economic Development	Com-Tal (WBT)	Yes	Yes	\$350,000
MN Department of Trade and Economic Development	General Litho Services (Brooklyn Park)	Yes	Yes	\$300,000
MN Department of Trade and Economic Development	Point Rejuvenate/Kidspeace	Yes	Yes	\$293,000
MN Department of Trade and Economic Development	Air Tec-Acquistion (Anoka)	Yes	Yes	\$250,000
MN Department of Trade and Economic Development	Hennepin Paper Co.	Yes	Yes	\$250,000
MN Department of Trade and Economic Development	Cross Consulting Group	Yes	Yes	\$200,000
MN Department of Trade and Economic Development	Stearns Bank/Equipment Leasing	Yes	Yes	\$170,000
MN Department of Trade and Economic Development	Windland Electronics Inc.	Yes	Yes	\$150,000
MN Department of Trade and Economic Development	Diamond Tool & Eng	Yes	Yes	\$90,000
MN Department of Trade and Economic Development	Lehmann Farms	Yes	Yes	\$86,012
MN Department of Trade and Economic Development	NBC Products (Prior Lake)	Yes	Yes	\$75,000
MN Department of Trade and Economic Development	Mink Lake Mfg	Yes	Yes	\$55,000
MN Department of Trade and Economic Development	Air Tec Acquisition Corp	Yes	Yes	\$50,000
MN Department of Trade and Economic Development	Glenmac Inc.	Yes	Yes	\$50,000
MN Rural Finance Authority	Minnesota Energy	Yes	No	\$500,000
MN Rural Finance Authority	Chippewa Valley Ethanol Co.	Yes	No	\$500,000
MN Rural Finance Authority	Al-Corn Clean Fuels	Yes	No	\$500,000
Moorhead, City of	Erickson Contracting	Yes	Yes	\$46,000
New Ulm, City of	Rebound Properties Inc	Yes	Yes	\$80,000
North Branch EDA	New Town Furniture Inc	Yes	No	\$220,000
Perham, City of	Perham Grain & Feed Inc	Yes	Yes	\$135,000
Perham, City of	LPM Inc.	Yes	No	\$130,000
Perham, City of	Gary's Electric Repair	Yes	No	\$45,000
Pine, City of	Sterling Water Inc. dba Culligan Water	Yes	No	\$40,000
Preston, City of	Pro-Corn LLC	Yes	No	\$850,000
Red Wing Port Authority	Knudsen Enterprises	Yes	Yes	\$425,000
Rochester, City of	Pemstar Inc	Yes	No	\$3,536,000
Rockford City of	Minnesota Diversified Products	Yes	Yes	\$343,236
1. Comora Ony or	International Professional Freducts	. 00	. 00	ψυ+υ,∠30

Agency Name	Recipient Name	Prior Activity*	Rec'd Report**	Total Amount
Scott County	ADC Telecommunications Inc	Yes	Yes	\$1,140,000
Shakopee, City of	Seagate Technology	Yes	Yes	\$4,247,600
Shakopee, City of	ADC Telecommunications Inc	Yes	Yes	\$1,710,000
St. Paul Port Authority	Bro-Tex Inc	Yes	No	\$2,000,000
St. Paul Port Authority	Versa Iron and Machine Co.	Yes	No	\$2,000,000
St. Paul Port Authority	Aries Precision Sheet Metal Co.	Yes	Yes	\$692,604
St. Paul Port Authority	Addco Inc. (3N Properties)	Yes	Yes	\$609,840
St. Paul Port Authority	The Norgen Group LLC (Brissman Kennedy)	Yes	Yes	\$463,478
St. Paul Port Authority	G & K Services Inc	Yes	Yes	\$405,979
St. Paul Port Authority	Summit Brewing Co.	Yes	Yes	\$366,667
St. Paul Port Authority	EMC Corp	Yes	Yes	\$240,000
St. Paul Port Authority	Guinee Family Limited Partnership (Miratec Systems Inc)	Yes	Yes	\$237,837
St. Peter, City of	Brinker Enterprises and St. Peter Woolen Mill	Yes	No	\$40,000
St. Peter, City of	Kind Veterinary Clinic	Yes	No	\$40,000
St. Peter, City of	Robert Hamilton dba St. Peter Funeral Home	Yes	No	\$40,000
Stillwater, City of	Schoonover Real Estate Co LLP	Yes	Yes	\$143,000
Warroad Port Authority	Helgeson Chapels LLC	Yes	No	\$100,000
Waterville, City of	Prosch-Dennis Funeral Home	Yes	No	\$137,850
Watkins, City of	Barrier Technology	Yes	Yes	\$85,500
Welcome City of	Easy Systems Inc	Yes	Yes	\$150,000
Wells City of	Wells Super Valu Grocery	Yes	No	\$165,689
Winona Port Authority	VAS Engineering & manufacturing	Yes	No	\$75,000
Totals		105	Yes - 57.1% (60) No - 42.9% (45)	\$49,808,522

^{*} Prior Activity is defined as project activity reported in 2001 that had not achieved goals.
** Received report by June 1, 2002 and data included in analysis.

APPENDIX M:

Summary of Agencies that Submitted a 1999 MBAF in 2002 but did not Report Activity in Prior Reports

Summary of Agencies that Submitted a 1999 MBAF in 2002 but did not Report Activity in Prior Reports

Agency Name	Recipient Name	Total Amount
Austin, City of	Palleton of MN Inc.	\$48,000
Brooklyn Park EDA	Waterford II	\$688,000
Brooklyn Park EDA	Thomas Engineering	\$60,000
Brooklyn Park EDA	Ault Inc.	\$54,000
Burnsville EDA	MHC Associates LLC	\$180,514
Burnsville EDA	Independent School District 191	\$94,605
Burnsville EDA	Astleford Equipment Co Inc.	\$77,520
Burnsville EDA	Norwest Bituminous	\$60,000
Burnsville EDA	SAI Investment Co	\$58,035
Chisago County HRA-EDA	County Line Iron Inc.	\$132,000
Henderson, City of	New Country School Properties Inc.	\$254,840
Jenkins, City of	Wonderful Life Ent	\$235,000
Maple Grove, City of	Caliber Dev Corp	\$311,408
Montrose City of	Jeff- Ex Inc.	\$44,000
New Brighton, City of	Donatelle Plastics Inc.	\$166,587
North Branch EDA	Crossroads Motel	\$167,000
Pelican Rapids EDA	Precision Machining	\$152,000
Rogers, City of	Ryan Companies US Inc.	\$2,900,000
Rogers, City of	Reinhart Real Estate Group Inc.	\$600,000
Rosemount Port Authority	Endres Processing LLC	\$385,000
Spring Valley EDA	Outdoor Dev LLC	\$349,641
Spring Valley EDA	Subway & All in One	\$35,000
St. Joseph, City of	Borgert Products	\$145,000
Welcome, City of	Easy Systems	\$250,000
Windom EDA	JR & R Partnership	\$450,000
Totals		25 \$7,898,150

APPENDIX N:

Achievement of Wage and Job Goals for Agreements from July 1, 1995 and July 31, 1999 Reported in 2002

	<u></u>		
Agency Name	Recipient Name	Total Amount	Goals Achieved
Austin, City of Brooklyn Park EDA	Palleton of MN Inc. Waterford II	\$48,000 \$688,000	No No
Brooklyn Park EDA Brooklyn Park EDA	Duke Realty Investments Inc. Crossroads North Business Center 7	\$688,000 \$598,000	No Yes
Brooklyn Park EDA Brooklyn Park EDA	Duke Realty Investments Inc. Crossroads North Business Center 7	\$451,000	Yes
Brooklyn Park EDA	Duke Realty Investments Inc. Crossroads North Business Center 3	\$182,000	Yes
Brooklyn Park EDA	Thomas Engineering	\$60,000	No
Brooklyn Park EDA	Ault Inc.	\$54,000	No
Burnsville EDA	Millpond Partners	\$1,210,000	No
Burnsville EDA	Southcross Commerce Center	\$1,097,000	No
Burnsville EDA	Kraus-Anderson Inc.	\$586,000	No
Burnsville EDA	Quality Ingredients Corp	\$376,684	Yes
Burnsville EDA	Peter J. Smith	\$359,199	No
Burnsville EDA Burnsville EDA	Paul F. Gonyea Burnsville Showcase LLP	\$267,328 \$240,690	Yes Yes
Burnsville EDA	MHC Associates LLC	\$180,514	Yes
Burnsville EDA	Rivers Edge Partners	\$178,300	No
Burnsville EDA	Consolidated Computer Services Inc.	\$115,000	No
Burnsville EDA	Independent School District 191	\$94,605	Yes
Burnsville EDA	Astleford Equipment Co Inc.	\$77,520	Yes
Burnsville EDA	Leeanndee Partnership	\$68,674	No
Burnsville EDA	Norwest Bituminous	\$60,000	Yes
Burnsville EDA	SAI Investment Co	\$58,035	No
Burnsville EDA	RDO Equipment Co.	\$52,000	Yes
Burnsville EDA	Ticen's Pro Care Inc.	\$51,000	No
Burnsville EDA Burnsville EDA	MN Valley YMCA Eastling Family Partnership	\$50,000	Yes
Burnsville EDA Burnsville EDA	Al's Cabinets	\$44,000 \$42,960	Yes Yes
Chisago County HRA-EDA	County Line Iron Inc.	\$42,960 \$132,000	Yes Yes
Fergus Falls Port Authority	Norcon Resources LLP	\$202,300	Yes
Henderson, City of	New Country School Properties Inc.	\$254,840	Yes
Jenkins, City of	Wonderful Life Ent	\$235,000	Yes
Maple Grove, City of	Caliber Dev Corp	\$311,408	No
MN Department of Trade and Economic Development	Mink Lake Mfg	\$55,000	No
MN Department of Trade and Economic Development	Impressions Inc.	\$5,195,000	Yes
MN Department of Trade and Economic Development	New Morning Windows	\$4,965,000	Yes
MN Department of Trade and Economic Development	Alexandria Extrusion	\$500,000	No
MN Department of Trade and Economic Development	Anderson Corp (Cottage Grove)	\$500,000	No Yes
MN Department of Trade and Economic Development MN Department of Trade and Economic Development	Media One (St. Paul) Electric Machinery Co. (Mpls)	\$500,000 \$371,477	Yes
MN Department of Trade and Economic Development	General Litho Services (Brooklyn Park)	\$300,000	No
MN Department of Trade and Economic Development	Com-Tal (WBT)	\$297,500	Yes
MN Department of Trade and Economic Development	Point Rejuvenate/Kidspace	\$293,000	Yes
MN Department of Trade and Economic Development	Hennepin Paper Co.	\$250,000	No
MN Department of Trade and Economic Development	Air Tec-Acquistion (Anoka)	\$210,000	Yes
MN Department of Trade and Economic Development	Cross Consulting Group	\$200,000	No
MN Department of Trade and Economic Development	Stearns Bank/Equipment Leasing	\$170,000	No
MN Department of Trade and Economic Development	Windland Electronics Inc.	\$150,000	No
MN Department of Trade and Economic Development	American Coating Technology	\$148,000 \$100,000	No No
MN Department of Trade and Economic Development MN Department of Trade and Economic Development	Aaron Carlson Woodworking Diamond Tool & Eng	\$100,000	No
MN Department of Trade and Economic Development	Lehmann Farms	\$86.012	No
MN Department of Trade and Economic Development	Sparks Manufacturing Inc.	\$85,000	No
MN Department of Trade and Economic Development	Airtec Acquisition Corp	\$50,000	Yes
MN Department of Trade and Economic Development	Glenmac Inc.	\$50,000	No
MN Department of Trade and Economic Development	NBC Products (Prior Lake)	\$39,475	Yes
Montrose, City of	Jeff- Ex Inc.	\$44,000	Yes
Moorhead, City of	Erickson Contracting	\$46,000	No
New Brighton, City of	Donatelle Plastics Inc.	\$166,587	Yes
New Ulm, City of	Rebound Properties Inc.	\$80,000	No
North Branch EDA Pelican Rapids EDA	Crossroads Motel Precision Machining	\$167,000	Yes
Perham, City of	Perham Grain & Feed Inc.	\$152,000 \$135,000	Yes No
Red Wing Port Authority	Knudsen Enterprises	\$135,000	No
Rockford, City of	Minnesota Diversified Products	\$343,236	Yes
Rogers, City of	Ryan Companies US Inc.	\$2,900,000	Yes
Rogers, City of	Reinhart Real Estate Group Inc.	\$600,000	Yes
Rosemount Port Authority	Endres Processing LLC	\$385,000	Yes
Scott County	ADC Telecommunications Inc.	\$1,140,000	No
Shakopee, City of	Seagate Technology	\$4,247,600	No
Shakopee, City of	ADC Telecommunications Inc.	\$1,710,000	No
Spring Valley EDA	Outdoor Dev LLC	\$349,641	Yes
Spring Valley EDA	Subway & All in One	\$35,000	No
St. Joseph, City of St. Paul Port Authority	Borgert Products Aries Precision Sheet Metal Co	\$145,000 \$692,604	Yes n/a
St. Paul Port Authority St. Paul Port Authority	Addco Inc. (3N Properties)	\$692,604 \$609,840	n/a Yes
St. Paul Port Authority St. Paul Port Authority	The Norgren Group, LLC	\$463,478	Yes
St. Paul Port Authority	G & K Services Inc.	\$405,979	Yes
	Summit Brewing Company	\$366,667	No
St. Paul Port Authority			No
St. Paul Port Authority St. Paul Port Authority	EMC Corp	\$240,000	
	EMC Corp Guinee Family Limited Partnership	\$240,000 \$237,837	No
St. Paul Port Authority St. Paul Port Authority Stillwater, City of	Guinee Family Limited Partnership Schoonover Real Estate Co LLP	\$237,837 \$143,000	No No
St. Paul Port Authority St. Paul Port Authority	Guinee Family Limited Partnership	\$237,837	No

Welcome, City of	Easy Systems	\$150,000	n/a	
Windom EDA	JR & R Partnership	\$450,000	Yes	
Totals	85	\$40,197,490		
		Vaa	42	40.40/
		Yes		49.4%
		No	41	48.2%
		n/a	2	2.4%
			85	100.0%
		Yes	\$22,894,654	57.0%
		No	\$16,460,232	40.9%
		n/a	\$842,604	2.1%
		II/a	. ,	
			\$40,197,490	100.0%

APPENDIX 0:

Agency Name	Public Hearing Held	Criteria Submitted
Afton, City of	No	No
Aitkin, City of	Yes	Yes/2001
Aitkin County	Yes	No/RLF 2001
Albany, City of	Yes	Yes/2000
Albert Lea Port Authority	No	Yes/2001
Albert Lea, City of	Yes	Yes/2001
Albertville, City of	Yes	Yes/2001
Alexandria, City of	Yes	Yes/2001
Alexandria (Township of)	No	No
Andover, City of	Yes	No
Annandale, City of	Yes	Yes/2001
Annandale EDA	Yes	Yes/2001
Anoka, City of	Yes	Yes/2001
Anoka County	No	No
Apple Valley, City of	Yes	Yes/2001
Arden Hills, City of	No	No
Arrowhead Regional Development Commission	Yes	Yes/2001
Austin, City of	Yes	Yes/2000
Bagley, City of	No	No
Baldwin (Township of)	No	No
Barnesville EDA	Yes	Yes/2001
Baxter, City of	Yes	Yes/2001
	No	No
Bayport, City of Becker, City of	Yes	Yes/2000
Becker, City of, EDA	Yes	Yes/2001
Becker County, EDA	No	No
Becker (Township of)	No	No
Belle Plaine, City of	Yes	Yes/2000
Belle Plaine EDA	No	No
Beltrami County HRA	No	No
Belview, City of	Yes	Yes/2001
Bemidji, City of	No	No
Bemidji (Township of)	No	No
Benson, City of	Yes	Yes/2001
Benson, EDA	No	No
Benson, HRA	No	No
Benton County	Yes	Yes/2000
Big Lake, City of	Yes	Yes/2000
Big Lake EDA	Yes	Yes/2001
Big Lake (Township of)	No	No
Big Stone County	No	No
Blackduck, City of	Yes	Yes/2002
Blaine, City of	No	No
Blaine Area Development Company	Yes	Yes/2001
Blaine EDA	Yes	Yes/2000
Blooming Prairie, City of	No	No
Bloomington, City of	No	No
Bloomington HRA	No	No
Bloomington Port Authority	No	No
Blue Earth, City of	No	No
Blue Earth EDA	Yes	Yes/2000
Bradford (Township of)	No	No
Brainerd, City of	Yes	Yes/2000
Brandon EDA	No	No
Breckenridge, City of	Yes	No
Breckenridge HRA	No	No
Breezy Point, City of		
, ,	No	No
Breezy Point EDA	No	No
Brockway (Township of)	No	No Var (2004
Brooklyn Center, City of	Yes	Yes/2001
Brooklyn Center EDA	Yes	Yes/2000
Brooklyn Park, City of	Yes	Yes/2000
Brooklyn Park, City of EDA	Yes	Yes/2000

Agency Name	Public Hearing Held	Criteria Submitted
Brooks, City of	No	No
Brooten, City of	Yes	No
Browerville, City of	No	No
Brown County Economic Development Partners, Inc.	Yes	Yes/2000
Buffalo, City of	No	No
Buffalo Lake, City of	No	No
Buhl, City of	Yes	No/RLF
Burns (Township of)	No	No
Burnsville, City of	No	No
Burnsville EDA	Yes	Yes/2000
Business Development Inc.(Fergus Falls)	No	No
Byron, City of	Yes	Yes/2002
Caledonia, City of	Yes	Yes/2000
Caledonia EDA	Yes	Yes/2000
Calumet, City of	No Yes	No Yes/2000
Cambridge, City of Cambridge HRA	No	No
	No	No
Canby, City of Cannon Falls, City of	No	No
Cannon Falls EDA	Yes	Yes/2002
Carlton County	No	No
Carver County	No	No
Carver County HRA	No	No
Cascade (Township of)	No	No
Cass County	Yes	No
Cass County HRA	No	No
Centerville, City of	Yes	Yes/2000
Central Minnesota Initiative Fund	No	No
Champlin, City of	No	No
Champlin, EDA	Yes	Yes/2000
Chanhassen, City of	Yes	Yes/2000
Chaska, City of	Yes	Yes/2000
Chaska EDA	Yes	Yes/2000
Chatfield, City of	Yes	No
Chippewa County	Yes	No
Chippewa County HRA	No	No
Chisago City, City of	No	No
Chisago County HRA - EDA	Yes No	Yes/2000
Chisago Lake (Township of) Chisholm, City of	No	No No
Circle Pines, City of	No	No
Claremont, City of	No	No
Clarissa, City of	No	No
Clearwater County	Yes	Yes/2001
Cloquet, City of	Yes	Yes/2001
Cokato, City of	No	No
Cold Spring, City of	No	No
Collegeville (Township of)	No	No
Columbia Heights, City of	No	No
Columbia Heights EDA	No	No
Columbus (Township of)	No	No
Cook County	No	No
Coon Rapids, City of	Yes	Yes/2001
Corcoran, City of	No	No
Cosmos, City of	No	No
Cottage Grove, City of	Yes	Yes/2000
Cottage Grove EDA	No	No
Cottonwood County	Yes	Yes/2001
Credit River (Township of)	No	No
Crookston, City of	No	No
Crookston HRA	No	No
Crosby, City of	No	No
Crow Wing County	No	No
Crystal, City of	No	No

Agency Name	Public Hearing Held	Criteria Submitted
Dakota County	No	No
Dakota County Community Development Agency	Yes	Yes/2000
Dawson	Yes	No
Dayton, City of	No	No
Deephaven, City of	No	No
Delano, City of	Yes	Yes/2001
Detroit Lakes, City of	Yes	No
Detroit Lakes Dev. Authority	Yes	No
Dilworth, City of	Yes	Yes/2001
Dodge Center, City of	No	No
Douglas County	No	No
Douglas County HRA	No	No
Duluth, City of	Yes	Yes/2001
Duluth EDA	Yes	Yes/2001
Duluth HRA	No	No Value
Duluth Seaway Port Authority	Yes	Yes/2000
Dundas, City of	No	No
Dunnell, City of	No	No No
Eagan, City of	Yes	Yes/2000
East Bethel, City of	No	No
East Central Regional Dev. Commission	No No	No No
East Grand Forks, City of		
East Grand Forks EDHA	Yes Yes	No Yes/2001
Eden Prairie, City of		Yes/2001 Yes/2001
Eden Valley, City of Edina, City of	Yes No	
Edina HRA	Yes	No Yes/2001
Elbow Lake, City of	No	No
Elk River, City of	Yes	Yes/2001
Elk River EDA	Yes	Yes/2001
Elk River HRA	Yes	Yes/2001
Ely, City of	No	No
Ely HRA	No	No
Eveleth, City of	Yes	No
Eveleth EDA	No	No
Fairmount, City of	Yes	Yes/2001
Falcon Heights, City of	No	No
Faribault, City of	Yes	Yes/2001
Faribault County	No	No
Faribault County Local Redevelopment Agency	Yes	Yes/2000
Faribault EDA	Yes	Yes/2000
Farmington, City of	Yes	Yes/2000
Farmington HRA	Yes	Yes/2000
Fergus Falls, City of	Yes	Yes/2001
Fergus Falls Port Authority	No	No
Fillmore County	No	No
Foley, City of	No	No
Forest Lake, City of	Yes	Yes/2001
Forest Lake HRA	No	No
Forest Lake (Township of)	No	No
Fountain, City of	No	No
Franklin (Township of)	No	No
Freeborn County HRA	No	No
Fridley, City of	Yes	No
Fridley HRA	Yes	Yes/2000
Frogtown Action Alliance	No	No
Garrison, City of	No	No
Gaylord, City of	No	No
Glencoe, City of	Yes	Yes/2001
Glenwood, City of	No	No
Glyndon	Yes	Yes/2001
Golden Valley, City of	No	No
Goodhue County	No	No
Goodview, City of	No	No

A way are Name	Dublic Hearing Held	Cuitania Cubunittad
Agency Name	Public Hearing Held	Criteria Submitted
Grand Lake (Township of)	No	No
Grand Rapids, City of	Yes	No No - 10004
Grand Rapids EDA	Yes	Yes/2001
Grand Rapids Township	No	No
Granite Falls, City of	Yes	No (2000)
Granite Falls EDA	Yes	Yes/2000
Granite Falls HRA	No	No
Grant, City of	No	No
Grant County	No	No
Grant (Township of)	No	No
Grey Eagle, City of	No	No
Grygla, City of	No	No
Ham Lake, City of	Yes	Yes/2000
Harris (Township of)	No	No
Hassan (Township of)	No	No
Hastings, City of	Yes	Yes/2000
Henderson, City of	Yes	No
Hennepin County	No	No
Henning, City of, EDA	No	No
Hermantown, City of	No	No
Hibbing EDA	No	No
Hibbing, City of	Yes	No
Hinckley, City of	No	No
Hopkins, City of	Yes	Yes/2001
Hopkins HRA	Yes	Yes/2001
Houston County	Yes	Yes/2002
Howard Lake, City of	Yes	Yes/2001
Hubbard County	No	No
Hugo, City of	Yes	Yes/2000
Hutchinson, City of	No	No
Hutchinson Community Development Commission	Yes	Yes/2001
Independence, City of	No	No
International Falls, City of	No	No
Inver Grove Heights, City of	Yes	Yes/2000
Iron Range Resources and Rehabilitation Agency (IRRRA)	Other	Other
Isanti, City of	Yes	Yes/2002
Isanti County	No	No
Itasca County	No	No
Jackson, City of	Yes	Yes/2000
Jackson County (Revolving Loan Fund)	Yes	No
Jasper, City of	Yes	No No /TIE Diag
Jenkins, City of	Yes	No/TIF Plan
Joint Economic Development Commission	No	No (and and and and and and and and and and
Jordon, City of	Yes	Yes/2000
Kanabec County	No	No
Kandiyohi County HRA	No	No
Kandiyohi County Rural Development Finance Authority	No	No
Karlstad EDA	No	No
Kasson, City of	Yes	No/Guidelines
Keewatin, City of	Yes	Yes/2000
Kiester EDA	Yes	Yes/2000
Kimball	Yes	Yes/2001
Kittson County	No	No
Kittson Office of Economic Development	No	No
Koochiching Development Authority	Yes	Yes/2001
Lac qui Parle County	No	No
La Crescent, City of	Yes	Yes/2001
La Grand (Township of)	No	No
Lake City, City of	Yes	Yes/2001
Lake County	No	No
Lake Elmo, City of	No	No
Lake of the Woods County	No	No
Lakeville, City of	Yes	Yes/2000
La Prairie, City of	No	No
The manufacture of the second	1	1 -

Agency Name	Public Hearing Held	Criteria Submitted
Lauderdale, City of	Yes	Yes/2001
Le Center, City of	No	No
Lent (Township of)	No	No
Leroy, City of	No	No
Lester Prairie, City of	No	No
Le Sueur, City of	No	No
Le Sueur EDA	Yes	Yes/2000
Le Suer County	No	No
Le Sueur County HRA	No	No
Lindstrom, City of	No	No
Lino Lakes, City of	No	No
Lino Lakes EDA	Yes	Yes/2000
Linwood (Township of)	No	No
Litchfield, City of	Yes	Yes/2000
Little Canada, City of	No	No
Little Falls, City of	Yes	Yes/2001
Livonia (Township of)	No	No
Long Lake, City of	No	No
Long Lake EDA	Yes	Yes/2001
Long Prairie, City of	No	No
Luverne, City of	Yes	Yes/2000
Luverne EDA	Yes	Yes/2000
Luverne HRA	Yes	Yes/2000
Lyon County	No	No
McLeod County	No	No
McLeod County HRA	No	No
Madelia, City of	No	No
Madison Lake, City of	Yes	Yes/2000
Mahnomen County	No	No
Mahtomedi, City of	Yes	Yes/2001
Mankato, City of	No	No
Maple Grove, City of	Yes	Yes/2000
Maple Lake, City of	No	No
Maple Plain, City of	Yes	No
Mapleton, City of	Yes	Yes/2001
Maplewood, City of	Yes	No
Marion (Township of)	No	No
Marshall County	No	No Value
Marshall, City of	Yes	Yes/2000
Marshall EDA	Yes	Yes/2000
Marshall HRA	Yes	Yes/2000
May (Township of)	No	No
Maynard, City of MEDA	No No	No No
Medina (corporate name for Hamel)	No	No
Meeker County	Yes	Yes/2000
Melrose, City of	No	No
Melrose Area Development Authority	Yes	Yes/2000
Melrose HRA	No	No
Mendota Heights, City of	Yes	No
Metropolitan Council	No	No
Mid-Minnesota Development Commission	Other	No/RLF - Fed Compliance
Milaca	Other	No/RLF - Development Fund
Mille Lacs County	Yes	No
Minneapolis, City of	No	No
Minneapolis Community Development Agecy	Yes	Yes/2001
Minneapolis Consortium of Community Developers	Other	No
Minneapolis Foundation	No	No
Minneapolis Foundation's Enterpreneurs Fund	No	No
Minneapolis Public Housing Authority	No	No
Minnesota Planning	No	No
Minnesota Pollution Control Agency	No	No
Minnetonka, City of	No	No
Minnetrista, City of	No	No
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Agency Name	Public Hearing Held	Criteria Submitted
MN Department of Agriculture	No	No
MN Department of Trade and Economic Development	Yes	Yes/2001
MN Office of Environmental Assistance	No	No
MN Rural Finance Authority	No	No
Montevideo, City of	Yes	Yes/2000
Montevideo Community Development Corporation	Yes	Yes/2000
Montevideo HRA	No	No
Montgomery, City of	No	No
Monticello, City of	Yes	Yes/2000
Monticello EDA	Yes	Yes/2000
Monticello HRA	Yes	Yes/2000
Monticello (Township of)	No	No
Montrose	Yes	No
Moorhead, City of	Yes	Yes/2000
Moose Lake, City of	Yes	Yes/2000
Mora, City of	No	No
Morris, City of	Yes	Yes/2001
Morrison County	No	No
Motley, City of	No	No
Mound, City of	Yes	Yes/2001
Mound HRA	Yes	Yes/2001
Mounds View, City of	Yes	Yes/2000
Mounds View EDA	Yes	Yes/2001
Mountain Iron, City of Mountain Iron HRA	Yes	Yes/2000
	Yes	Yes/2000
Mountain Lake EDA	Yes	Yes/2000
Mower County Housing Authority	No No	No No
Mower County Housing Authority Murdock, City of	No	No
New Brighton, City of	No	No
New Hope, City of	Yes	Yes/2001
New London (Township of)	No	No
New Market (Township of)	No	No
Newport, City of	No	No
New Prague, City of	Yes	Yes/2001
New Scandia (Township of)	No	No
New Ulm, City of	Yes	Yes/2001
New Ulm EDA	Yes	Yes/2001
New York Mills EDA	Yes	No
Nicollet County	No	No
Nobles County	Yes	Yes/2000
Norman County	No	No
North Branch	Yes	Yes/2000
North Branch EDA	Yes	No/City Policy
Northland Foundation	No	No
North End Area Revitalization, Inc.	Other	Other/Established by DTED
Northern (Township of)	No	No
Northfield, City of	Yes	Yes/2000
Northfield EDA	Yes	Yes/2000
North Mankato, City of	Yes	Yes/2000
North Mankato, North Mankato Port Authority	Yes	Yes/2000
North Oaks, City of	No	No
North Saint Paul	No	No
Northwest MN Foundation	Other	Other/Established by DTED
Norwood, City of	No	No
Oakdale, City of	Yes	Yes/2001
Oak Grove, City of	No	No No
Oak Park Heights, City of	Yes	Yes/2000
Oak Park Heights EDA	Yes	No/City Policy
Olivia, City of	Yes	No
Olivia EDA	Yes	No
Olmstead County	No	No
Onamia, City of	No	No
Orono, City of	No	No

Agency Name	Public Hearing Held	Criteria Submitted
Osakis, City of	Yes	Yes/2000
Osseo, City of	No	No
Osseo EDA	Yes	Yes/2002
Otsego, City of	No	No
Owatonna, City of	Yes	Yes/2000
Owatonna EDA	Yes	Yes/2000
Park Rapids, City of	No	No
Parkers Prairie, City of	Yes	Yes/2000
Paynesville, City of	Yes	Yes/2001
Pelican Rapids, City of	No	No
Pennington County	No	No
Pequot Lakes, City of	Yes	Yes/2000
Perham, City of	Yes	No Yes/2000
Pierz, City of	Yes No	
Pine City, City of Pine Island, City of	No	No No
Pipestone EDA	Yes	Yes/2000
Pipestone, City of	Yes	Yes/2000
Pipestone County	No	No
Plainview, City of	No	No
Plato, City of	No	No
Plymouth, City of	No	No
Polk County	No	No
Pope County	No	No
Preston, City of	No	No
Princeton, City of	Yes	Yes/2000
Princeton HRA	No	No
Prior Lake, City of	Yes	Yes/2000
Proctor, City of	Yes	Yes/2001
Proctor EDA	Yes	Yes/2001
Quad Cities EDA	No	No
Ramsey, City of	Yes	Yes/2001
Ramsey County LIDA	No No	No No
Ramsey County HRA Red Lake Falls, City of	No	No
Red Wing, City of	Yes	Yes/2000
Red Wing HRA	Yes	No
Red Wing Port Authority	Yes	Yes/2000
Redwood County	No	No
Redwood Falls, City of	Yes	Yes/2000
Renville, City of	No	No
Rice Lake (Township of)	No	No
Richfield, City of	Yes	Yes/2000
Richfield HRA	Yes	Yes/2001
Robbinsdale, City of	Yes	Yes/2001
Robbinsdale EDA	Yes	Yes/2001
Rochester (Township of)	No	No
Rochester, City of	Yes	Yes/2000
Rockford, City of	Yes	Yes/2001
Rockford (Township of)	No	No
Rogers, City of	Yes	No Vac/2002
Roseau, City of Roseau County	Yes No	Yes/2002
Rosemount, City of	No No	No No
Rosemount Port Authority	Yes	Yes/2001
Roseville, City of	No	No
Sacred Heart, City of	No	No
Saint Anthony, City of	Yes	Yes/2001
Saint Anthony Village	No	No
Saint Augusta (Township of)	No	No
Saint Charles, City of	Yes	Yes/2000
Saint Cloud, City of	No	No
Saint Cloud, HRA	Yes	Yes/2000
Saint Francis, City of	No	No
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A gamay Nama	Dublic Hearing Held	Critorio Submittod
Agency Name Saint James, City of	Public Hearing Held No	Criteria Submitted No
Saint James, City of Saint James HRA	No	No
Saint Joseph, City of	Yes	Yes/2000
Saint Joseph (Township of)	No	No
Saint Louis County	Yes	Yes/2001
Saint Louis Park, City of	Yes	Yes/2000
Saint Louis Park EDA	Yes	Yes/2001
Saint Michael, City of	No	No
Saint Paul, City of	Yes	No
Saint Paul Park, City of	No	No
Saint Paul Planning and Economic Development	Yes	Yes/2000
Saint Paul, Port Authority of	Yes	Yes/2000
Saint Peter, City of	No	No
Saint Peter EDA	Yes	No
Sartell, City of	Yes	Yes/2000
Sauk Centre, City of	Yes	Yes/2000
Sauk Rapids, City of	Yes	Yes/2000
Sauk Rapids HRA	Yes	Yes/2000
Savage, City of	Yes	Yes/2001
Savage EDA	Yes	No/City Policy
Scott County	Yes	Yes/2001
Sebeka, City of	Yes	No
Shakopee, City of	Yes	Yes/2001
Shoreview, City of	Yes	Yes/2000
Shorewood, City of	No	No
Slayton EDA	No	No
Sleepy Eye, City of	Yes	No
Sleepy Eye EDA	Yes	Yes/2001
South Saint Paul	Yes	Yes/2001
South St. Paul HRA	Yes	Yes/2001
South East and South Central Minnesota Initiative Fund	No	No
Southern Minnesota Initiative Foundation	No	No
Southwest Minnesota Foundation Southwest Minnesota Initiative Fund	No No	No No
Southwest Regional Development Commission	Yes	Yes/2000
Spicer, City of	Yes	Yes/2000
Spring Grove, City of	Yes	Yes/2000
Spring Lake Park, City of	No	No
Spring Lake Township	No	No
Spring Valley, City of	Yes	Yes/2000
Spring Valley EDA	Yes	Yes/2000
Staples, City of	Yes	Yes/2000
Staples EDA	Yes	Yes/2000
Stearns County	Yes	Yes/2000
Stearns County HRA	Yes	Yes/2001
Steele County	No	No
Stevens County	No	No
Stewartville, City of	No	No
Stillwater, City of	Yes	Yes/2000
Stockton, City of	No	No
Swift County	Yes	Yes/2001
Swift County HRA	Yes	No
Swift County RDA	Yes	No
Thief River Falls, City of	Yes	Yes/2001
Traverse County	No	No
Thomson (Township of)	No	No
Two Harbors, City of	Yes	Yes/2000
Two Harbors Development Commission	Yes	Yes/2000
Upper Minnesota Valley Regional Development Commission	No	No
Urban Initiative Board/Milestone Growth Fund	No	No
Vadnais Heights, City of	No	No
Verndale, City of	No	No
Victoria, City of	No	No
Villard, City of	No	No

Agency Name	Public Hearing Held	Criteria Submitted
Virginia, City of	Yes	No
Wabasha, City of	Yes	Yes/2000
Wabasso, City of	No	No
Waconia, City of	No	No
Wadena, City of	No	No
Wadena Development Authority	Yes	No
Waite Park, City of	No	No
Wakefield (Township of)	No	No
Walker, City of	No	No
Warroad Port Authority	Yes	No
Waseca, City of	Yes	No
Waseca HRA	No	No
Watab (Township of)	No	No
Watertown, City of	Yes	Yes/2001
Waterville, City of	Yes	Yes/2001
Watkins, City of	Yes	Yes/2001
Wayzata, City of	No	No
Welcome, City of	No	No
Wells, City of	Yes	Yes/2000
Wells EDA		
	Yes	Yes/2000
West Central Initiative Fund	No	No
West Concord, City of	No	No
West Lakeland (Township of)	No	No .
West St. Paul, City of	Yes	No/EDA Resolution
West St. Paul EDA	No	No/Resolution
Wheaton EDA	No	No
White Bear Lake, City of	No	No
White Bear Lake HRA	No	No
White Bear (Township of)	Yes	Yes/2001
Wilken County	Yes	Yes/2000
Willmar, City of	No	No
Windom, City of	Yes	Yes/2000
Windom, EDA	Yes	Yes/2000
Winnebago, City of	Yes	Yes/2001
Winona, City of	Yes	Yes/2000
Winona, Port Authority	Yes	Yes/2000
Winsted	Yes	Yes/2001
Woodbury, City of	Yes	Yes/2000
Woodbury EDA	Yes	Yes/2001
Worthington, City of	Yes	Yes/2000
Wright County	No	No
Wright County Economic Development Partnership	No	No
Wyoming, City of	Yes	Yes/2001
Wyoming (Township of)	No	No
Zimmerman EDA	Yes	Yes/2001
Zumbrota, City of	Yes	Yes/2000
Zumbrota EDA	Yes	Yes/2000
<u> </u>	Yes - 48.0% (268)	Yes - 39.8% (222)
RLF = Revolving Loan Fund	No - 50.9% (284)	No - 59.7% (333)
 	Other - 1.1% (6)	Other - 0.5% (3)

2000 and 2001 = Criteria was submitted in the 2000 and 2001 Business Assistance Report. Criteria submitted in the 2000 and 2001 Business Assistance Report can be reviewed at DTED's website: (www.dted.state.us, click on Communities then Business Subsidies Reporting to review criteria).

APPENDIX P:

Listing of Agencies that Submitted Criteria in 2002 for Business Subsidies Per M.S. § 116J.993 - §116.995

Agencies that Submitted Business Subsidy Criteria in 2002 Per M.S.116J.993 - M.S.116J.995

Agency Name

Blackduck, City of Byron, City of Cannon Falls EDA Houston County Isanti, City of Osseo EDA Roseau, City of

BUSINESS SUBSIDY REQUIREMENTS

I. <u>DEFINITIONS</u>

- A. Grantor 'Grantor' means any state or local government agency with the authority to grant a business subsidy under Minnesota Statute Sections 116J.993 through Section 116J.995.
- B. Local Government Agency 'Local Government Agency' includes a statutory or home rule charter city, housing and redevelopment authority, town, county, port authority, economic development authority, community development agency, nonprofit entity created by a local government agency, or any other entity created by a local government agency with authority to provide business subsidies.
- C. Public Purpose 'Public Purpose' means the criteria for the business subsidy that benefits the public. A business subsidy must meet a public purpose other than increasing the tax base. Job retention may only be used as a public purpose in cases where job loss is imminent and demonstrable.
- D. Recipient 'Recipient' means any for-profit or nonprofit business entity that receives a business subsidy. Only nonprofit entities with at least 100 full-time equivalent positions and with a ratio of highest to lowest paid employees, that exceeds ten to one, determined on the basis of full-time equivalent positions, are included in this definition.
- E. State Government Agency 'State Government Agency' means any state agency that has the authority to award business subsidies.
- F. Subsidy Agreement 'Subsidy Agreement' is an agreement which is entered into between the Grantor of the subsidy and the Recipient. Required contents of the Subsidy Agreement are outlined in Section V.
- G. Benefit Date 'Benefit Date' means the date that the Recipient receives the business subsidy. If the business subsidy involves the purchase, lease or donation of physical equipment, then the benefit date begins when the Recipient put the equipment into service. If the business subsidy is for improvements to property, then the benefit date refers to the earliest date of either: 1) When the improvements are finished for the entire project or 2) when a business occupies the property. If a business occupies the property and the subsidy Grantor expects that other businesses will also

occupy the same property, the Grantor may assign a separate benefit date for each business when it first occupies the property.

- H. Business Subsidy 'Business Subsidy' or 'Subsidy' means state or local government agency assistance including any:
- 1. grant,
- 2. contribution of personal property, real property or infrastructure.
- 3. the principal amount of a loan at rates below those commercially available to the recipient.
- 4. any reduction or deferral of any tax or any fee.
- 5. any guarantee of any payment under any loan, lease, or other obligation.
- 6. any preferential use of government facilities given to a business.

Business Subsidy Exceptions: The following forms of financial assistance are NOT a business subsidy:

- 1. Assistance less than \$25,000 in value,
- 2. Assistance that is generally available to all businesses or to a general class of similar businesses, such as a line of business, size, location, or similar general criteria,
- Public improvements to buildings or lands owned by the state or local government that serve a public purpose and do not principally benefit a single business or defined group of businesses at the time the improvements are made;
- 4. *Redevelopment property polluted by contaminants as defined in State Statutes 116J552, subdivision 3.
- 5. *Assistance provided for the sole purpose of renovating old or decaying building stock or bringing it up to code, provided that the assistance is equal to or less than 50 percent of the total cost.
- 6. Assistance provided to organizations whose primary mission is to provide job readiness and training services if the sole purpose of the assistance is to provide those services.
- 7. Assistance for housing.
- 8. *Assistance for pollution control or abatement.
- 9. Assistance for energy conservation.
- 10. Tax reductions resulting from conformity with federal tax law.
- 11. Workers' compensation and unemployment compensation.
- 12. Benefits derived from regulation.
- 13. Indirect benefits from assistance to educational institutions.
- 14. Funds from bonds allocated under State Statute Chapter 474A;
- 15. Assistance from collaboration between a Minnesota higher education institution and a business.

- 16. *Assistance for a business subsidy finance soils condition district as defined under Section 469.174, Subdivision 19.
- 17. Redevelopment when the recipient's investment in the purchase of the site and in site preparation is 70% or more of the assessor's current year's estimated market value; and
- 18. General changes in business subsidy financing law and other general tax law changes of a principally technical nature.
- 19. federal assistance until the assistance has been repaid to, and reinvested by, the state or local government agency;
- 20. business loans and loan guarantees of \$75,000 or less;
- 21. federal loan funds provided through the United States Department of Commerce, Economic Development Administration.
- *NOTE: These exceptions to 'business subsidy' still require annual reports. See Section VI, D.
- I. Criteria for Business Subsidy 'Criteria for Business Subsidy' means standards for granting business subsidies which are adopted by the local government agency following a public hearing and which comply with State Statute 116J.991 to 116J.995. The criteria must include a specific wage floor for the wages to be paid for the jobs created. Criteria for Business Subsidy are more specifically described in Section III.

II. PUBLIC HEARING REQUIREMENTS

As per state statues approved by the Minnesota Legislature governing the provisions of business assistance as denied in Section 1, there will be occasions when the City will need to conduct a public hearing. Actions requiring a public hearing include:

A. Public Hearing to Approve Business Subsidy Criteria

For any assistance, 'business subsidy', provided after August 1, 1999, and in excess of \$25,000, the City must adopt criteria for awarding business subsidies following a public hearing, along with the following action:

- 1. Notice must be published in the local newspaper at least 10 days and no more than 30 days prior to the public hearing date. The notice must include the date, time and place of the hearing.
- 2. The criteria must be presented and discussed at the public hearing and must be made available for public review.
- 3. Copies of the criteria should be available at City Hall. Sample criteria which meet state requirements can be found in Section III.

- B. Public Hearing to Approve Assistance of \$100,000 or Greater Before granting a business subsidy that exceeds \$500,000 of State funds or \$100,000 of local government funds, the local agency must provide notice of and conduct a public hearing on the subsidy. A public hearing and notice pursuant to this state statute is not required if a hearing and notice on the subsidy is otherwise required by law. The following apply:
 - 1. Public notice of the proposed subsidy must be published in a local newspaper of general circulation and must identify the location at which information about the business subsidy, including a copy of the subsidy agreement, is available.
 - 2. Published notice should be sufficiently conspicuous in size and placement to distinguish the notice from the surrounding text.
 - 3. The local agency must make the information available in printedpaper copies and, if possible, on the Internet.
 - 4. The local agency must provide at least a 10-day notice, including the date, time and place of the hearing.

III. CRITERIA FOR BUSINESS SUBSIDIES

The City hereby expresses its support for the use of business subsidies that meet the below-listed criteria. However, the City reserves the right to approve or reject the use of business subsidies for new commercial or industrial projects and or the rehabilitation and/or expansion of businesses already within the City on an individual basis. The criteria or goals to be taken into consideration by the City are as follows:

- 1. If a redevelopment project, the project will remove, prevent or reduce slums and/or blight, thereby protecting property values and the general public health, safety, and welfare.
- The use of business subsidy is necessary to retain and/or attract competitive and financially sound and healthy commercial and industrial companies which provide significant employment potential and opportunity to broaden the tax base.
- 3. The project must be generally consistent with the City's Comprehensive Plan.
- 4. The use of the business subsidy should encourage quality construction and promote the highest and best use of land.
- 5. The project will promote completion of major public improvement projects within the community with special emphasis given to the installation of trunk sewer and water lines and major transportation projects.
- 6. The project will not significantly and adversely increase the impacts on existing service needs in the City.
- 7. The project is unable to proceed, in its present design and the existing timetable, without the business subsidy.

- 8. The project proposed is generally compatible with the City's overall development plans and objectives and with those of the area for which the project is to be located.
- 9. The project meets all requirements outlined in Minnesota Statutes, as may be amended from time to time.
- 10. The business subsidy for commercial projects should encourage substantial redevelopment of substandard properties or should provide a service which is currently not offered in the community.
- 11. The project should result in the creation or retention of at least 1
- 12. job per \$20,000 in subsidy. The City will consider granting subsidies to businesses that pay \$8 per hour, including \$1 in benefits.

The City, when considering projects that request assistance, will base their decision on the merits of the project and its economic benefit to the community (i.e. the increased tax base and the jobs which will result from the project). The City will also consider the contributions that the project makes to the community's overall development plan and how it complements existing services and businesses.

IV. FAILURE TO COMPLY WITH BUSINESS SUBSIDY AGREEMENT

- A. Specifying Recipient's Obligations: As a part of the Subsidy or Development Agreement, the local government must specify the Recipient's obligation if the Recipient does not fulfill the agreement.
- B. Repayment of Business Subsidy: At a minimum, the agreement must require a Recipient failing to meet the Subsidy Agreement requirements to pay back the assistance, plus interest, to the Grantor provided that repayment must be prorated to reflect partial fulfillment of goals.

Example #1: Job Goal: 10 jobs

Assistance: \$100,000
Assistance to Job Ratio: \$10,000

Number of jobs actually created: 7 (within a 2 year timeframe)

Amount of repayment required: \$30,000 plus interest

(10-7-3x\$10,000 = \$30,000)

Example #2: Required years to remain

at site:

Amount of assistance: \$100.000

Assistance to year's ratio: \$20,000 per year

Actual years at site: 3

Amount of repayment

Required: \$40,000 plus interest

(5-3=2x\$20,000**-\$**40,000)

C. Interest Rate for Repayment Obligation: The interest rate must be set at the implicit price deflator defined under State Statute 275.70, Subdivision 2.

- D. Extensions to Meet Business Subsidy Criteria: The Grantor, after a public hearing, may extend for up to one year, the period for meeting the goals set forth in the Subsidy Agreement.
- E. Five Year Penalty: A Recipient that fails to meet the terms of a Subsidy Agreement may not receive a business subsidy from any Grantor for a period of five years from the date of failure or until a Recipient satisfies its repayment obligation under the subdivision, whichever occurs first.
- F. Compliance Check: Before a Grantor signs a Business Subsidy Agreement, the Grantor must check with the Compilation and Summary Report required by the Business Subsidy section of State Statute 116J.994, Subdivision 6. to determine if the Recipient is eligible to receive a business subsidy.

V. <u>BUSINESS SUBSIDY AGREEMENT</u>

- A. Agreement Contents: A Recipient must enter into a Subsidy
 Agreement with the Grantor of the subsidy which includes, at a minimum:
 - 1. A description of the subsidy, including the fair market value of the subsidy. This description shall include the value of conveying property at less than fair market value price or other in-kind benefits given to recipient. The description shall include the type of district if the subsidy is tax increment financing.
 - 2. A statement of public purpose for the subsidy.
 - 3. A statement of measurable, specific and tangible goals for the subsidy.
 - 4. If the agreement includes wage and job goals, it must include:

- Goals for the number of jobs to be created This may include separate goals for the number of part-time or full-time jobs, or in cases where job loss is imminent and demonstrable, goals for the number of jobs retained; and
- Wage goals for the jobs created or retained.
- The wage and job goals must contain specific goals to be attained within two years of the benefit date.
- 5. If the agreement includes wage and job goals, the sum of the hourly wages and the cost of health insurance provided by the employer with separate bands of wages.
- 6. A statement of why the subsidy is needed.
- 7. A description of Recipient's financial obligation if the goals and reporting obligations are not met. Recipient must provide reports with information regarding goals and results for two years after the benefit date or until the goals are met, whichever is later. *Penalty:* If the Recipient does not submit its report, the local government agency must mail the Recipient a warning within one week of the required filing date. If, after 14 days of the postmarked date of the warning, the Recipient fails to provide a report, the Recipient must pay to the Grantor a penalty of \$100 for each subsequent day until the report is filed. The maximum penalty shall not exceed \$1000.
- 8. A commitment from the Recipient to continue operations at the site where the subsidy is used for at least five years after the benefit date.
- The name and address of the parent corporation of the Recipient, if any; and
- 10. A list of all financial assistance by all Grantors for the project.
- B. Grant Subsidies: Business subsidies in the form of grants must be structured as forgivable loans.
- C. Multiple Recipients: If a business subsidy benefits more than one Recipient, the Grantor must assign a proportion of the business subsidy to each Recipient that signs a Subsidy Agreement. The proportion assessed to each Recipient must reflect a reasonable estimate of the Recipient's share of the total benefits of the project.
- D. Local Government Agency Approval: The state or local government agency and the Recipient must both sign the Subsidy Agreement and, if the Grantor is a local government agency, the agreement must be approved by the local elected body (e.g. City Council).

VI. REPORTING REQUIREMENTS

A. Monitoring Requirements: A business subsidy grantor must monitor the progress made by the Recipient in achieving agreement goals.

B. Recipient Reporting Requirements: A Recipient must provide information regarding goals and results for two years after the benefit date or until the goals are met, whichever is later. If the goals are not met, the Recipient must continue to provide information on the subsidy until the subsidy is repaid.

The information must be filed on forms developed by the Commissioner of DTED, in cooperation with representatives of the local government. Copies of the completed forms must be sent to the Commissioner and the local government agency that provided the business subsidy.

Penalties: See Section V, A7., above.

- C. Recipient Report Contents for 'Business Subsidy' Projects: The business subsidy report must contain the following:
 - 1. The type, public purpose, and amount of subsidies and type of district, if the subsidy is tax increment financing.
 - 2. The hourly wage of each job created with separate bands of wages.
 - 3. The sum of the hourly wages and cost of health insurance provided by the employer with separate bands of wages.
 - 4. The date the job and wage goals will be reached.
 - 5. A statement of goals identified in the subsidy agreement and an update on achievement of those goals.
 - 6. The location of the Recipient prior to receiving the business subsidy.
 - 7. Why the Recipient did not complete the project outlined in the subsidy agreement at their previous location, if the Recipient was previously located at another site in Minnesota.
 - 8. The name and address of the parent corporation of the Recipient, if any.
 - 9. A list of all financial assistance by all Grantors for the project; and
 - 10. Any other information the Commissioner may request.

D. Recipient Report Contents for Projects with Financial Assistance not defined as 'Business Subsidy':

Financial assistance that is excluded from the definition of business subsidy (State Statute 116J.993) as set forth above in 'Business Subsidy Exceptions', Section I. <u>Definitions</u>:

- 1. Clause 4 Redevelopment property polluted by contaminants as defined in State Statute 116J.552, Subdivision 3,
- Clause 5 Assistance provided for the sole purpose of renovating old or decaying building stock or bringing it up to code, provided that the assistance is equal to or less than 50% of the total cost.
- 3. Clause 8 Assistance for pollution control or abatement or
- Clause 16 Assistance for a tax increment financing soils condition district as defined under State Statutes 469.174, Subdivision 19;

and are subject to report requirements, except that the report of the Recipient must include the following:

- 1. The type, public purpose, and amount of subsidies and type of district, if the subsidy is tax increment financing.
- 2. The progress toward meeting goals stated in the subsidy agreement and the public purpose of the assistance.
- 3. The hourly wage of each job created with separate bands of wages.
- 4. The sum of the hourly wages and cost of health insurance provided by the employer with separate bands of wages.
- The location of the Recipient prior to receiving the assistance;
 and
- 6. Other information the Grantor requests.

E. Reports by Grantors:

1. Required Grantor Report Submittal: Local government agencies of a local government with a population of more than 2,500 and state government agencies, regardless of whether or not they have awarded any business subsidies, must file a report by April 1 of each year with the Commissioner of DTED.

<u>Exemptions</u>: Local government agencies of a local government with a population of 2,500 or less are exempt from filing the report if they have not awarded a business subsidy in the past flve years.

2. <u>Grantor Report Contents</u>: The local government agency must include:

- a) A list of Recipients that did not complete the report and
- b) A list of Recipients that have not met their job and wage goals within two years and the steps being taken to bring them into compliance or to recoup the subsidy.
- 3. Penalty for Grantor Failure to Report: If the local government agency fails to file a report with the Commissioner by June 1 of the current year, then the local government agency may not award any business subsidies until the report has been filed.

CITY OF BLACKDUCK RESOLUTION NO 2002-17

RESOLUTION APPROVING AND ADOPTING THE CITY OF BLACKDUCK BUSINESS SUBSIDY POLICY

WHEREAS, The City of Blackduck administers a revolving loan program that is designed to achieve employment and business development goals for the City of Blackduck, and

WHEREAS, The City of Blackduck, in response to state law, has developed a Business Subsidy Policy entitled "Small City Revolving Loan Fund Guidelines", based on Minnesota Statute Sections 116J.993 through 116J.995 (the "Act"), and

WHEREAS, the terms of this policy are intended to have the same meanings as used in the Act and this policy shall apply only with respect to subsidies granted under the Act if and to the extent required thereby, and

WHEREAS, the State has clarified that the City must also hold a public hearing and adopt, by Resolution, a business subsidy policy.

NOW THEREFORE, BE IT RESOLVED by the City Council of the City of Blackduck as follows:

That the City Council of Blackduck shall adopt the attached Business Subsidy Policy entitled "Small City Revolving Loan Fund Guidelines" and abide by its guidelines effective immediately.

Adopted this 19 day of August, 2002.

, Mayor

ATTEST:

MARCIA LARSON City Administrator

EXHIBIT A

City of Byron Business Subsidy Criteria

1 PURPOSE AND AUTHORITY

- 1.01 The purpose of this document is to establish the criteria for the City of Byron (the "Grantor") for granting of business subsidies for private development. The criteria shall be used as a guide in the processing and reviewing applications requesting business subsidies.
- 1.02 The City's ability to grant business subsidies is governed by the limitations established in Minnesota Statutes 116J.993 through 116J.994 (the "Statutes").
- 1.03 Unless specifically excluded by the Statutes, business subsidies include grants by state or local government agencies, contributions of personal property, real property, infrastructure, the principal amount of a loan at rates below those commercially available to the recipient of the subsidy, any reduction or deferral of any tax or any fee, any guarantee of any payment under any loan, lease, or other obligation, or any preferential use of government facilities given to a business.
- 1.04 These criteria are to be used in conjunction with other relevant policies of the Grantor.
- 1.05 The City may deviate from these criteria by documenting in writing the reason(s) for the deviation. The documentation shall be submitted to the Department of Trade and Economic Development with the next annual report.
- 1.06 The Grantor may amend this document at any time. Amendments to these criteria are subject to public hearing requirements contained in the Statutes.

2 PUBLIC PURPOSE REQUIREMENT

- 2.01 All business subsidies must meet a public purpose.
- 2.02 The creation or retention of jobs may be, but is not required to be, a public purpose for granting a subsidy. The determination that jobs are not a public purpose for the subsidy and that the related wage and job goals are zero shall be made following a public hearing.
- 2.03 Job retention may only be used as a public purpose in cases where job loss is specific and demonstrable. The City shall document the information used to determined the nature of the job loss.
- 2.04 The creation of tax base shall not be the sole public purpose of a subsidy.

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2.05 The wage floor for wages to be paid for the jobs created shall be the [include a specific wage floor or a formula that would generate a specific dollar amount for the wages to be paid for the positions created]. The City will seek to create jobs with higher wages as appropriate for the overall public purpose of the subsidy.

3 BUSINESS SUBSIDY APPROVAL CRITERIA

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- 3.01 All new projects approved by City of Byron should meet the following minimum approval criteria. However, it should not be presumed that a project meeting these criteria will automatically be approved. Meeting these criteria creates noncontractual rights on the part of any potential developer.
- 3.02 To be eligible to receive a business subsidy, the recipient must meet the following minimum requirements:
 - a. The subsidy must achieve a public purpose.
 - b. The project must comply with local plans and ordinances.
 - c. The recipient shall provide information demonstrating that granting the subsidy is necessary for the proposed development to occur.
 - d. The recipient enters into an agreement pursuant to these criteria and the Statutes.
- 3.03 The business subsidy shall be provided within applicable state legislative restrictions, debt limit guidelines, and other appropriate financial requirements and policies.
- 3.04 The project must be in accord with the Comprehensive Plan and Zoning Ordinances, or required changes to the plan and Ordinances must be under active consideration by the City at the time of approval.
- 3.05 Business subsidies will not be provided to projects that have the financial feasibility to proceed without the benefit of the subsidy. in effect, business subsidies will not be provided solely to broaden a developer's profit margins on a project. Prior to consideration of a business subsidy request, the Grantor may undertake an independent first underwriting of the project to help ensure that the request for assistance is valid.
- 3.06 Prior to approval of a business subsidy, the developer shall provide any required market and financial feasibility studies, appraisals, soil boring, information provided to private lenders for the project, and other information or data that the Grantor or its financial consultants may require in order to proceed with an independent underwriting.
- 3.07 Any developer requesting a business subsidy should able to demonstrate past successful general development capability as well as specific capability in the type and size of development proposed.

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2.05 The wage floor for wages to be paid for the jobs created shall be the [include a specific wage floor or a formula that would generate a specific dollar amount for the wages to be paid for the positions created]. The City will seek to create jobs with higher wages as appropriate for the overall public purpose of the subsidy.

3 BUSINESS SUBSIDY APPROVAL CRITERIA

- 3.01 All new projects approved by City of Byron should meet the following minimum approval criteria. However, it should not be presumed that a project meeting these criteria will automatically be approved. Meeting these criteria creates noncontractual rights on the part of any potential developer.
- 3.02 To be eligible to receive a business subsidy, the recipient must meet the following minimum requirements:
 - a. The subsidy must achieve a public purpose.

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- b. The project must comply with local plans and ordinances.
- c. The recipient shall provide information demonstrating that granting the subsidy is necessary for the proposed development to occur.
- d. The recipient enters into an agreement pursuant to these criteria and the Statutes.
- 3.03 The business subsidy shall be provided within applicable state legislative restrictions, debt limit guidelines, and other appropriate financial requirements and policies.
- 3.04 The project must be in accord with the Comprehensive Plan and Zoning Ordinances, or required changes to the plan and Ordinances must be under active consideration by the City at the time of approval.
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- 3.06 Prior to approval of a business subsidy, the developer shall provide any required market and financial feasibility studies, appraisals, soil boring, information provided to private lenders for the project, and other information or data that the Grantor or its financial consultants may require in order to proceed with an independent underwriting.
- 3.07 Any developer requesting a business subsidy should able to demonstrate past successful general development capability as well as specific capability in the type and size of development proposed.

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- 3.08 The developer must retain ownership of the project at least long enough to complete it, to stabilize its occupancy, to establish the project management, and to initiate repayment of the business subsidy, if applicable.
- 3.09 A recipient of a business subsidy must enter into a subsidy agreement with the Grantor as described in Section 4.
- 3.10 A recipient of a business subsidy must make a commitment to continue operations within the City for at least five years after the benefit date.
- 3.11 Any business subsidy will be the lowest possible level and least amount of time necessary, after the recipient maximizes the use of private debt and equity financing first.

4 SUBSIDY AGREEMENT

- 4.01 In granting a business subsidy, the Grantor shall enter into a subsidy agreement with the recipient that provides the information, wage and job goals, commitments to provide necessary reporting data and recourse for fail to meet goals required by the Statutes.
- 4.02 The subsidy agreement may be incorporated into a broader development agreement for a project.
- 4.03 The subsidy agreement will describe the requirements for the recipient to provide the reporting information required by the Statutes.

Adopted by: City Council of the City of Byron, Minnesota

Date of adoption: April 24, 2002

Date of public hearing: April 24, 2002

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RESOLUTION NUMBER 1351

It is hereby resolved by the City Council of Cannon Falls:

The City hereby expresses its support for the use of business incentives which meet the below listed criteria. However, the City reserves the right to approve or reject the use of business incentives for new commercial or industrial projects and or the rehabilitation and/or expansion of businesses already within the City on an individual basis. The criteria or goals to be taken into consideration by the City are as follows:

- 1. If a redevelopment project, the project will remove, prevent or reduce slums and/or blight, thereby protecting property values and the general public health, safety, and welfare.
- 2. The use of business subsidy is necessary to retain and/or attract competitive and financially sound and healthy commercial and industrial companies which provide significant employment potential and opportunity to broaden the tax base.
- 3. The project must be generally consistent with the City's Comprehensive Plan.
- 4. The use of the business incentive should encourage quality construction and promote the highest and best use of land.
- The project will promote completion of major public improvement projects within the community with special emphasis given to the installation of trunk sewer and water lines and major transportation projects.
- The project will not significantly and adversely increase the impact on existing service needs in the City.
- 7. The project will not proceed in its present design and time table without the business incentive.
- 8. The project proposed is generally compatible with the City's overall development plans and objectives and with those of the area for which the project is to be located.
- 9. The project meets all requirements outlined in Minnesota Statutes, as may be amended from time to time.
- 10. The business incentive for commercial projects should encourage substantial redevelopment of substandard properties or should provide a service which is currently not offered in the community.
- 11. The project should result in the creation or retention of jobs which pay a livable wage in the area. The City will consider granting incentives to businesses that pay \$ 3.00 per hour, excluding \$ 1.60 in benefits.

The City, when considering projects which request assistance, will base their decision on the merits of the project and its economic benefit to the community (i.e., the increased tax base and the jobs which will result from the project). The City will also consider the contributions that the project makes to the community's overall development plan and how it complements existing services and businesses.

Adopted by the Council this 18th day of November, 1999.

Leon Hanson, Mayor

Attest

Dallas Larson, City Administrator

HOUSTON COUNTY, MINNESOTA BUSINESS SUBSIDIES CRITERIA POLICY

Public Hearing and Approval: March 26, 2002

I. Public Purpose

Determining whether to grant a Business Subsidy is an inherently inexact process that greatly depends on individual situations. This policy is a general statement of guidelines. The County in adopting this policy retains the sole and absolute discretion to deny or grant any subsidy request for any reason. The County shall have the option, by action of the County Board of Commissioners, to amend or waive sections of this Policy when determined necessary, appropriate, and in keeping with the best interests of the County.

This Policy is adopted by the Houston County Board of Commissioners ("County Board") in accordance with the Minnesota Business Subsidy Law ("Act"), Minnesota Statutes, Sections 116J.993 through 116J.995, upon recommendation by the Houston County Economic Development Authority ("EDA or Authority"). Terms used in this Policy are intended to have the same meanings as used in the Act. Section II, Subd.1 of the Act states: "A business subsidy must meet a public purpose other than increasing the tax base. Job retention may only be used as a public purpose in cases where job loss is specific and demonstrable."

II. Administrative Authority for Houston County Business Subsidies Criteria

On June 19, 2001, the Houston County Board of Commissioners established an Economic Development Authority, which is responsible, contingent upon County Board approval, for the administration and issuance of all business subsidies. The EDA will consider business subsidy requests that meet one or more of the County EDA's stated development goals and objectives. The EDA is responsible for ensuring that the project would not otherwise occur "but for" the assistance being requested.

This policy with its Exhibits supercedes and replaces all prior County and EDA policies concerning the use of public financing tools. Compliance with the General Business Subsidy Criteria Policy shall not automatically mean compliance with such separate public financing policies. Federal or State funding sources may have additional requirements or benefits.

III. Definitions

Administrator - Administrator of the Business Subsidies Criteria Policy shall be the EDA Staff.

Applicant - Any person(s) who applies for a Business Subsidy.

County - Houston County, Minnesota,

County Board - Houston County Board of Commissioners.

County Attorney - The County Attorney of Houston County, Minnesota or the authorized representative.

Other Professional - Individual, firm or governmental agency contracted with the County for the provision of other professional services.

- County Engineer The County Attorney of Houston County, Minnesota or the authorized representative.
- Developer Sole proprietor, partnership, corporation, or company, franchiser, franchisee, or utility company developing or improving property within Houston County.
- Development Costs Costs, expenses and fees directly related to a specific development or improvement within County limits.
- County EDA or Authority County EDA or Authority shall mean the Houston County Economic Development Authority.
- Full-time Equivalent (FTE) Job A Full-time Equivalent (FTE) job shall mean one or more positions, that separately or when combined, represent an average forty-hour work week.
- Owner Sole proprietor, partnership, corporation, or company which owns property in fee simple or as a contract for deed purchaser or lessee.

IV. General Business Subsidy Criteria

To insure that publicly assisted economic development projects guarantee a public benefit and to assist the County EDA in satisfying its community and economic development goals and objectives, the County Board may grant business subsidies to projects in accordance with the criteria listed below. The County EDA will evaluate each request for a Business Subsidy on a case-by-case basis.

- A. <u>But-for Test</u>. A key indicator for the use of all business subsidies shall be the "but for" analysis that says the proposed development project would not occur "but for" the Business Subsidy assistance, i.e., does it pass the "but for" test set forth in this sub-section? Therefore, the County and Authority will review each Business Subsidy application based on the following:
 - 1. Whether development obstacles exist on the site (e.g., deteriorated/obsolete buildings; poor soil conditions)
 - 2. Whether the site has been targeted by the County and/or Authority for redevelopment or development based on specified needs and policy.
 - 3. Whether the development project will locate or relocate to a different County and/or state without local public financing.
 - 4. Whether public infrastructure is necessary in order to serve a large area or targeted site.
 - 5. Whether land acquisition assistance is required in order to address a specified public strategy or need.
 - 6. Whether public financing fills an identifiable financing "gap" for the project due to such factors as inadequate lender financing or below-market return on investments.
- B. <u>Redevelopment</u>. The project will remove, prevent, or reduce blight or other adverse conditions of the property, thereby protecting the County's property values and the general public health, safety, and welfare.

- C. <u>Encourage New / Existing Business</u>. The project will attract or retain competitive and financially strong commercial and industrial businesses which offer a potential for significant growth in employment and tax base.
- D. <u>Highest and Best Land Use</u>. The use of the Business Subsidy will encourage a high quality of construction and promote the highest and best use of land, consistent with the County's Comprehensive Plan, zoning ordinance, and other local regulations.
- E. <u>Needed Services</u>. The project will provide a needed service in the community, including Health care, convenience and social services which are not currently available.
- F. <u>Economic Feasibility</u>. The recipient can demonstrate that it has experience, sufficient other financing for the project, and that the project can be completed in a timely manner.
- G. <u>Impact on County Services and Infrastructure</u>. The project will not significantly and adversely increase the demands for service needs in the County.
- H. <u>Job & Wage Goals</u>. The project will create or retain jobs which pay desirable wages and benefits in the area. The County may take into account the special needs of small or growth-phase businesses with potential to create high-paying jobs in the future.
 - Minimum Requirement: Within two years after the date of a business subsidy development agreement (the "Compliance Date") and continuing from the Compliance Date until the Termination Date, the Developer shall cause to exist at least one (1) new Full-time Equivalent Job on the Development Property (excluding any jobs previously existing in the State as of the date of completion of construction of the Minimum Improvements and relocated to the Development Property) and shall cause the wages for all employees on the Development Property to be no less than the greatest of: (i) 105% of the minimum wage as established by federal law; (ii) 105% of the minimum wage as established by State law; or (iii) \$6.00 per hour, in all cases exclusive of benefits.
 - 2. While it is recognized that the creation of well paying jobs is a desirable goal which benefits the county community, the Houston County Board and Authority also recognize that not all projects that may be assisted with subsidies will derive their public purposes and importance solely by virtue of job creation.
 - 3. Whereas job creation is highly sought after as a traditional measure of a subsidy's public benefit, it is also recognized that job creation is by no means the only measurable benefit. In addition, the imposition of high job creation requirements and high wage levels may be unrealistic and counter-productive in the face of larger economic forces and the financial and competitive circumstances of an individual business.
 - 4. Therefore, where no other criteria apply, job and wage goals under this policy shall be required of Applicants on the basis of reasonable projections for comparable businesses, industries, or other organizations, and whether these jobs constitute "head of household" opportunities. The job and wage goals subsequently required under this policy shall be fulfilled by the end of the second full year of operation. "Job retention may only be used as a public purpose in cases where job loss is specific and demonstrable." (Act, Section II, Subd.1)
- I <u>Tax Base</u>. The project will broaden or diversify and thereby increase the County's tax base and generate new property tax revenue.

V. Eligibility Requirements for all Business Subsidies

To be eligible for a Business Subsidy in Houston County:

- A. Applicants must have the authority to incur debt and carry out the proposed project purpose within Houston County.
- B. Applicants must have the legal right to own and operate the project for which a Business Subsidy is requested.
- C. Applicants must be unable to adequately finance the proposed project from their own resources or through commercial credit or other federal or state programs at reasonable rates and terms.
- D. A Business Subsidy must not result in any conflict of interest prohibited by law.
- E. Any delinquent debt to the federal, state or local government, by the Applicant or any of its principals, shall cause the Applicant to be ineligible to receive a Business Subsidy in Houston County.

VI. General Limitations for all Business Subsidy Projects

Business subsidies shall be generally limited to projects within Houston County, in which:

- A. The overall level of public financing necessary, as a percent of the total project cost, is no more than fifteen percent (15%) for economic development or twenty five percent (25%) redevelopment projects.
- B. The County shall require at least as much Applicant/Owner cash or private equity in the project as the level of public financing. The balance of the project cost may be funded privately or through a private lender.

VII. Minimum Standards & Costs for All Business Subsidy Projects

- A. A building or zoning permit shall not be obtained and construction shall not begin until the County Board and the Authority have approved the applicable Business Subsidy documents, and executed with the Applicant, a corresponding development agreement / contract for private development, or other appropriate agreements.
- B. The Applicant shall be responsible for costs associated with contract professionals for reviewing the Business Subsidy application, preparing and approving required documents, and executing the agreements. The Applicant will deposit with the County an administrative fee equal to 100% of the projected costs, which will be applied to costs incurred by the County in conjunction with the proposed project. In the event such costs exceed the deposit, the Applicant may be required to pay the additional costs as billed by the County or Authority. In the event the deposit exceeds the costs, the balance will be refunded to the Applicant.
- C. At all times, policies and procedures related to the proposed or actual approval of the Business Subsidy Project shall comply with applicable laws.
- D. All applications and supporting documents shall become the property of the County, and the classification of the data shall be governed by the Data Practices Act.

- E. The County Board and Authority reserve the right to select and retain, at the expense of the Applicant, a third party to assist in the evaluation of the proposed development project and corresponding documents and agreements.
- F. The Applicant shall pay all permits and fees normally charged by the County as part of the approval process unless otherwise waived by the County.
- G. Interest rate shall be determined by the type/source of Business Subsidy according to the attached rate and term addendum (Exhibit G), which the County shall review annually.
- H. Maximum Length of Term shall be determined by the type/source of Business Subsidy and the useful life of the assets being financed, limited to the following schedule:

Acquisition of Land
 Acquisition of Building
 New Construction
 Machinery and Equipment
 Building Renovation
 Working Capital (Inventory)
 20 year financing terms
 year financing terms
 year financing terms
 year financing terms
 year financing terms

VIII. Business Subsidy Application Procedure

A. Pre-application

- 1. Prior to any consideration by the EDA and County Board, the Applicant must deliver to the EDA:
 - a. Completed Business Subsidy Application (Exhibit C).
 - b. Release Authorization(s) (Exhibit D).
 - c. Minimum fee deposit of \$500 for Business Subsidy requests that involve Tax Increment Financing, Tax Abatement, or other financing that requires a preliminary consultant review and a Letter of Agreement substantially in the form attached (Exhibit E); or
 - d. A Pre-Application fee of \$25.00 for Revolving Loan Fund Loans. Additional fees may be required with the full application for loans that require consultant review.
- County EDA Staff and/or a third party will review the Pre-Application and provide a
 recommendation to the Authority and County Board whether a full application should be
 considered, based on consideration of the proposed project in accordance with the
 County's Business Subsidy Criteria

B. Full Application

The Applicant must provide all supplementary information and attachments as required for the Business Subsidy being requested; and

- 1. A "but for" letter documenting the need as set forth in Section IV of this Policy and financial analysis demonstrating need for public financing assistance
- 2. Letter of feasibility from a bank, lender, or financial advisor, including the following (where applicable):

Letter of commitment for bank / private financing

Retail or office market analysis:

Property appraisal for the proposed project;

Pro forma analysis

- 3 A statement addressing environmental review requirements and evidence of compliance with applicable requirements.
- 4. Balance of fee deposit as prescribed for the projected costs of the subsidy being requested according to the guidelines applicable to that subsidy.
- 5. Building and site plans.
- 6. Property information, including legal description, tax parcel ID number, size of parcel(s), current market value and estimated market value upon completion (land and improvements), and survey map showing exact boundaries of proposed development.
- 7. Statement of property ownership or control (e.g., purchase agreements and contracts).
- 8. Historic information on the business and a copy of the Applicant's Business Plan.
- 9. Business financial statements including past three years of profit/loss statements and balance sheets. (See VII.D.)
- 10. Resumes and personal financial statements of all principals with 20% or more ownership in the business. (See VII.D.)
- 11. List of other development projects the Applicant has completed. List the value, debt load, and lender(s) of each project and note if the Applicant has ever defaulted on any loan commitment, development or redevelopment agreement, or other subsidy for any of the projects listed.
- 12. Any other information deemed necessary or desirable by the County Board or the EDA.

IX. Application Review and Project Approval

A. Preliminary Approval

County EDA Staff and/or a third party will review the full application and provide a recommendation for preliminary approval to the Authority and County Board. Other required project approvals may proceed simultaneously with the Business Subsidy approval process

The County EDA will make a finding based upon information presented as to whether the proposed project is consistent with this Policy. If deemed appropriate, the County Board may direct staff and consultants to prepare the required documents and agreements.

B Final Approval

Final Approval of a Business Subsidy shall occur with the approval and signing of all required documents and agreements, including, but not limited to:

- 1. A Business Subsidy / Development Agreement;
- 2. A Loan Agreement and Promissory Note:
- 3 Collateral adequate to safeguard the Business Subsidy, with the understanding that the County interest in the assets financed may be subordinate to the primary lender.
- 4 Personal Guarantees may be required in any project at the sole discretion of the EDA or County Board and may be collateralized with personal assets where appropriate.
- 5. Certificate of Insurance Coverage listing the County as loss payee

X. Follow-up Reporting Requirements

The Act requires follow-up reporting on the part of the business to Houston County and from the County to the State of Minnesota or other funding entity. The County EDA shall provide a description of the information required and the forms / format for such reporting. Failure to abide by the County guidelines, laws and approved plans or agreements may result in the calling of the loan at the County Board's request. Calling of the loan means that the loan shall be considered in default and the Applicant shall be required to repay the loan in full including any accrued interest.

A Business Subsidy provided by Houston County shall be non-transferable without the prior consent of the Houston County Board of Commissioners.

XI. Provision for Amendments

This Business Subsidy Criteria Policy may be amended by the Houston County Board of Commissioners after a public hearing on such amendment(s) and in accordance with the Minnesota Business Subsidy Law, Minnesota Statutes, Sections 116J.993 through 116J.995, upon recommendation by a two-thirds vote of the Houston County Economic Development Authority. This amendment process shall include amendments to the Local Fund Source Policies included in this document.

HOUSTON COUNTY, MINNESOTA BUSINESS SUBSIDIES CRITERIA POLICY

Business Subsidy Policy

612 545 3393;

This Policy is adopted for purposes of the business subsidies act (the "Act"), which is Minnesota Statutes, Sections 116J.993 through 116J.995. Terms used in this Policy are intended to have the same meanings as used in the Act, and this Policy shall apply only with respect to subsidies granted under the Act if and to the extent required thereby.

While it is recognized that the creation of good paying jobs is a desirable goal which benefits the community, it must also be recognized that not all projects assisted with subsidies derive their public purposes and importance solely by virtue of job creation. In addition, the imposition of high job creation requirements and high wage levels may be unrealistic and counter-productive in the face of larger economic forces and the financial and competitive circumstances of an individual business.

With respect to subsidies, the determination of the number of jobs to be created and the wage levels thereof shall be guided by the following principles and criteria:

Each project shall be evaluated on a case by case basis, recognizing its importance and benefit to the community from all perspectives, including created or retained employment positions.

If a particular project does not involve the creation of jobs, but is nonetheless found to be worthy of support and subsidy, it may be approved without any specific job or wage goals, as may be permitted by applicable law.

In cases where the objective is the retention of existing jobs, the recipient of the subsidy shall be required to provide reasonably demonstrable evidence that the loss of those jobs is imminent.

The setting of wage and job goals must be sensitive to prevailing wage rates, local economic conditions, external economic forces over which neither the grantor nor the recipient of the subsidy has control, the individual financial resources of the recipient and the competitive environment in which the recipient's business exists.

Because it is not possible to anticipate every type of project which may in its context and time present desirable community building or preservation goals and objectives, the governing body must retain the right in its discretion to approve projects and subsidies which may vary from the principles and enteria of this Policy.

Adopted by: I sent the Comment

Date of adoption: 11-3-99

Date of public hearing: November 2, 1999

RESOLUTION NO. 99-135

RESOLUTION AUDOPTING A BUSINESS SUBSIDY POLICY FOR THE CITY OF ISANTI

WHEREAS, this past logislative session, a bill was passed establishing new guidelines for communities relating to their financial participation in business development; and

WHEREAS, the bill is referred to as the Corporate Subsidy Law and it came into effect on August 1, 1999; and

WHEREAS, the Isanti Economic Development Authority (EDA) posted and published notice of a public hearing to hear on the Business Subsidy Policy on October 21, 1999; and

WHEREAS, the EDA upon hearing from interested parties present duly adopted the Business Subsidy Policy on October 21, 1999; and

WHEREAS, the City Council has posted and published that the City Council of the City of Isanti, Minnesota, will hold a public hearing on November 3, 1999, at a meeting of the City Council beginning at approximately 7:00 p.m., Central Time, in the Isanti City Hall on the proposed adoption of the City's Business Subsidy Policy under Minnesota Statutes, Sections 1161,993 through 1161,995; and

WHEREAS, in hearing all persons in regards to the proposed Business Subsidy Policy the City Council must consider the adoption of the City's Business Subsidy Policy.

NOW, THEREFORE, IT IS HEREBY RESOLVED by the City Council of the City Of Isanti, Minnesota as follows:

- The Business Subsidy Policy as hereto attached is hereby adopted.
- 2. Administrative Staff is hereby directed to execute and file the document.

This resolution was duly adopted by the Isant, Chy Council this 3rd day of November, AD99.

Attest:

ton Dane

EXHIBIT A

Osseo Economic Development Authority Business Subsidy Criteria

1 PURPOSE AND AUTHORITY

- 1.01 The purpose of this document is to establish the criteria for the Osseo Economic Development Authority (the "Grantor") for granting of business subsidies for private development. The criteria shall be used as a guide in the processing and reviewing applications requesting business subsidies.
- 1.02 The EDA's ability to grant business subsidies is governed by the limitations established in Minnesota Statutes 116J.993 through 116J.994 (the "Statutes").
- 1.03 Unless specifically excluded by the Statutes, business subsidies include grants by state or local government agencies, contributions of personal property, real property, infrastructure, the principal amount of a loan at rates below those commercially available to the recipient of the subsidy, any reduction or deferral of any tax or any fee, any guarantee of any payment under any loan, lease, or other obligation, or any preferential use of government facilities given to a business.
- 1.04 These criteria are to be used in conjunction with other relevant policies of the Grantor.
- 1.05 The EDA may deviate from these criteria by documenting in writing the reason(s) for the deviation. The documentation shall be submitted to the Department of Trade and Economic Development with the next annual report.
- 1.06 The Grantor may amend this document at any time. Amendments to these criteria are subject to public hearing requirements contained in the Statutes.

2 PUBLIC PURPOSE REQUIREMENT

- 2.01 All business subsidies must meet a public purpose.
- 2.02 The creation or retention of jobs may be, but is not requited to be, a public purpose for granting a subsidy. The determination that jobs are not a public purpose for the subsidy and that the related wage and job goals are zero shall be made following a public hearing.
- 2.03 Job retention may only be used as a public purpose in cases where job loss is specific and demonstrable. The EDA shall document the information used to determined the nature of the job loss.
- 2.04 The creation of tax base shall not be the sole public purpose of a subsidy.

2.05 The wage floor for wages to be paid for the jobs created shall be 105% of state minimum wage. The EDA will seek to create jobs with higher wages as appropriate for the overall public purpose of the subsidy:

3 BUSINESS SUBSIDY APPROVAL CRITERIA

- 3.01 All new projects approved by Osseo Economic Development Authority should meet the following minimum approval criteria. However, it should not be presumed that a project meeting these criteria will automatically be approved. Meeting these criteria creates noncontractual rights on the part of any potential developer.
- 3.02 To be eligible to receive a business subsidy, the recipient must meet the following minimum requirements:
 - a. The subsidy must achieve a public purpose.
 - b. The project must comply with local plans and ordinances.
 - c. The recipient shall provide information demonstrating that granting the subsidy is necessary for the proposed development to occur.
 - d. The recipient enters into an agreement pursuant to these criteria and the Statutes.
- 3.03 The business subsidy shall be provided within applicable state legislative restrictions, debt limit guidelines, and other appropriate financial requirements and policies.
- 3.04 The project must be in accord with the Comprehensive Plan and Zoning Ordinances, or required changes to the plan and Ordinances must be under active consideration by the EDA at the time of approval.
- 3.05 Business subsidies will not be provided to projects that have the financial feasibility to proceed without the benefit of the subsidy, in effect, business subsidies will not be provided solely to broaden a developer's profit margins on a project. Prior to consideration of a business subsidy request, the Grantor may undertake an independent firs, underwriting of the project to help ensure that the request for assistance is valid.
- 3.06 Prior to approval of a business subsidy, the developer shall provide any required market and financial feasibility studies, appraisals, soil boring, information provided to private lenders for the project, and other information or data that the Grantor or its financial consultants may require in order to proceed with an independent underwriting.
- 3.07 Any developer requesting a business subsidy should able to demonstrate past successful general development capability as well as specific capability in the type and size of development proposed.

3.08 The developer must retain ownership of the project at least long enough to complete it, to stabilize its occupancy, to establish the project management, and to initiate repayment of

the business subsidy, if applicable.

3.09 A recipient of a business subsidy must enter into a subsidy agreement with the Grantor as

described in Section 4.

3.10 A recipient of a business subsidy must make a commitment to continue operations within

the City for at least five years after the benefit date.

3.11 Any business subsidy will be the lowest possible level and least amount of time

necessary, after the recipient maximizes the use of private debt and equity financing first.

4 SUBSIDY AGREEMENT

4.01In granting a business subsidy, the Grantor shall enter into a subsidy agreement with the recipient that provides the information, wage and job goals, commitments to provide

necessary reporting data and recourse for fail to meet goals required by the Statutes.

4.02 The subsidy agreement may be incorporated into a broader development agreement for a

project.

4.03 The subsidy agreement will describe the requirements for the recipient to provide the

reporting information required by the Statutes.

Adopted by: Board of Commissioner of the Osseo Economic Development Authority, Minnesota

Date of adoption: October 9, 2000

Date of public hearing: October 9, 2000

A-3

OSSEO ECONOMIC DEVELOPMENT AUTHORITY CITY OF OSSEO HENNEPIN COUNTY STATE OF MINNESOTA

DECENTED MAY 2 1 MAY

RESOLUTION NO. 2000-07

RESOLUTION ADOPTING BUSINESS SUBSIDY CRITERIA

WHEREAS, Minnesota Statutes, Sections 116J.993 through 116J.994 (the "Statutes") require the adoption of criteria for the granting of business subsidies as defined in the Statutes; and,

WHEREAS, the Osseo Economic Development Authority (the "EDA") has determined that it is necessary and appropriate to adopt business subsidy criteria pursuant to the Statutes; and,

WHEREAS, the EDA has performed all actions required by law to be performed prior to the adoption and approval of the proposed business subsidies, including the holding of a public hearing upon published notice as required by law on October 9, 2000.

NOW, THEREFORE. BE IT RESOLVED by the Board of Commissioners of the Osseo Economic Development Authority, that the business subsidy criteria, contained in Exhibit A of this resolution are hereby approved, ratified, established, and adopted and shall be placed on file at the EDA.

Dated: October 9 , 2000.

ATTEST:

Executive Director

Sacration Propertions

ROSEAU ECONOMIC DEVELOPMENT AUTHORITY BUSINESS SUBSIDY POLICY

This Policy is adopted for the purpose of focusing the efforts of the Roseau EDA to those areas of the local economy that may require public funding to achieve public goals. In general, it is the intention of the Roseau EDA to only pursue or foster needed economic development activities in areas that would/could not otherwise take place without EDA involvement. In addition, the Roseau EDA shall generally only consider financial participation in projects that involve bank and/or investor commitment and have an acceptable business plan developed.

The Roseau EDA has established the policy that the following types of economic development activity may be provided public assistance as the Roseau EDA sees fit:

Economic Diversification:

Generally, the Roseau EDA will consider offering public subsidies to any manufacturer, industry or export business so as to increase the economic vitality of the City of Roseau. A business or industry is considered to be an export business if the majority of the service or product of that company is consumed by persons or businesses residing outside of Roseau's regional market. In addition, any industry receiving a public subsidy shall provided living wage jobs. Total assistance shall generally be based upon the type and number of jobs created. Special attention will be given to industries which employ a majority of persons in professional, technical, and other skilled positions. The Roseau EDA shall make efforts to target industries which derive over 75% of their sales from economic sectors which are substantially different and not substantially dependent upon industries which currently exist within the City of Roseau.

Retail & Service Development

Generally, the Roseau EDA may consider offering public subsidies to any retail or service industry that wishes to start or expand a business so long as it is not in direct competition with another business within the City of Roseau that derives over 50% of its sales from the same items or services, unless the EDA receives written waiver from all potential competitors. The EDA generally will only consider projects that provide a "new" product or service to the local economy.

Public subsidies for retail and service industries may be conditional requiring that the business meet stated public interest goals such as extended hours, utilizing existing downtown space, renovation of older buildings, or other public goal.

Public subsidy for retail and service industries will not require specific employment or wage goals as a condition of their approval.

NOTICE OF HEARING

The City Council of the City of Roseau will hold a public hearing on Monday June 4, 2001 @ 5:00 p.m. in the city hall council chambers to gather input from the citizens of the City of Roseau in regards to a "Roseau Economic Development Authority Business Subsidy Policy". Proposed policy is on file at the office of the city clerk, 100 2nd Avenue NE, Roseau, Minnesota. The public is invited to attend.

Leland Lunos, City Clerk City of Roseau

APPENDIX Q:

Business Assistance Forms Postmarked after June 1, 2002 and Excluded from Analysis



2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Ouestions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Coation	1 Grant	on Ind	<u>د</u> م سحم د	4:
Section	ı Granı	OF IN	IOFUL	แบบก

ection 1 Grantor Inform	ation				
1. Name of grantor (funding en		2. Name of person LISC	completing t		
3. Street address 204 South 1	ifth Street	4. City Manka	to	5. ZIP code 5 (600/
6. County Blue Earth	7. Phone number (507) 389-8182	8. Fax number (507) 38 9-8	819	9. E-mail a	ddress ons e co.blu
10. Please indicate who in your	organization should receive the	2002 MBAF if different	from the pe	rson in Questi	on 2.
Name/Title	Phone number	Street address		City	ZIP code
11. Classification of grantor (M created by gov't agency, ple example, a city EDA would chec	case indicate affiliation. For	12. Has your organ adopted criteria compliance wit	for awardin	ig business sub	osidies in
☐ City government		☐ Yes, in 2002 (att ☐ Yes, in 2002 but			ia
County government		Yes, prior to 200		adopied cone	
☐ Regional government		If Yes: Hearing Date: <u>1/4</u>	loo Year	Criteria Subm	med: 2001
☐ State government		J No			
Other (Please specify.)		Other (Please att	ach explana	uon)	
-	ed any agreements to award a but that is required to be reported a implete the remainder of the form	inder Minn, Stat. §§1633	993 and §11	63.994? (Mark	cone.)
Section 2 Recipient Infor	mation				· · · · ·
14. Name of business or organi receiving subsidy or finance		15. Address where will be used	business sul	osidy or financ	ial assistance
		Street address	City	State	ZIP code
16. Does the recipient have a p	arent corporation? (Mark one)				
☐ Yes (Indicate name and addr ☐ No	ess of parent corporation below	. If more than one, indic	ate ultimate	owner.)	
Name of parent corporation		Street address	City	State	ZIP code
	· · · · · · · · · · · · · · · · · · ·				

17. Industry of recipient's	facility (Mark one	e.):			
	nufacturing ail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurar	nce, Real Estate Other (please specify)	
18. Did the recipient reloca	ate as a result of s	igning this agreement?	(Mark one.)		<u>-</u>
☐ Yes (Indicate city and sta ☐ No (Go to Question 19.)		ldress and reason recip	ient did not complete t	his project at that address.	,
City/State of previous addr	ess Reason proj	ject not completed at p	revious address		
19. Would the recipient ha financial assistance? (Mark	ve remained in pr	evious location or relo	cated elsewhere if not a	awarded this business subs	idy or
☐ Remained at pr	evious location	☐ Relocated to differe	ent Minnesota location	☐ Relocated outside M	innesota
Section 3 Agreement	Information	<u></u>			
20. Total dollar value of b assistance (Please sept and 25.)				signed (In addition to the a v dates the agreement was	
22. Benefit date (Indicate indicate the date improvem whichever is earlier.)					
23. Does the agreement pr be reported? (Mark one.)		subsidy or one of the fo	our types of financial as	•	required to
24. If the agreement provice indicate the type(s) and t				was one of the four types of indicate the type(s).	of financial
☐ not applicable, agreemer	nt provided financ	ial assistance	☐ not applicable, agr	eement provided a busines	s subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loa ☐ tax abatement ☐ TIF or other tax reduction ☐ guarantee of payment ☐ contribution of property	on or deferral	\$ \$ \$ \$	assistance for prop by contaminants assistance for reno stock or bringing i assistance provide historic preservati	vating building t up to code, and d for designated	S S
preferential use of gover land contribution	mmental facilities	S	50% or less of tota Lassistance for polli	al cost	\$
☐ other (Specify subsidy ty	·pe.)	S	abatement absistance for a TI	F soils condition district	s
26. If the assistance include indicate the type of TIF of the not applicable, assistance	district? (Mark on	e.)	financial assistance Ves (Specify each	antors providing a business to the same project? (Ma. grantor and the value of th attach an additional sheet	rk one.) heir
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ company development			Grantor(s) and value	of the agreement(s):	
☐ economic development ☐ mined underground space ☐ hazardous substance sub			Grantor	Value (\$)	
a nazardous substance sut	roistrict		Grantor	Value (\$)	

28. Minn. Stat. §116J.994 re of the following public purpo				state a public purpo	se. Which
☐ Enhancing economic diver☐ Creating high-quality job a☐ Job retention☐ Stabilizing the community	growth		☐ Increasing tax base (ca ☐ Other (please specify)_		
 Indicate whether the agreat the time of this report. 				ripient had attained	those goals
A) Specific wage and job gos B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	als to be attained retention goals	within 2 years	Goals Targ established? dates Targ one of the control of the control one of the control o		All goals attained? Yes No Yes No Yes No Yes No
(Pleuse attach descriptions o attainment if not documented					
30. For each of the following agreement and the avera creation goals in full-time equation. Hourly Wage (excluding benefits)	ge hourly value	of any employer-prov	ided health insurancegoals	for those jobs. (On	tly indicate job Hourly Value of Health Insurance
•	Creation	200 Cleation	200 Cication		S_
no hourly wage-level goal					
		· .	· - 		s
less than \$7.00					
less than \$7.00 \$7.00 to \$8.99		 ·		 · .	s
	 	<u> </u>	_	<u> </u>	s
\$7.00 to \$8.99	 	· · 	·		
\$7.00 to \$8.99 \$9.00 to \$10.99	 	 	—- —- —-	 	s
\$7.00 to \$8.99 \$9 00 to \$10 99 \$11 00 to \$12.99	 	 	—		\$ \$
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\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followindate and the actual hour full-time equivalents if	irly value of any vou are unable t Full-time Job	employer-provided h o separate job creatio Part-time/ Seasonal/Femp.	ealth insurance for those job in into full- and part-tume po FTE (only if unable to separate FT/PT)	os. (<u>Only</u> indicate jo ositions.)	s
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if the second of the following date and the actual hour full-time equivalents if the second of the following date and the actual hour full-time equivalents if the second of the following date and the actual hour full-time equivalents if the second of the following date and the actual hour full-time equivalents if the second of the following date and the actual hour full-time equivalents if the second of the following date and the actual hour full-time equivalents if the second of the following date and the actual hour full-time equivalents if the second of the following date and the actual hour full-time equivalents if the second of the following date and the actual hour full-time equivalents if the second of the following date and the actual hour full-time equivalents if the second of the following date and the actual hour full-time equivalents if the second of the following date and the actual hour full-time equivalents if the second of the following date and the actual hour full-time equivalents if the second of the following date and the actual hour full-time equivalents if the second of the se	irly value of any vou are unable t Full-time Job	employer-provided h o separate job creatio Part-time/ Seasonal/Femp.	ealth insurance for those job in into full- and part-tume po FTE (only if unable to separate FT/PT)	os. (<u>Only</u> indicate jo ositions.)	s s the benefit ob creation in Hourly Value of Health Insurance
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Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

	nuary 1, 2001 through December 31, in. Stat. §116J.993 and §116J.994? (any recipients who failed to
	e of each recipient failing to report a lditional pages if necessary.)	nd the value of subsidy or financi	ul assistance awarded to that
≯No			
Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.) V	alue of subsidy or assistance
agreement signed on	on have any recipients who failed to a or after January I, 2001, that were r	equired to be fulfilled by the time	of this report? (Mark one.)
☐ Yes	(Complete the remainder of this sect	ion.) 🤰 No (Stop here and su	bmit form to DTED.)
	lowing information for each recipient by the time of reporting. (Attach addition and agreement:		er terms of an agreement that
	Ü		
Name of recipient in defi	ault	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipier	nt	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defaul	t (Mark all that apply.):		
☐ recipient ceased opera ☐ recipient was unable to		☐ recipient relocated to a differ ☐ other (Specify reason.)	
37. To date, has the reci	pient fulfilled its repayment obligation	on? (Mark one.)	
🗅 Yes 🚨 No, recipier	it has begun to repay the assistance.	☐ No, recipient has not begun	to repay the assistance.
38. Has the agreement b	een amended to extend the recipient	's deadline for fulfilling its obliga	tions?(Mark one.)
39. Describe the steps b	eing taken to bring recipient into con		
 			
}			

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §1161.993 to §1161.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period <u>January 1, 2001 through December 31, 2001</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

ction 1 Grantor Information					
Name of grantor (funding entity) City of Brooks		2. Name of person of	Ompleting this	in C	ty Clerk
Street address 204 Hwy 59 S. Po	Box 98	4 City Devots	5	ZIP rode	
Red Lake 218-6	umber 048-4210	8. Fax number 218-698-4		E-mail ac	Dantel.com
0. Please indicate who in your organization	should receive the 2	002 MBAF if different (from the persor	in Questio	xa 2.
amo/Title P	hone mumber	Street address	Cit	у	21P codc
 Classification of grantor (Mark one. If gr. created by gov't agency, please indicate to stample, a city EDA would check "City gover 	affiliation. For	12. Has your organic adopted criteria : compliance with	for awarding b	usiness aub	sides in
City government		☐ Yes, in 2002 (atta ☐ Yes, in 2002 but h	ave not yet add	spied criter	ia
l County government Regional government		A Yes, prior to 2002 If Yes: Hearing Date 10-25			
3 State government			S-73 Year Cri	teria Submi	uted:
Other (Please specify.)		☐ No ☐ Other (Please atta	ch ernlananan	į,	
3. Has your organization signed any agreed through December 31, 2001 that is required.		iness subsidy or financia	il assistance fro	m January	
	red to be reported un	iness subsidy or financia der Minn. Stat. §116J.9	al assistance fro 93 and §116J.9	om January 94? (Murk	one.)
through December 31, 2001 that is required Yes (Complete the ren	red to be reported un	inces subsidy or financia ker Minn. Stat. §116J.9 No (Stop here, 8	al assistance for 93 and §1161.9 to to section 5 of mainess subside	om January 194? (Mark on page 4.) y or financ	ial essistance
through December 31, 2001 that is required Yes (Complete the renextion 2 Recipient Information 4. Name of business or organization	red to be reported un	iness subsidy or financia sler Minn. Stat. §116J.9. No (Stop here, 8	al assistance fro 93 and §116J.9 to to section 5 a	om January 194? (Murk on page 4.)	ons.)
through December 31, 2001 that is required to Yes. (Complete the renextion 2 Recipient Information 14. Name of business or organization receiving subsidy or financial assistance. Porodis BROS. L. 16. Does the recipient have a parent corporate 2 Yes. (Indicate name and address of parent 2 No.)	red to be reported un nainder of the form. LP tion? (Mark one) corporation below.	iness subsidy or financial size Minn. Stat. §116J.9 No (Stop here. 8 15. Address where be will be used PO Box 97 Street address	al assistance fro 93 and §1161.9 10 to section 5 of pusiness subside BROOKS City	om January 194? (Murk on page 4.) y or finance MAN State	ial essistance 56.7/ \(\) ZIP code
through December 31, 2001 that is required to Yes. (Complete the renextion 2 Recipient Information) 4. Name of business or organization receiving subsidy or financial assistance. Paradis BROS. L. 6. Does the recipient have a parent corporate Cyc. (Indicate name and address of parent)	red to be reported un nainder of the form. LP tion? (Mark one) corporation below.	iness subsidy or financia ser Minn. Stat. §116J.9. No (Stop here, 8) 15. Address where be will be used PD Box 97 Street address	al assistance fro 93 and §1161.9 10 to section 3 of mainess subside City City City	om January 94? (Murk on page 4.) y or finance M N State	ial essistance
through December 31, 2001 that is required to Yes (Complete the renextion 2 Recipient Information) 4. Name of business or organization receiving subsidy or financial assistance. Paradis BROS. L. 6. Does the recipient have a parent corporation of parent 2 No. Name of parent corporation.	red to be reported un nainder of the form. LP tion? (Mark one) corporation below.	iness subsidy or financia size Minn. Stat. §116J.9 No (Stop here. 8 15. Address where be will be used PD Box 97 Street address If more than one, indicates	al assistance fro 93 and §1161.9 10 to section 3 of mainess subside City City City	om January 94? (Murk on page 4.) y or finance M N State	ial assistance 56.7/5 ZIP code
through December 31, 2001 that is required to Yes (Complete the renextion 2 Recipient Information) 4. Name of business or organization receiving subsidy or financial assistance. Paradis BROS. L. 6. Does the recipient have a parent corporation of parent 2 No. Name of parent corporation.	red to be reported un mainder of the form. LP tion? (Mark one) corporation below.	iness subsidy or financia size Minn. Stat. §116J.9 No (Stop here. 8 15. Address where be will be used PD Box 97 Street address If more than one, indicates	al assistance fro 93 and §1161.9 10 to section 3 of mainess subside City City City	om January 94? (Murk on page 4.) y or finance M N State	ial assistance 56.7/5 ZIP code
through December 31, 2001 that is required to Yes. (Complete the renextion 2 Recipient Information) 4. Name of business or organization receiving subsidy or financial assistance. Paradis BROS. L. 6. Does the recipient have a parent corporate. The Analysis of parent No. Name of parent corporation. 2002 Minnesota Business Assistance Form (1/2)	red to be reported un mainder of the form. LP tion? (Mark one) corporation below.	15. Address where be will be used PO Box 97 Street address Page 1 of 4	al assistance for 93 and §1161.9 to to section 3 de transcess subside Brooks City Dept. of Tourness, Real E	om January 194? (Murk 194? (Murk 19 or firance 10 or firan	ial assistance 56.7/5 ZIP code ZIP code

Reason project not completed at previous address

City/State of previous address

© Remained at previous location Z Relocated to differ	ent Minnesota location (1) Relocated outside Minnesota
ection 3 Agreement Information	
20. Total dollar value of business subsidy or financial assistance (Pleasa separate value by type in Questions 24 and 25.)	21. Data agreement signed (In addition to the agreement data, indicate any dates the agreement was amended.)
and 25) # 390867,00	11-6-1995
22. Benofit data (Indicate the data the recipient will benefit from t Indicate the data improvements were finished, equipment was place whichever its earlier.)	ed into service, or the recipient occupied the property.
October	1997
23. Does the agreement provide a business subsidy or one of the i	four types of financial assistance (see Question 25) required to
be reported? (Mark one.) d business subsidy	☐ financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy
Close (only principal)	assistance for property polluted
☐ grant (i.e., forgivable loan) \$ ☐ tax abstrances \$	by contaminants assistance for renovating building S
ITF or other tax reduction or deferral \$	stock or bringing it up to code, and
☐ guarantee of payment \$	assistance provided for designated historic preservation districts, when
contribution of property or infrastructure preferential use of governmental facilities	50% or less of total cost
O land contribution \$	Classistance for politition control or \$
a other (Specify subsidy type.)	abatement assistance for a TIF soils condition district 3
26. If the assistance included tax increment financing, please	27. Are any other grantors providing a business subsidy or
indicate the type of TIF district? (Mark one.)	financial assistance to the same project? (Mark one.) Yes (Specify each granter and the value of their
☐ not applicable, assistance was not in the form of TIP	assistance below; attach un additional sheet if necessary)
Z rodevelopment	
☐ renewal and renovation ☐ soils condition	Grantor(s) and value of the agreement(s):
economic development	
☐ mined underground space	Grantor Value (\$)
I hazardous substance subdistrict	Grantor Value (\$)
	•
2002 Manusche Barines Amisteria From (1724)	Danie 2 Ad A Prime of Tunda & Francisco Communicate
Section 4 Goals and Public Purpose Identified in the	a Agreement
28. Mino. Stat. §116J.994 requires that business subsidy and fin-	ancial assistance agreements state a public purpose. Which
of the following public purposes were stated in the agreement? A	
☐ Enhancing economic diversity ☐ Creating high-quality job growth	U Increasing the base (cannot be only purpose) [1] Other (plants specific)
Creating high-quanty job growth I Job retention Stabilizing the community	☐ Other (please specify)
29. Indicate whether the agreement included the following types	of goals, and whether the meinient had attained those couls
at the time of this report. (Fill in the hours and attainment of	late(s) for each goal)
	Goels Target attainment All goals catablished? dates (month & year) attained?
A) Specific wage and job goals to be attained within 2 years	ZY 48 D No 3/99 ZY 48 D No
B) Other job-creation and/or retention goals	☐ Yes ☐ No ☐ ☐ ☐ Yes ☐ No
C) Other wage goals (1) Other work other than weige and ich couls	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
D) Other goals other than wage and job goals	GIG GRO GIGS GRO
Please attack descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)	

PHONE NO. : 2186984220 Jul. 02 2002 10:57AM P1

Section 4 Goals and Public Purpose Identified in the Agreemen

28. Minn. Stat. §11(J.994 re of the following public purpo	equires that busin was were stated	uss subsidy and finan in the agreement? (M	icul assistance agreements : ark all that apply.)	state a public purp	osc. Which
☐ Enhancing economic dive. ☐ Creating high-quality job or Job retention ☐ Stabilizing the community	growth		☐ Increasing tax base (ca ☐ Other (please specify)_		
29. Indicate whether the agr at the time of this report.	eement included (Fill in the box	the following types o	of goals, and whether the rec	ripient had attained	i those goals
A) Specific wage and job gos	als to be attained	within 2 years	established? dates	ct attainment (month & year)	All goals attained? Zi Yes D No
	B) Other job-creation and/or retention goals		☐ Yes □ No		⊇Yes ⊃No
C) Other wage goals			☐ Yes ☐ No		□Yes □No
D) Other goals other than wa	ge and job goals	•	☐ Yes ☐ No		☐ Yes ☐ No
(Please attach descriptions of attainment if not documented 30. For each of the following agreement and the avera creation goals in full-time eq	in Questions 36 g wage categorie ge hourly value	and 31.) s, indicate the job cro of any employer-prov	ided health insurance goals	for those jobs. (O	nly indicate job
,,,,,,,	•	-			
Hourly Wage	Full-time Job	Part-time/ Scatenal/Temp.	FTE (only if goals not stated as FT/PT)	Job Retention	Hourty Value of
(excluding benefits)	Creation	Job Creation	Job Creation	200 Keerios	Realth Insurance
no hourly wage-jevel goal				~	s
less than \$7.00					f
\$7.00 to \$8.99					<u> </u>
\$9.00 to \$10.99	2				1.15
\$11.00 to \$12.99				-	\$
\$13.00 to \$14.99					!
\$15.00 and higher		·			<u> </u>
	rly value of any	employer-provided h	er of actual jobs created and calth insurance for those job on into full- and part-time po FIE (only if unable to separate FI/PI) Job Creation	n. (Only indicate)	
less than \$7.00	<u> </u>				\$
\$7.00 to \$8.99					s
\$9.00 to \$10.99	2				<u>1.1</u> 5
\$11.00 to \$12.99		.e-m		and the second 	š
\$13.00 to \$14.99			· days a management		٠
\$15.00 and higher				<u> </u>	<u> </u>
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (see		d 31) and fulfilled <u>all obliga</u> ZYes DNo	tions stipulated in	the agreement?

report as required by Minn. Stat. \$116J.993 and \$116J.9	er 31, 2001, did your organization have 1947 (Mark one.)	any recipionts who failed to
Yes (Indicate the name of each recipient failing to represent the recessory). No	port and the value of subsidy or financi	al assistance awarded to tha
	moc (See Questions 24 and 25.) Vi	- less of establish on a section
34. Did your organization have any recipients who faile		alue of subsidy or assistance
agreement signed on or after January 1, 2001, that v	were required to be fulfilled by the time	of this report? (Mark one.)
☐ Yes (Complete the remainder of thi	is section.) A No (Stop here and su	bmit form to DIED.)
35 39. Provide the following information for each rec		g terms of an agreement that
were to be attained by the time of reporting. (Attack	h udditional pages (f necessary.)	
35. Information on recipient and agreement:		
Name of participation in April 1	Type of subsidy or assistance	Table on the of
Name of recipient in default	(ypc or strogery or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of
2002 Strates of technical	City/21r code of recipient	subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
☐ recipient ceased operation	Tecipient relocated to a differ	ent community
recipient was unable to fill vacant positions	other (Specify reason.)	
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	
Yes O No, recipiem has begun to repay the assists	nnce. D'No, recipient has not begun	as deeply the previous
O Yes O No, recipient has begun to repay the assista		
	ipient's deadline for fulfilling its obliga	tions? (Mark one.)
38. Has the agreement been amended to extend the roci		
38. Has the agreement been amended to extend the reci	□ Yes □ No	

Return your completed MBAF(s) by April 1, 2002, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146



- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. \$116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
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ection 1 Grantor In					
1 Name of grantor (fund City of Ci		2 Name of person completing this form Sustin Miller			
3 Street address	+ Blud. PO Box 147	4 City Chanhassen	5. ZIP code 55 3 1 7		
n. County (arver	7 Phone number (952) 227-1118	5. Fax number (952) 227-1110	9 E-mail address Smiller Co. chanhasya		
16. Please indicate who a	n your organization should receive the				
Name Title	Photo number	Street address	City ZIP code		
created by not tage	Act (Mark one, It granter is count ity, please that: are attitudent. For ld check "City government")		eld a public bearing on and ding business subsidies in Stat. §1161.9947 (Mark or c.)		
U County povernment		☐ Yes, in 2002 turtach criterius ☐ Yes, in 2002 but have not yet adopted criteria ☐ Yes, prior to 2002			
					☐ Regional government
🖰 State government		180			
D Other (Please specify)			2 Other (Please attach explanation)		
	n signed any agreements to award a pu 1, 2001 that is required to be reported a				
The Co	Complete the remainder of the form	a — DNo <u>(Suppliere)</u> go to see	tion 5 on page 4)		
Section 2 Recipient					
14 Name of business or receiving subsidy or		will be used	subsidy or financial assistance		
Chanhassen Pa	perties, LLC	Street address City			
	we a parent corporation? iMark ime j				
□Yes (Indicate navve in □Xo	d address of proced corporation below	Howare than one malicate obtain	rate owner, t		

17. Industry of recipient's facility (Mark or	ne.):		
☐ Manufacturing ☐ Retail Trade	☑ Services ☑ Wholesale Trade	☐ Finance, Insurance, Real E ☐ Construction ☐ Other	state (please specify)
18. Did the recipient relocate as a result of	signing this agreement?	(Mark one.)	
Tes (Indicate city and state of previous a PNo (Go to Question 19.)	address and reason recip	ient did not complete this project	at that address)
City/State of previous address Reason pr	oject not completed at pr	evious address	
19. Would the recipient have remained in particular assistance? (Mark one.)	previous location or relo	rated elsewhere if not awarded thi	s business subsidy or
Remained at previous location	☐ Relocated to differe	nt Minnesota location 🚨 Relo	cated outside Minnesota
Section 3 Agreement Information			
20. Total dollar value of business subsidy assistance (Please separate value by ty		21. Date agreement signed (In a date, indicate any dates the	
and 25.) \$ 540,000	pe in Questions 24	8/8/1997	agreement into antinatary
indicate the date improvements were finish whichever is earlier.) 23. Does the agreement provide a business be reported? (Mark one.)	1998		
24. If the agreement provided a business st	_	25. If the assistance was one of	The four types of financial
indicate the type(s) and total dollar valu		assistance, please indicate t	
not applicable, agreement provided final	ncial assistance	☐ not applicable, agreement pro	ovided a business subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment	\$ \$ \$ \$	☐ assistance for property pollut by contaminants ☐ assistance for renovating buil stock or bringing it up to cod assistance provided for desig	lding S e, and nated
☐ contribution of property or infrastructure ☐ preferential use of governmental facilitie ☐ land contribution ☐ other (Specify subsidy type.)	es \$	historic preservation district, 50% or less of total cost. assistance for pollution contrabatement.	ol or \$
		☐ assistance for a TIF soils con	adition district \$
26. If the assistance included tax increme indicate the type of TIF district? (Mark c	one.)	27. Are any other grantors pro- financial assistance to the sar □ Yes (Specify each grantor an	ne project? (Mark one.) nd the value of then
☐ not applicable, assistance was not in the	form of TIF	assistance below; attach an o	additional sheet (f necessary.)
☐ renewal and renovation ☐ soils condition ☐ economic development		Grantor(s) and value of the agr	eemen#s):
☐ mined underground space ☐ hazardous substance subdistrict		Grantor	Value (S)
		Grantor	Value (S)

Section 4 Goals and Public Purpose Identified in the Agreement 28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.) ☐ Enhancing economic diversity Increasing tax base (cannot be only purpose) Gereating high-quality job growth Other (please specify)_ ☐ Job retention ☐ Stabilizing the community 29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.) Target attainment All goals established? dates (month & year) agrained? A) Specific wage and job goals to be attained within 2 years ≝Yes □ No 8/1999 OBYes □ No. B) Other job-creation and/or retention goals U Yes U No ☐ Yes ☐ No U Yes U No ⊇ Yes □ No C) Other wage goals D) Other goals other than wage and job goals □ Yes □ No □ Yes □ No (Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) 30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurancegoals for those jobs. IOnly indicate ioh creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.) Full-time Part-time/ FTE (only if goals not Hourly Wage Job Seasonal/Temp. stated as FT/PT) Job Retention Hourly Value of (excluding benefits) Health Insurance Creation Job Creation Job Creation no hourly wage-level goal. less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.09 \$11,00 to \$12.99 \$13.00 to \$14.99 \$15,00 and higher 31. For each of the following wage entegories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. Hands indicate Joh creation in full-time equivalents if you are unable to separate job creation into tull- and part-time positions.) Full-time Part-time/ FTE (only if unable to separate F1/P1) Seasonal/Lemp. Hourly Value of Hourly Wage Job Job Retention (excluding benefits) Creation Job Creation Health Insurance Job Creation less than \$7.00 \$7.00 to \$8.99 59 00 to \$10.99 \$11,00 to \$12,90 \$13,00 to \$14,94

\$15,00 and higher

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2 report as required by Minn. Stat. §116J.993 and §116J.994? (A		any recipients who failed to
☐ Yes (Indicate the name of each recipient failing to report an recipient. Attach additional pages if necessary.)	d the value of subsidy or financia	il assistance awarded to that
≅ √√0		
Name of recipient Type of subsidy or assistance (S	ee Questions 24 and 25.) Va	alue of subsidy or assistance
34. Did your organization have any recipients who failed to a agreement signed on or after January 1, 2001, that were re-	equired to be fulfilled by the time	of this report? (Mark one.)
☐ Yes (Complete the remainder of this section)	on.) No (Stop here and sut	bmit form to DTED.)
 35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach addit 35. Information on recipient and agreement: 		er terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City-ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	☐ recipient relocated to a differ ☐ other (Specify reason)	ent community
37. To date, has the recipient fulfilled its repayment obligation	n? (Mark one.)	
☐ Yes ☐ No, reciptent <u>has begun</u> to repay the assistance.	☐ No, recipient has not begun	to repay the assistance.
38. Has the agreement been amended to extend the recipient's	s deadline for fulfilling its obliga	tions?(Mark one.)
	Yes D No	
39. Describe the steps being taken to bring recipient into com	apliance or recoup the subsidy:	
	~	
		··

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

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- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period <u>January 1, 2001 through December 31, 2001:</u> 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a
 warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Inform	iation	,		
1 Name of grantor (funding en		2. Name of person completing this form Justin Miller		
City of Chan	<u>nassen</u>	· · · · · · · · · · · · · · · · · · ·		
3 Street address 7700 Market T	Slud. PO Box 147	Chanhassen	5. ZIP code 55317	
6 County (arver	7 Phone number (952) 227-1118	8 Fax number (952) 227-1110	9. E-mail address Smiller Cci. chanhassea m	
	organization should receive the 20			
Ivame Trije	Phone number	Street address	City Ziff code	
71 Classification of granter the council by good ragonsy, planter, and he are to EDF would cheen	ease indicate attilization. For	adopted criteria for av	n held a public hearing on and warding business subsidies in n. Stat. §116J.9947 (Mark one)	
The first government		☐ Yes, in 2002 (attach criteria) ☐ Yes, in 2002 but have not yet adopted criteria		
☐ County government		Wiss, prior to 2002		
△ Reground government		Tea me Dane 10/11/99 Year Centeria Submitted 1999		
□ Crate government		 480	}	
D'Other (Please specific)		Diher si lease attach ex	plananor.)	
	ed any agreements to award a basi I that is required to be reported an			
Avecs (Co	mplete the remainder of the form)	TNo <u>(Stop here</u> go to)	section 5 on page 4.1	
Section 2 Recipient Infor	niation			
14. Name of business or organization receiving subsidy or financial assistance		will be used	ess subsidy or financial assistance	
Chasta Cateury Cinited Partnership			henhoun MN 55317 Tity State ZIP code	
to Does the recipient have a p	outent corporation to Mark one i			
□ Yes chalicate name and addition	ress of parent corporation below.	It is we then one, indicate in	himaic owner)	
Name of parent corporation		Street address City	State ZIP code	

17. Industry of recipient's facility (Mark one.): 			<u></u> _
☐ Manufacturing ☐ Retail Trade	Services U Wholesale Trade	☐ Finance, Insura ☐ Construction	ince, Real Estate Other (please specify)	oillate som
18. Did the recipient relocate as a result of si	gning this agreement?	Mark one.)		
☐ Yes (Indicate city and state of previous add ☑ No (Go to Question 19.)	dress and reuson recipi	ent did not complete	this project at that address.)
City/State of previous address Reason proj	ect not completed at pr	evious address		
19. Would the recipient have remained in prefinancial assistance? (Mark one.)	evious location or reloc	ated elsewhere if not	awarded this business subs	idy or
☐ Remained at previous location	Aclocated to differe	nt Minnesota location	Relocated outside M	linnesota
ection 3 Agreement Information				
 Total dollar value of business subsidy or assistance (Please separate value by type 		-	signed (In addition to the a ny dates the agreement was	
and 25.) \$ 267,075		10/	6/97	
23. Does the agreement provide a business s be reported? <i>Mark one y</i>		ur types of financial a		required to
24. If the agreement provided a business sub- indicate the type(s) and total dollar value			e was one of the four types one indicate the type(s).	of financial
🗖 not applicable, agreement provided financ	ial assistance	🗅 not applicable, ag	greement provided a busines	ss subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan)	\$ \$	assistance for pre- by contaminants	perty polluted	\$
☐ tax abatement ☐ IF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities	SSSS	assistance provid	it up to code, and led for designated ition districts, when	S
☐ Independent of the substitution ☐ other (Specify substitution)	s s	assistance for po- abatement		S
26. If the assistance included tax increment indicate the type of TIF district? (Mark one)	c. <i>)</i>	financial assistan '' Yes (Specify eac	grantors providing a busines ce to the same project? (Ma h grantor and the value of t	irk one.) heir
☐ not applicable, assistance was not in the fo	orm of TIF	assistance below	; attach an additional sheet	if necessary.)
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ condition		Gruntor(s) and valu	e of the agreement(s):	
☐ mined underground space ☐ hazardous substance subdistrict		Grantor	Value (S)	
_ nagnasa supramo surdidi iti		Grantor	Value (\$)	

8. Minn. Stat. §116J.994 red f the following public purpo				tate a public purpo	ose. Which
DEnhancing economic diver Treating high-quality job g Dob retention Description	rowth		Increasing tax base (car I) Other (please specify)		ose)
Indicate whether the agree at the time of this report.				ipient had attained	those goals
A) Specific wage and job goo B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	als to be attained retention goals	within 2 years	Goals Targe established? dates (et attainment (month & year)	All goals attained? Yes \(\text{\text{\text{No}}} \) \(\text{\text{Yes}} \(\text{\text{\text{No}}} \) \(\text{\text{Yes}} \(\text{\text{No}} \) \(\text{\text{Yes}} \(\text{\text{No}} \)
Please attach descriptions of attainment if not documented					
30. For each of the following agreement and the avera creation goals in full-time eq	ge hourly value	of any employer-prov	ided health insurancegoals	for those jobs. 1 <u>0</u>	<u>nlv</u> indicate job
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	- —		50	<u></u>	s
less than \$7,00			 -		' — -
\$7.00 to \$8.49		_			<u> </u>
\$9.00 to \$10.00		:	<u> </u>		s
\$11,00 to \$12,99				 ·	s
		 · .			s
\$13.00 to \$14.99					
\$13.00 to \$14.99 \$15.00 and higher		<u> </u>			<u> </u>
\$15.00 and higher 31. For each of the following date and the actual hourself.	rly value of any you are unable to	employer-provided in a separate job creatu	per of actual jobs created and eaith insurance for those job on into full- and part-time pr	os <u>(Only</u> indicate)	the benefit
515 00 and higher 31. For each of the following date and the actual hourself.	rly value of any	employer-provided h	eaith insurance for those job	os <u>(Only</u> indicate)	the benefit
\$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if the Hourly Wage	rly value of any von are unable n Full-time Joh Creation	employer-provided in 1 separate fob creation Part-time/ Seasonal/Temp.	eaith insurance for those job in into full- and part-time pr FTE (only if unable to separate FT/PT)	os <u>(Only</u> indicate) ostitons.)	the benefit job ereation in Hourly Value of
515 00 and higher 31. For each of the following date and the actual how full-time equivalents if Hourly Wage (eveluding benefits)	rly value of any v <i>ou are unable t</i> Full-time Job	employer-provided in 1 separate fob creation Part-time/ Seasonal/Temp.	eaith insurance for those job in into full- and part-time pr FTE (only if unable to separate FT/PT)	os <u>(Only</u> indicate) ostitons.)	the benefit job ereation in Hourly Value of Health Insurance
\$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (evoluting benefits) less than \$7.00	rly value of any von are unable n Full-time Joh Creation	employer-provided in 1 separate fob creation Part-time/ Seasonal/Temp.	eaith insurance for those job in into full- and part-time pr FTE (only if unable to separate FT/PT)	os <u>(Only</u> indicate) ostitons.)	the benefit job ereation in Hourly Value of Health Insuranc
515 00 and higher 31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (evoluting benefits) less than \$7.00 to \$8.99	rly value of any von are unable n Full-time Joh Creation	employer-provided in 1 separate fob creation Part-time/ Seasonal/Temp.	eaith insurance for those job in into full- and part-time pr FTE (only if unable to separate FT/PT)	os <u>(Only</u> indicate) ostitons.)	the benefit jub creation in Hourly Value of Health Insuranc S S
\$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if [Hourly Wage (evoluting benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.00	rly value of any von are unable n Full-time Joh Creation	employer-provided in 1 separate fob creation Part-time/ Seasonal/Temp.	eaith insurance for those job in into full- and part-time pr FTE (only if unable to separate FT/PT)	os <u>(Only</u> indicate) ostitons.)	the benefit jub creation in Hourly Value of Health Insuranc S S

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

	nuary 1, 2001 through December 31, n. Stat. §116J.993 and §116J.994" (any recipients who failed to
	of each recipient failing to report a dittonal pages if necessary)	nd the value of subsidy or financi	al assistance awarded to that
2 50			
Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.) V	alue of subsidy or assistance
	n have any recipients who failed to a or after January 1, 2001, that were r		
☐ Yes	(Complete the remainder of this sect	tion.) TNo (Stop here and su	l·mit form to DTED .)
were to be attained b	owing information for each recipien by the time of reporting. (Attach add)		er terms of an agreement that
35. Information on recip	ient and agreement:		
Name of recipient in defa	ault	Type of subsidy or assistance	lanual value of subsidy or assistance
Street address of recipier	11	City-ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defaul	t (Mark all that apply)		
Trecipient ceased opera Trecipient was unable to		☐ recipient relocated to a differ ☐ other (Specify reason)	•
37. To date, has the reci	pient fulfilled its repayment obligation	on? (Mark one.)	
☐ Yes ☐ No, recipien	it has begun to repay the assistance.	2 No, recipient has not begun	to repay the assistance
38. Has the agreement b	een amended to extend the recipient	's deadline for fulfilling ns obliga 1 Yes - 및 No	tions? (Mark ouc.)
39. Describe the steps b	eing taken to brang recipient into cor	inpliance or recoup the subsidy.	

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

us



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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a
 warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

I. Name of grantor (funding e		2. Name of person complete		
<u>City of Chanhassen</u>		Juitin Miller		
3. Street address 7700 Market Blud. Po Box 147		4. City Chanhassen	3. ZIP code 55 3 1 7	
(County 7. Phone number (952) 227-1118		8. Fax number	9. Firmal address Smiller & Ci. chan	
16. Please indicate who in yea	ur organ zation shortd receive the 2		•	
Nume Title	Phone number	Street address	City	ZIP code
 Classification of grantor p Ocated by gov't agercy. p complete a city EDA would ch 	rlease in iteate antiheticin. For	12 Has your organization hadopted craeria for awa compliance with Minn	tding businessi	arbsidies in
Tax is government		☐ Yes, in 2002 (attach criteria) ☐ Yes, in 2002 but Ease not yet adopted criteria		
☐ County government ☐ Regional government		#Yes, prior to 2000 11 Yes: That cong Date 10/11/99 Year Centeria Substants to 1999		
□ Other (Please specify)	. <u> :</u> .	U No U Other (Presse anach cypl	anation)	
through December 31, 20	ined any agreements to award a ba- in 1 that is required to be reported ur	nder Millin Stot, p.1363,963 and	\$116J 9949 74X	nkowa
Wies (C	omplete the remainder of the form) <u>A Novi Story Jugary gartie see</u>	tion 5 on page	<i>1</i>
Section 2 Recipient Info	ormation			
14. Name of business or orga-		15. Address where business	s subsidy or fin:	moral assistance
receiving subsidy or final Century 2000 Page		will be used 1900 Century Chenhasen MN 55317 Street address City State ZIP code		
16. Does the recip on have a	patent corperation? (Mark one.)			
→ Yes (Indicate range and ad → (a)	hbess of parent сырыканы Бейог	li mere than one, indicate idio	nate owner i	

☐ Manufacturing ☐ Retail Trade	Services Wholesale Trade	☐ Finance, Insura: ☐ Construction	nce, Real Estate **Cother (please specify) **State State***
18. Did the recipient relocate as a result of	signing this agreement? (Mark one.)	
Nos (Indicate city and state of previous No (Go to Question 19.)	address and reason recipio	nt did not complete t	his project at that address.)
City/State of previous address Reason p	roject not completed at pre	vious address	
19. Would the recipient have remained in financial assistance? (Mark one.)	previous location of reloca	nted elsewhere if not ;	warded this business subsidy or
☐ Remained at previous location	Relocated to differen	t Minnesota location	☐ Relocated outside Minnesota
ection 3 Agreement Information	<u> </u>		_ _
20 Total dollar value of business subsidy assistance (Please separate value by 1			signed (In addition to the agreement y dates the agreement was amended)
and 25.) \$ 304,365.87		12)9	198
23. Does the agreement provide a busines be reported? (Mark one.)		ir types of financial a	
24. If the agreement provided a business s			_
indicate the type(s) and total dollar val			was one of the four types of financial e indicate the type(s).
	ue for cach type	assistance, pleas	was one of the four types of financial
indicate the type(s) and total dollar val	s	assistance, pleas □ not applicable, agr □ assistance for prophy contaminants □ assistance for renestock or bringing assistance provide histone preservat 50% or less of tot □ assistance for poll abatement	was one of the four types of financial e indicate the type(s). reement provided a business subsidy berty polluted S ovating building st up to code, and d for designated ion districts, when all cost
indicate the type(s) and total dollar val I not applicable, agreement provided find I loan (only principal) I grant (i.e., forgivable loan) I tax abatement IF or other tax reduction or deferral I guarantee of payment I contribution of property or infrastructu I preferential use of governmental facilit I land contribution I other tSpecifi subsidy type.) 26. If the assistance included tax increme indicate the type of TIF district? tMark I not applicable, assistance was not in the I redevelopment I renewal and renovation	sue for each type sincial assistance S	assistance, pleas □ not applicable, ag □ assistance for prophy contaminants □ assistance for tending assistance provide histone preservation or less of tot □ assistance for polliabatement □ assistance for a T 27. Are any other giftnancial assistance □ Yes (Specify each assistance below) □ TNo	was one of the four types of financial e indicate the type(s). reement provided a business subsidy berty polluted S ovating building It up to code, and do for designated ion districts, when all cost ution control or S
indicate the type(s) and total dollar val I not applicable, agreement provided find I loan (only principal) I grant (i.e., forgivable loan) I tax abatement IF or other tax reduction or deferral I guarantee of payment I contribution of property or infrastructu I preferential use of governmental facilit I land contribution I other tSpecife subsidy type.) 26. If the assistance included tax increme indicate the type of TIF district? tMark I not applicable, assistance was not in the I redevelopment	sue for each type sincial assistance S	assistance, pleas □ not applicable, ag □ assistance for prophy contaminants □ assistance for tending assistance provide histone preservation or less of tot □ assistance for polliabatement □ assistance for a T 27. Are any other giftnancial assistance □ Yes (Specify each assistance below) □ TNo	was one of the four types of financial e indicate the type(s). reement provided a business subsidy berty polluted S

ection 4 Goals and Pul					
28. Minn. Stat. §116J.994 rec of the following public purpos				state a public purpo	ose. Which
☐ Enhancing economic divers ☐ Creating high-quality job g ☐ Job retention ☐ Stabilizing the community			Increasing tax base (ca Other (please specify)		sc)
29. Indicate whether the agre at the time of this report.				ripient had attained	those goals
A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals			established? dates Yes INo 12 Yes INo	et attainment (month & year) 5/00	All goals agrained? Yes ② No ③ Yes ② No ③ Yes ② No ③ Yes ② No
(Please attach descriptions 0) attainment if not documented			_		
creation goals in full-time eq	ge hourly value uivalents if you Full-time	of any employer-provi are unable to separate Part-time/	ided health insurancegoals goals by full- and part-tin FTE (only if goals not	for those jobs. (<u>O</u> ne positions.)	_
Hourly Wage	Job	Seasonal/Temp. Job Creation	stated as F1/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
(excluding benefits)	Creation	Jon Creation			
(excluding benefits) no hourly wage-level goal	Creation 	·	50		\$
				<u> </u>	s s
no hourly wage-level goal	Creation			 	
no hourly wage-level goal less than \$7.00	Creation	·		:- 	٠
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99	Creation			·- ·	s
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Creation			 	s s
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99				:- 	\$ \$ \$
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual hour full-time equivalents if y	g wage categorily value of any ou are unable to	ess, indicate the number employer-provided he o separate job creation	SO	bs (<u>Only</u> indicate) ositions.)	\$
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual hour	g wage categority value of any	es, indicate the number	SO	bs (<u>Only</u> indicate)	\$
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual hour full-time equivalents if y Hourly Wage	g wage categorily value of any ou are unable to	ess, indicate the numbs employer-provided he o separate job creatio Part-time/ Seasonal/Lemp.	er of actual jobs created an into full- and part-time p FTE (only if unable to separate FT/PT)	bs (<u>Only</u> indicate) ositions.)	S S S the benefit ich creation in
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.00 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits)	g wage categorily value of any ou are unable to	ess, indicate the numbs employer-provided he o separate job creatio Part-time/ Seasonal/Lemp.	er of actual jobs created an into full- and part-time p FTE (only if unable to separate FT/PT)	bs (<u>Only</u> indicate) ositions.)	S S S the benefit ich creation in Hourly Value of Health Insurance
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.09 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00	g wage categorily value of any ou are unable to	ess, indicate the numbs employer-provided he o separate job creatio Part-time/ Seasonal/Lemp.	er of actual jobs created an into full- and part-time p FTE (only if unable to separate FT/PT)	bs (<u>Only</u> indicate) ositions.)	S S S the benefit ich creation in Hourly Value of Health Insurance
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.60 \$7.00 to \$8.90	g wage categorily value of any ou are unable to	ess, indicate the numbs employer-provided he o separate job creatio Part-time/ Seasonal/Lemp.	er of actual jobs created an into full- and part-time p FTE (only if unable to separate FT/PT)	bs (<u>Only</u> indicate) ositions.)	S S S S the benefit ich creation in Hourly Value of Health Insurance S S
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.00 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.90 \$9.00 to \$10.90	g wage categorily value of any ou are unable to	ess, indicate the numbs employer-provided he o separate job creatio Part-time/ Seasonal/Lemp.	er of actual jobs created an into full- and part-time p FTE (only if unable to separate FT/PT)	bs (<u>Only</u> indicate) ositions.)	S S S S the benefit ich creation in Hourly Value of Health Insurance S S

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31 report as required by Minn. Stat. §116J.993 and §116J.994?		have any recipients who failed to
☐ Yes (Indicate the name of each recipient failing to report of recipient. Attach additional pages if necessary)	and the value of subsidy or fina	incial assistance awarded in that
31No		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to agreement signed on or after January 1, 2001, that were		
☐ Yes (Complete the remainder of this see	tion.) No (Stop here and	I submit form to DTED .)
35 39. Provide the following information for each recipier were to be attained by the time of reporting. (Attach add		other terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistant	ce Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
☐ recipient was unable to fill vacant positions	☐ recipient relocated to a d ☐ other (Specify reason)	•
37. To date, has the recipient fulfilled its repayment obliga:	non? (Mark one.)	
U Yes U No, recipient has begun to repay the assistance.	☐ No, recipient has not be	gun to repay the assistance
38. Has the agreement been amended to extend the recipien	a's deadhne for fulfilling its ob □ Yes = □ No	ligations?(Mark one)
39. Describe the steps being taken to bring recipient into co	implaince or recoup the subsidy	:
		

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2001 through December 31, 2001</u> per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period *January 1, 2001 through December 31, 2001:*1) any local government agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500: 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a
 warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580 Information on where to mail or fax your completed MBAF(s) is on page 4

1 Maria Francis of Com-					
1 Name of grantes (funding entity) <u>City of Chanhassers</u>		Name of person completing Sustin Mills			
3 Street address 7700 Market Blud. PO Box 147		+ City Chanhassen	5 ZIP code SS 317		
6. County (arver	7. Plane number (952) 227-1118	8 Fax rumber (952) 227-1110	9. E-milladdress Smiller & C. chan)	hassa	
10. Please maliente who in y	our organization should receive the l	2002 MBAU if different from the	person in Question 2		
Name (Title	Phone number	Stren address	City ZIP code		
	t (Mark one digramor is emito please mili, ne attibution (For Geck "City post (invent,")		dd a public bearing on and ding business subsidies in ina. §11619947 (Mark one r		
May government		☐ Myes, in 2002 (attach crite			
→ County government		□ Yes, in 2002 but have not yet adopted criteria. → Yes, proof to 2002.			
2 Regional government		Here The Whiles The Chert Second 1999			
⊒ State government					
□ Other (Please opsion) (r_		□ Ne □ Other (Pierse smach explanation)			
	signed any agreements to award a bus 2001 that is required to be reported a				
nara	(Complete the remarrider of the form	a No (<u>Stan h.r., ga to</u> see	tion 5 on page 4.)		
	formation	 _			
14. Name of business or on receiving subsidy or fin	gunization atteial ussi tance	will be used Sou Pouly Dr. Charle		_	
Section 2 Recipient In 14. Name of business or on receiving subsidy or fin Bloomley Comp	contration control assistance occured Inc.	will be used	<u> MN 55317</u>	_	
14. Name of business or on receiving subsidy or fin Bloomley Comp.	gunization atteial ussi tance	will be used 5 to loady Dr. Check Street address Cuy	State ZiP cod	_	

17. Industry of recip	ient's facility (Mark one	:.):			
	☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insur ☐ Construction	ance, Real Estate Other (please specify)	
18. Did the recipient	relocate as a result of s	igning this agreement?	(Mark one.)		
☐ Yes Indicate city to Go to Question		ldress and reason recip	ient did not complete	this project at that address.,	J
City/State of previou	s address Reason pro	ject not completed at p	revious address		
19. Would the recipi financial assistance?		revious location or relo	cated elsewhere if no	t awarded this business subsi	dy or
Remaine	d at previous location	☐ Relocated to differ	ent Minnesota Iocatio	n	innesota
Section 3 Agreen	nent Information				
assistance (Pleas	ne of business subsidy o se separate value by typ			t signed (In addition to the a) inv dates the agreement was	
and 25.)	560,000		12/	31/98	
indicate the date imp whichever is earlier.	oravements were finished	d, equipment was place 1/99	ed into service, or the	r financial assistance. For e recipient occupied the prope assistance (see Question 25)	eriv.
be reported? /Mark	one.j	usiness subsidy	☐ financial assistan	ce	
	provided a business sub and total dollar value			e was one of the four types of use indicate the type(s).	of financial
u not applicable, ag	reement provided financ	cial assistance	□ not applicable, a	greement provided a busines	s subsidy
loon (only princip grant (i.e., forgive		\$ \$	assistance for pr by contaminants		S
		\$ \$ <u>3(\$, 000</u> \$ \$	assistance provid	g it up to code, and ded for designated ation districts, when	S
☐ land commbution	isidy type.)	S	abatement		\$
			☐ assistance for a	IIF soils condition district	\$
indicate the type of a not applicable, as	e included tax increments of TIF district? (Mark or sistance was not in the f	ic.)	financial assistar O Yes (Specify each	grantors providing a busines see to the same project? (Ma h grantor and the value of the v. attach an additional sheet	rk one.) heir
☐ renewal and reno ☐ soils condition ☐ economic develop			Grantor(s) and val	ue of the agreement(s):	
☐ mined undergrou ☐ hazardous substat	nd space		Grantor	Value (S)	
			Grantor	Value (\$)	

Section 4 Goals and Public Purpose Identified in the Agreement 28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.) ☐ Increasing tax base (cannot be only purpose) ☐ Enhancing economic diversity Creating high-quality job growth → Other (please specify) ☐ Job retention Stabilizing the community 29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal) Target attainment All goals established? amined? dates (month & year) arYes ⊃ No A) Specific wage and job goals to be attained within 2 years Yes D No 13100 ☐ Yes ☐ No ☐ Yes ☐ No B) Other job-creation and/or retention goals ☐ Yes ☐ No □ Yes □ No C) Other wage goals □Yes □No TYes D No D) Other goals other than wage and job goals (Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.1 30. For each of the following wage categories, indicate the job creation and or retentiongoals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate joh creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.) Full-time Part-time/ FTE (only if goals not Hourly Wage Scasonal/Temp. Hourly Value of Job. stated as FT/PT) Job Retention Health Insurance (excluding benefits) Creation Job Creation Job Creation no hourly wage-level goal less than \$7,00 \$7.00 to \$8,99 59.00 to \$10.99 \$11,00 to \$12.99 \$13.00 to \$14.99 \$15,00 and higher 31. For each of the following wage categories, indicate the number of actual jobs created and or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions) Full-time FIE tonly if unable to Part-time/ Hourly Value of Hourly Wage Job Seasonal/Temp. separate FT/PT) Job Retention (excluding benefits) Creation Job Creation Health Insurance Job Creation less than \$7,00 \$7,00 to \$8,99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13,00 to \$14.99 \$15,00 and higher 32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement?

(Mark one.)

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

	nuary 1, 2001 through December 31, nn. Stat. §116J.993 and §116J.994? (c		ave any recipients who failed to
	e of each recipient failing to report a dditional pages if necessary.)	nd the value of subsidy or find	neial assistance awarded to that
er No			
Name of recipient	Type of subsidy or assistance (.	See Questions 24 and 25.)	Value of subsidy or assistance
	on have any recipients who failed to a n or after January 1, 2001, that were re		
□ Yes	(Complete the remainder of this sect	ion.) 🛮 🗖 No (Stop here and	l submit form to DTED .)
	llowing information for each recipient by the time of reporting (Attach additional and agreement:		other terms of an agreement that
Name of recipient in de	lault	Type of subsidy or assistan	ce Initial value of subsidy or assistance
Street address of recipie	ret	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defau	dt (Mark all that apply.).		
recipient ceased oper Precipient was unable		☐ recipient relocated to a d ☐ other (Specify reason)	ifferent community
37. To date, has the rec	upient fulfilled its repayment obligation	on? (Mark one)	
U Yes U No. recipio	nt has begun to repay the assistance.	☐ No, recipient <u>has not be</u>	gun to repay the assistance.
38. Has the agreement	been amended to extend the recipient		ltgattens?/Mark one.)
		J Yes □ No	
39. Describe the steps l	being taken to bring recipient into cor	inpliance or recoup the subside	•
	,,		· ·
			

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a
 warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

Name of grants (fundi City of Ch		2 Name of person completing this form Su(Fin Miller)			
3 Sucra address 7700 Market Blud. PO Box 147		Chanhassen	5. ZIP code 55 317		
County (arver	7 Proce number (952) 327-1118	8 Tax number (952) 227-1110	6 E-ma.	luddress Peichanhassa	
) Please (Faite who in	your organization should receive the 7	002 MBAF if different from the	•		
Name Write	Phone number	Street address	Ciry	ZIP code	
erest ed by gov ragen.	or (Mark) no Trigrantor Is enino 3. please indi ancantilunion For 1 (Fe), "Cn" poveriment")	12. Has your organization had gred criteria for awa compliance with Minn.	rding business	subsidies in	
Thy government I Courty government		یا Yes, in 2002 sattach crite کا Yes in 2002 but have not عالی Yes, prior to 2002		deria	
⊒ Pagrinot' gescriment		11 Sec. 11. to be to be 10/10/199 3.	ar Ceitech Su	nained <u>199</u> 9	
□ Side government □ Other iPlease specify (i)		□ Nos □ Otaci «Picase ant» Is explanation (
	signed my agreements to award a bus. 2001 that is required to be reported to				
D's cs	(Complete the remainder exist e from r	□ No (<u>Stop Jove)</u> garte see	non 5 on page	4.7	
ection 2 Recipient I	nformation				
14 Name of business or organization receiving subsidy or financial assistance Quantum (extens), Inc.		15. Address where hasiness will be used 1691 Late IV	inhissa a	101 55317	
	vis , Inc.	Sneet address Cin	Sta	te ZIP code	
•					

Name of potent corporation

City

Street address

State

ZIP code

☐ Manufacturing☐ Retail Trade	Services 3 Wholesale Trade	☐ Finance, Insur ☐ Construction	ance, Real Estate Ther (please speci	agbirdiani
18. Did the recipient relocate as a result of si	gning this agreement?	Mark one.)		
Nes (Indicate city and state of previous add No (Go to Question 19.)	dress and reason recipi	ent did not complete	this project at that addre	55.)
City/State of previous address Reason proj	ect not completed at pr	evious address		_ _
 Would the recipient have remained in prificancial assistance? (Mark one.) 	evious location or reloc	ated elsewhere if not	awarded this business su	bsidy or
C) Remained at previous location	Relocated to differen	nt Minnesota location	n 🖸 Relocated outside	Minnesota
ection 3 Agreement Information				. <u></u>
 Total dollar value of business subsidy or assistance (Please separate value by type 			t signed (In addition to the ny dutes the agreement w	
and 25.) 24, 798. 65		6/14	199	
23. Does the agreement provide a business s be reported? (Mark one.)	12000		ussistance (see Question)	
24 If the agreement provided a business sub- indicate the type(s) and total dollar value	sidy, please	25. If the assistance	e was one of the four type ise indicate the type(s).	es of financial
I not applicable, agreement provided finance	ial assistance	🗀 not applicable, a	greement provided a busi	ness subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.)	\$ \$ \$ <u>]4,764.</u> 65- \$ \$ \$ \$	assistance provide historic preserva 50% or less of to D assistance for polabatement	novating building in up to code, and ied for designated ation districts, when oul cost	S S S
26. If the assistance included tax increment indicate the type of TIF district? (Mark on a not applicable, assistance was not in the factories and increment are newal and renovation assists condition.)	c.)	financial assistan U Yes (Specify each assistance below	grantors providing a busing to the same project? The formula and the value of attach an additional shale of the agreement(s):	Mark one) of their
Teconomic development I mined underground space		Grantor	Value (\$)	
☐ hazardous substance subdistrict				

28. Minn. Stat. §116J.994 rec of the following public purpo				state a public purp	ose. Which
D Enhancing economic diversity Creating high-quality job growth Job retention Stabilizing the community		Increasing tax base (ca			
29. Indicate whether the agre at the time of this report.				ripient had attained	l those goals
A) Specific wage and job gos B) Other job-creation and/or C) Other wage goals D) Other goals other than wa (Please attach descriptions of	retention goals ge and job goals		established? dates Signature Signatu	et attainment (month & year) 1/1/00 2	All goals apained? Lyres I No I Yes I No I Yes I No I Yes I No I Yes I No
attainment if not documented			·		
30. For each of the following agreement and the average creation goals in full-time equation Hourly Wage (excluding benefits)	ge hourly value	of any employer-prov	rided health insurancegoals	for those jobs. 100	nly indicate job Hourly Value of Health Insurance
no hourly wage-level goat			Ψ		<u> </u>
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\$9.00 to \$10.99	- —	- —			s <u> </u>
\$11,00 to \$13,99			<u> </u>		S
311.00 (0.31**		<u>—</u>			·
\$12.00 to \$14.00					·
\$13,00 to \$14,99					
\$15.00 and higher					<u> </u>
\$15.00 and higher 31 For each of the following date and the actual hour	rly value of any	employer-provided h	ner of actual jobs created and lealth insurance for those job on into full- and part-time p	os. (<u>Only</u> indicate)	the benefit
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\$15.00 and higher 31 For each of the followir date and the actual hou full-time equivalents if y Bourly Wage	rly value of any con are unable t Full-time Job	employer-piovided h o separate job creation Part-time/ Seasonal/Temp.	eaith insurance for those job on into full- and part-time po FTE (only II unable to separate FT/PT)	os. (<u>Only</u> indicate) isitions, i	the benefit job creation in Hourly Value of
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\$15.00 and higher 31 For each of the following date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00	rly value of any con are unable t Full-time Job	employer-piovided h o separate job creation Part-time/ Seasonal/Temp.	eaith insurance for those job on into full- and part-time po FTE (only II unable to separate FT/PT)	os. (<u>Only</u> indicate) isitions, i	the benefit job creation in Hourly Value of
S15.00 and higher 31 For each of the following date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 to \$8.99	rly value of any con are unable t Full-time Job	employer-piovided h o separate job creation Part-time/ Seasonal/Temp.	eaith insurance for those job on into full- and part-time po FTE (only II unable to separate FT/PT)	os. (<u>Only</u> indicate) isitions, i	the benefit job creation in Hourly Value of
\$15.00 and higher 31 For each of the followindate and the actual hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	rly value of any con are unable t Full-time Job	employer-piovided h o separate job creation Part-time/ Seasonal/Temp.	eaith insurance for those job on into full- and part-time po FTE (only II unable to separate FT/PT)	os. (<u>Only</u> indicate) isitions, i	the benefit

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

	ary 1, 2001 through December 31, Stat. §116J.993 and §116J.994? /.		any recipients who failed to
	f each recipient failing to report at tional pages if necessary.)	nd the value of subsidy or financi	al assistance awarded to that
ONE			
Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.) V	alue of subsidy or assistance
agreement signed on or	have any recipients who failed to a r after January 1, 2001, that were re	equired to be fulfilled by the time	of this report? (Mark one.)
⊔ Yes /C	omplete the remainder of this sect	ion) INo (Stop here and su	h n it form to DTED.)
	ving information for each recipient the time of reporting //Attach addi		er terms of an agreement that
35. Information on recipie	nt and agreement:		
Name of recipient in defau	lt	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
in recipient ceased operation of the complement was unable to the complement was unable to the complement of the complem		☐ recipient relocated to a differ ☐ other (Specify reason)	rent community
37. To date, has the recipi	ent fulfilled its repayment obligation	on? (Mark one.)	
Tyes Tho, recipient !	nas begun to repay the assistance.	☐ No, recipient has not begun	to repay the assistance.
38. Has the agreement bee	n amended to extend the recipient	's deadline for fulfilling its obliga I Yes — 🗵 No	utons? (Mark one)
39. Describe the steps ben	ng taken to bring recipient into con		
			·
			

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2001 through December 31, 2001</u> per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period <u>January 1, 2001 through December 31, 2001</u>: 1) any local government agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a
 warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

 Name of granter (for <u>(i+y of a</u> 	rding entity) Chanhassen	2. Name of person completing this form Sustin Miller			
3 Stude address 7700 Market Blud. Po Box 147		+ City Chanhassen	5. ZIP co		
6 County <u>(arver</u>	7 Phone number (952) 227-1118	8 Fax number (952) 227-1110	9. E-mai	laddress -Cci.chanhassa	
(ii) Please indicate wit	e in your organization should receive the I	2002 MBAF if different from	4		
Nome Title	Phone number	Street address	City	ZIP cods	
ereated by you're	rantor (Mark one, I) greatio as endre gency please vulleate attilianos. Fer ould check "City gevernment")	12. Has your organizated adopted criteria for av compliance with Mor	varding business:	subsidies in	
by government		☐ Yes in 2002 rattach er ☐ Yes, in 2002 but have n		iteria	
→ County government		₽Fice, prior to 2002			
☐ Regional government	x.	It Yes. It strong trans [0](n) 99	Year Criter(a Si	tmm 1 <u> 199</u> 9	
□ State government□ Other (Please specif)). <i>i</i>	□ No □ Concertible the armeth explanation is			
	tion signed any unreaments to awarn a bu- (31, 200) that is required to be reported to				
	Ses (Complete the commender of the part.	i — 2 No a <u>ssophere</u> go jo:	ection 5 on page	4.)	
Section 2 Recipier	t Information				
14 Name of bit iness receiving subyidy	or organization or financial assistance	15 Address where busine will be used 1711 Lake by a Ch	ess subsidy or fin	. 51.	
Chanhuisen B	usiness Center LLP	_ ' <u></u> ,,	ity Sta		
16. Does the recipient	have a patent corperation of Mark out 3				
TYes dodicate orașie T e	and address of parent corporation below	It more than one, hidicare th	timate owner 1		
Notic of parent corpor		Street address City	State	ZIP code	

17. Industry of recipient's facility (Mark one.)	
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Children (please specify) (Construction)
18. Did the recipient relocate as a result of signing this agreement?	(Mark one.)
Set (Indicate city and state of previous address and reason recipes No (Go to Question 19.)	vient did not complete this project at that address.)
City/State of previous address Reason project not completed at p	previous address
19. Would the recipient have remained in previous location or relo financial assistance? (Mark one.)	scated elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ Relocated to differ	ent Minnesota location
Section 3 Agreement Information	
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
and 25.) 64,637.49	6/14/99
22. Benefit date (Indicate the date the recipient will benefit from to indicate the date improvements were finished, equipment was place whichever is earlier.) 23. Does the agreement provide a business subsidy or one of the fibe reported? (Mark one.)	our types of financial assistance (see Question 25) required to
⊌ business subsidy	☐ financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
anot applicable, agreement provided financial assistance	☐ not applicable, agreement provided a business subsidy
☐ Ioan (only principal) S ☐ grant (i.e., forgivable loan) S	☐ assistance for property polluted s by contaminants
Data abatement S S S S S S S S S	☐ assistance for renovating building S
☐ land contribution S	□ assistance for pollution control or S abatement □ assistance for a TIF soils condition district S
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27 Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one) Li Yes (Specify each grantor and the value of their
☐ not applicable, assistance was not in the form of TIF	assistance below; attach an additional sheet if necessary.)
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ soils condition ☐ conomic development	Grantor(s) and value of the agreement(s):
☐ mined underground space	Grantor Value (S)
☐ hazardous substance subdistrict	Grantor Value (\$)

28. Minn. Stat. §116J.994 red of the following public purpo				state a public purpe	ose. Which
☐ Enhancing economic diver ☐ Creating high-quality job g ☐ Job retention ☐ Stabilizing the community	rowth		Increasing tax base (ca I Other (please specify)		
29. Indicate whether the agre at the time of this report.				cipient had attained	those goals
A) Specific wage and job gos B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals		established? dates	eet attainment (month & year)	All goals attained? Yes \(\text{No}\)
(Please attach descriptions of attainment if not documented					
30. For each of the following agreement and the average creation goals in full-time eq	ge hourly value	of any employer-prov	vided health insurancegoals	for those jobs. (O)	<u>nlv</u> indicate job
Hourly Wage (excluding benefits)	Joh Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage level goal			<u>.</u> L		s
less than \$7.00		-· 			s
\$7.00 to \$8.99		. ——	· - 		s
\$9.00 to \$10.09					s
\$11.00 to \$12.99		 -			5
\$13.00 to \$14.99					১ <u></u> .
\$15.00 and higher	_			- —	s
	TO Whose category	ics, indicate the miml			
	rly value of any vou are unable to Full-time	employer-provided it o separate job creation Part-time!	on into fulls and part-time p FTE (only if unable to	ositions.)	
date and the actual bou	tly value of any vou are unable to	employer-provided b to separate job create	on into full- and part-time p		Hourly Value of
date and the actual bou full-time equivalents if y Hourly Wage	rly value of any v <i>ou are unable t</i> Full-time Job	employer-provided it o separate job create Part-time/ Seasonal/Temp.	on into full- and part-time p FTE (only if unable to separate FT/PT)	ositions.)	Hourly Value of Health Insurance
date and the actual bou full-time equivalents if y Hourly Wage (excluding benefits)	rly value of any v <i>ou are unable t</i> Full-time Job	employer-provided it o separate job create Part-time/ Seasonal/Temp.	on into full- and part-time p FTE (only if unable to separate FT/PT)	ositions.)	Hourly Value of Health Insurance
date and the actual bour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00	rly value of any v <i>ou are unable t</i> Full-time Job	employer-provided it o separate job create Part-time/ Seasonal/Temp.	on into full- and part-time p FTE (only if unable to separate FT/PT)	ositions.)	Hourly Value of Health Insuranc
date and the actual bour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	rly value of any v <i>ou are unable t</i> Full-time Job	employer-provided it o separate job create Part-time/ Seasonal/Temp.	on into full- and part-time p FTE (only if unable to separate FT/PT)	ositions.)	Hourly Value of Health Insurance S
date and the actual bour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	rly value of any v <i>ou are unable t</i> Full-time Job	employer-provided it o separate job create Part-time/ Seasonal/Temp.	on into full- and part-time p FTE (only if unable to separate FT/PT)	ositions.)	Hourly Value of Health Insurance S

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2 report as required by Minn. Stat. §116J.993 and §116J.994? (3)		ave any recipients who failed to
☐ Yes (Indicate the name of each recipient failing to report an recipient. Attach additional pages if necessary.)	d the value of subsidy or fina	ncial assistance awarded to that
□ No		
Name of recipient Type of subsidy or assistance (S	ce Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to ac agreement signed on or after January 1, 2001, that were re-		
Yes (Complete the remainder of this section)	on.) \(\text{\tinint{\text{\tininter{\text{\text{\text{\text{\text{\tinint{\text{\tinint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tininitte\tinint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\tininitte\tinint{\text{\text{\text{\text{\texi}\tinint{\text{\texi}\text{\text{\texititt{\text{\texi{\texi{\texi{\texi{\texitile\tinint{\texitilex{\tininitte\tininitte\taris}\tint{\texitilex{\tiin}\texitilex{\tiinitte\tininter{\tininitte\tinittet{\ti	submu form to DTED.)
35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach additional action)		other terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	e Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply).		
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	☐ recipient relocated to a di ☐ other (Specify reason.)	iferent community
37. To date, has the recipient fulfilled its repayment obligation	nº (Mark one)	
☐ Yes ☐ No, recipient has begun to repay the assistance.	U No, recipient has not beg	tan to repay the assistance.
38. Has the agreement been amended to extend the recipient'		ligations? (Mark one.)
	Yes UNo	
39. Describe the steps being taken to bring recipient into com	ipliance or recoup the subsidy	:
		··

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

1. Name of grantor (funding entity) City of Chanhassen		2. Name of person completing this form Justin Miller		
3. Street address	3/Ud. PO Box 147	4. City Chanhassen	5. ZIP code 55 31 7	
County (arver	7. Phone number (952) 227-1118	8. Fax number (952) 227-1110	9. E-mail address Smiller & ci. chanhassen	
0. Please indicate who in your	organization should receive the 2	2002 MBAF if different from the	person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
 Classification of granter (A) created by gire's agency, ple mample, a cry EDA would chee 	case indicate attiliation. For		eld a public bearing on and rding business subsidies in Stat. \$1161.9942 (Mark one)	
ity government		☐ Yes, in 2002 (attach criteria) ☐ Yes, in 2002 but have not yet adopted criteria ☐ Yes, prior to 2002		
□ County government □ Regional government □ State government		If Yes.	ear Criteria Submitted, <u>1999</u>	
□ Other (Please specific r		□ No □ Other Allease anach cyple	anation)	
through December 31, 200	ed any agreements to award a bus I that is required to be reported ut implete the remainder of the form	ider Minn, Stat. (116J 993 and)	§1161.994? (Mark one.)	
ection 2 Recipient Infor				
14 Name of business or organ receiving subsidy or finance Demosa, LLC		15 Address where business will be used 16 10 Cate iv. to Che Street address City	subsidy or financial assistance where MN 55317 State ZIP code	
to. Does the recipient have a p	outent corporation? (Mark one)	<u> </u>		
Ti Yes Andicate name and addi	ress of parent corporation below	If more than one, indicate ultin	rate owner)	
Name of parent corporation		Street address City	State ZIP code	

17. Industry of recipient's facility (Mark on	e.):		
Manufacturing U Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insura ☐ Construction	ance, Real Estate Other (please specify)
8. Did the recipient relocate as a result of s	signing this agreement?	(Mark one.)	
Yes (Indicate city and state of previous active (Go to Question 19)	ldress und reason recip	ent did not complete	this project at that address.)
ity/State of previous address Reason pro	ject not completed at pr	evious address	
Would the recipient have remained in p nancial assistance? (Mark one.)	revious location or reloc	cated elsewhere if not	awarded this business subsidy or
☐ Remained at previous location	Relocated to differe	nt Minnesota location	Relocated outside Minnesota
ction 3 Agreement Information			
O. Total dollar value of business subsidy of assistance (Please separate value by ty)		_	signed (In addition to the agreement ny dates the agreement was amended.)
and 25.) 1 67, 260.38		12.	130/99
3. Does the agreement provide a business e reported? (Mark one.)	subsidy or one of the fo	our types of financial a	•
4. If the agreement provided a business suindicate the type(s) and total dollar value			was one of the four types of financial se indicate the type(s).
I not applicable, agreement provided finan	cial assistance	🗖 not applicable, ag	treement provided a business subsidy
Doan (only principal) I grant (i.e., forgivable loan) I tax abatement I for other tax reduction or deferral I guarantee of payment I contribution of property or infrastructure I preferential use of governmental facilitie I land contribution I other (Specify subsidy type.)	s S	assistance provid historic preserva 50% or less of to Dussistance for pol abatement	ovating building S it up to code, and ed for designated tion districts, when tal cost
6. If the assistance included tax incremen indicate the type of TIF district? (Mark of Inot applicable, assistance was not in the Included included in the Included I	ne)	financial assistant Tyes (Specify euro assistance below	crantors providing a business subsidy or ce to the same project? (Mark one) higrantor and the value of their attach an additional sheet (I necessary.) e of the agreement(s):
I mined underground space I hazardous substance subdistrict		Grantor	Value (S)
		L a	

8. Minn. Stat. §116J.994 re f the following public purpo	quires that busin ses were stated i	ess subsidy and finant name the agreement? (M	ncial assistance agreements s lark all that apply:)	state a public purpo	ose. Which
Enhancing economic diver Creating high-quality job g Job retention	growth		☐ Other (please specify)_		
1 Stabilizing the community	————————————————————————————————————				
Indicate whether the agree at the time of this report.	eement included (Fill in the box	the following types of es and attainment da	of goals, and whether the rec te(s) for each goal.)	ipient had attained	those goals
A) Specific wage and job gos B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals	·	established? dates (Pres No 1) Yes No Yes No	et attainment (month & year) / ユン・	All goals attained? 3 Yes
Please attach descriptions of attainment if not documented					
agreement and the avera	ge hourly value	of any employer-prov	cation and/or retention goals vided health insuranc egoals te goals by full- and part-tin	for those jobs. (O)	nlv indicate job
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal			<u>20</u>		s. <u> </u>
less than \$7,00	 -	 -		_	5
\$7.00 to \$8,99					5 .
\$9.00 to \$10.99	· <u></u>				٥
					s <u> </u>
\$11 (R) to \$12,99					
\$11 00 to \$12,99 \$13,00 to \$14,99	. —	<u> </u>	 -	. —	s
	·— ———	·		· —	\$
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual how	rily value of any	employer-provided h	her of actual jobs created and health insurance for those job on into full- and part-time pa	bs. 1 <u>Only</u> indicate j	the benefit
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual how	rily value of any	employer-provided h	realth insurance for those job	bs. 1 <u>Only</u> indicate j	the benefit
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual how full-time equivalents if Hourly Wage	irly value of any von are unable to Full-time Job	employer-provided h o separate job creatio Part-time/ Seasonal/Temp.	nealth insurance for those job on into full- and part-time pa FTE (only if unable to separate FT/PT)	os. (<u>Only</u> indicate j ositions.)	the benefit iob creation in Hourly Value of
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits)	irly value of any von are unable to Full-time Job	employer-provided h o separate job creatio Part-time/ Seasonal/Temp.	nealth insurance for those job on into full- and part-time pa FTE (only if unable to separate FT/PT)	os. 1 <u>Only</u> indicate j ositions.1	the benefit ich creation in Hourly Value of Health Insurance
\$15.00 to \$14.99 \$15.00 and higher 3). For each of the following date and the actual hour full-time equivalents if Hourty Wage (excluding benefits) less than \$7.00	irly value of any von are unable to Full-time Job	employer-provided h o separate job creatio Part-time/ Seasonal/Temp.	nealth insurance for those job on into full- and part-time pa FTE (only if unable to separate FT/PT)	os. 1 <u>Only</u> indicate j ositions.1	the benefit ich creation in Hourly Value of Health Insuranc
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	irly value of any von are unable to Full-time Job	employer-provided h o separate job creatio Part-time/ Seasonal/Temp.	nealth insurance for those job on into full- and part-time pa FTE (only if unable to separate FT/PT)	os. 1 <u>Only</u> indicate j ositions.1	the benefit ich creation in Hourly Value of Health Insuranc
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	irly value of any von are unable to Full-time Job	employer-provided h o separate job creatio Part-time/ Seasonal/Temp.	nealth insurance for those job on into full- and part-time pa FTE (only if unable to separate FT/PT) Job Creation	os. 1 <u>Only</u> indicate j ositions.1	the benefit ich creation in Hourly Value of Health Insuranc

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, report as required by Minn. Stat. §116J.993 and §116J.994? (A		any recipients who failed to
☐ Yes (Indicate the name of each recipient failing to report ar recipient. Attach additional pages if necessary.)	nd the value of subsidy or finance	al assistance awarded to that
Tario		
Name of recipient Type of subsidy or assistance (S	See Questions 24 and 25.) V	alue of subsidy or assistance
34. Did your organization have any recipients who failed to acagreement signed on or after January 1, 2001, that were re-		
Yes (Complete the remainder of this section)	ion.) ANO (Stop here and su	hmit form to DTED .)
35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach additional)		er terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	The recipient relocated to a differ a other (Specify reason.)	•
37. To date, has the recipient fulfilled its repayment obligation	nn? (Mark one.)	
☐ Yes ☐ No, recipient <u>has beg</u> un to repay the assistance.	☐ No, recipient has not begun	to repay the assistance
38. Has the agreement been amended to extend the recipient'	s deadline for fulfilling ws obliga Yes — U No	nuons? <i>(Mark one)</i>
39. Describe the steps being taken to bring recipient into com	apliance or recoup the subsidy.	
		<u> </u>
		

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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1	Grantor	Information
-----------	---------	-------------

ection 1 Grantor Infor		3. None 5	Alababita Falan	
1 Name of granter (funding entity) City of Chanhasseri		2. Name of person completing this form Sustin Miller		
3. Street address	Blud. PO Box 147	: Chy Chanhassen	5 ZIP 0 55 3 1	
County (arver	7. Phone number (952) 227-1118	8 Fax number (952) 227-1110	9. E-mai	Tuddress Pelichunhasya
 Please indicate who in you 	ir organization should receive the 20	02 MBAI if different from	the person in Que	stion 2
Namo Talle	Phone number	Street address	City	ZIP code
 Classification of granter t ore and by gov-t agency, t crample, a cav ED t would of 	dease relieste attilianer. Ler	12 Has your organization adopted criteria for a compliance with Min	varding business:	subsidies in
The try government		☐ Yes, in 2002 **rattach criteria* ☐ Yes, in 2002 but have not yet adopted criteria.		
□ County government		距s, prior to 2002		
☐ Reglonal government		1. 11) es (1. 12 10) n 1 9 9	Year Contena Su	. mate J 1999
☐ State government		u Na		
□ Other (Please specific) =	<u> </u>	☐ Other d?case and by a	planation)	
through December 31, 20	ned any agreements to award a basi (It that is required to be reported un- complete the remain denot the parm)	der Michel Stat. (1161993 an	d \$116J.99427 <i>M</i>	HE ONC I
Section 2 Recipient Info				
14. Name of business or organic energy subsidy of final Edgn Truce, Co			hanhaun Mi	N 55317
	puter (corporation) (Mark one)	·		
	hess of pinerts superanen below	l; more than one indicate in	tanaie owner.)	
Name of pagent corporation		Street address City	State	ZIP code

17. Industry of recipient's facility (Mark of	one.):			
☐ Manufacturing☐ Retail Trade	Services ☐ Wholesale Trade	☐ Finance, Insurar ☐ Construction	nce, Real Estate Other iplease specify	phologram
18. Did the recipient relocate as a result of	f signing this agreement?	(Mark onc.)		
☐ Yes Andicate city and state of previous ☐ No (Go to Question 19)	address and reason recip	nent did not complete t	his project at that address	s.)
City/State of previous address Reason p	project not completed at p	revious address		
19. Would the recipient have remained in financial assistance? (Mark one.)	previous location or relo	cated elsewhere if not :	nwarded this business sub	sidy or
☐ Remained at previous location	Relocated to differe	ent Minnesota location	☐ Relocated outside ?	Minnesota
Section 3 Agreement Information	1			
20. Total dollar value of business subsidy assistance (Pleuse separate value by t	type in Questions 24		signed (In addition to the v dates the agreement wa	
and 25.) 45, 945, 072.	5.6	12/	17/99	
23. Does the agreement provide a businesse reported? (Mark one.)	1001		ssistance (see Question 25	
24. If the agreement provided a business s indicate the type(s) and total dollar val	subsidy, please	1	was one of the four types e indicate the type(s).	of financial
☐ not applicable, agreement provided fine	ancial assistance	not applicable, agi	reement provided a busine	ss subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ IF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructu ☐ preferential use of governmental facilit ☐ land contribution ☐ other (Specify subsidy type.)		50% or less of to:: assistance for poll abatement	ovating building it up to code, and d for designated ion districts, when all cost	s s
26. If the assistance included tax increme indicate the type of TIF district? (Mark ☐ not applicable, assistance was not in th ☐ redevelopment ☐ renewal and renovation	one.)	tinancial assistanc Yes (Specify each assistance below)	rantors providing a busine e to the same project? (M grantor and the value of attach an additional shee	ark one.) their
☐ soils condition ☐ economic development		Ì	of the agreement(s):	
☐ mined underground space ☐ hazardous substance subdistrict		Grantor	Value (\$)	

 Minn, Stat. §116J.994 rec f the following public purpo: 				state a public purpo	ose. Which
DEnhancing economic diversificating high-quality job go Dob retention Stabilizing the community			Increasing tax base (car in Other Iplease specify)		
Indicate whether the agre at the time of this report.				iptent had attained	those goals
A) Specific wage and job goa 3) Other job-creation and/or 5) Other wage goals 5) Other goals other than wa	retention goals		established dates and like and	et attainment (month & year)	All goals attained? U Yes © No D Yes © No O Yes © No O Yes © No
Please attach descriptions of attainment if not documented					
For each of the following agreement and the average reation goals in full-time eq	ge hourly value	of any employer-prov	ided health insurancegoals	for those jobs. (Or	ıl <u>y</u> ındicate job
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal			<u> </u>	 · .	£
less than \$7.00					<u> </u>
\$7.00 to \$8.99			 -	_	٠
\$9.00 to \$10.99					s
\$11 00 to \$12.99					5
\$13.00 to \$14.99					5 .
\$15,00 and higher			 -		\$
1. For each of the following			er of actual jobs created and ealth insurance for those job	os. <u>(Onl.</u> indicate)	
date and the actual hou	vou are unable t	o separate joh creatio	n into full- and part-time pe	isitions.)	
date and the actual hou			or into full- and part-time pa FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insuranc
date and the actual hou full-time equivalents if y Hourly Wage	vou are unable to Full-time Job	o separate joh creatio Part-time/ Seasonal/Temp.	FTE (only if unable to separate FT/PT)		•
date and the actual hou full-time equivalents if y Hourly Wage (excluding benefits)	vou are unable to Full-time Job	o separate joh creatio Part-time/ Seasonal/Temp.	FTE (only if unable to separate FT/PT)		Health Insuranc
date and the actual hou full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00	vou are unable to Full-time Job	o separate joh creatio Part-time/ Seasonal/Temp.	FTE (only if unable to separate FT/PT)		flealth Insurance
date and the actual hou jull-time equivalents if y Hourly Wage (evoluting benefits) less than \$7.00 \$7.00 to \$8.99	vou are unable to Full-time Job	o separate joh creatio Part-time/ Seasonal/Temp.	FTE (only if unable to separate FT/PT)		Health Insuranc
date and the actual hou jull-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	vou are unable to Full-time Job	o separate joh creatio Part-time/ Seasonal/Temp.	FTE (only if unable to separate FT/PT)		Health Insuranc

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 3 report as required by Minn. Stat. §116J.993 and §116J.994?		e any recipients who failed to
☐ Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or financ	ial assistance awarded to that
Q.XK		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to agreement signed on or after January 1, 2001, that were	required to be fulfilled by the tim	e of this report? (Mark one.)
Yes (Complete the remainder of this se	ection.) SNo (Stop here and s	ubmit form to ITED .)
35 39. Provide the following information for each recipie were to be attained by the time of reporting. <i>(Attach ac</i>		her terms of an agreemen: that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	☐ recipient relocated to a diff. ☐ other (Specify reason.)	-
37. To date, has the recipient fulfilled us repayment obliga	tion!! (Mark one)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance	🖸 No, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the recipie	nt's deadline for fulfilling its oblig 'Yes No	gations? (Mark one)
39. Describe the steps being taken to bring recipient into c		
		·
l		

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2001 through December 31, 2001</u> per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period <u>January 1, 2001 through December 31, 2001:</u> 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

1 Name of grantos (funding entity) <u>City of Chanhassen</u>		2 Name of person completing this form Sustin Miller				
3. Street address	- Ket Blud. Po Box 147	- City Chanhassen	5. ZIP code 55.3.1.7			
6. County (arver	(952) 227-1118	8. Fax number (952) 327-1110	9 E-mail address Smiller eci. chanhasea			
io. Plea e indicete v	thom yeth organization should receive the 20	007 MBAF it different from the	,			
Name Title	Paone number	Street uddress	City ZIP code			
created by good	gramor (Mark one Trigranto is entire agency, please indicate attlitution. For would be \$2.70 in procession in Tri		eld a public hearing on and ding business subsidies in Star §116J 994 * (M.mk. one)			
My government		□ Yes, in 2007 (attach criteria)				
☐ County government		12 Yes, in 7602 but have not yet adopted criteria. 45'es, prior to 2002				
⊒ Regional governm	□ Regional government		H. Yes. Herman John 10/11/99 Wear Coverna Submitted 1999			
■ State government		□ No				
Other Please spe-	<u>ih.i</u>	Directificase attach expli	manon)			
	zation signed any agreements to award a busi ser 31, 2001 that is required to be reported in					
	es (Complete the remainder of the food)	D No aSyop here, go to see	tion 5 on page 4.)			
Section 2 Recipi	ent Information					
14 Name of busine receiving sub-16	s) or organization by or financial assistance	15 Address where business will be used 1586 Late D. w. Che	subsidy or financial assistance			
Mark Prop	the, LLC	Street address City				
	nt have a parent corporation? (Mark ma.)					
J Yes dindicate non	ic and address of parent corporation below.	It wave than one, male ate ultin	sale owner 1			
Name of process corp	ecration	Street address City	State ZIP code			

17. Industry of recipient's facility (Mark one.	<i>):</i>		
☐ Manufacturing ☐ Retail Trade	Services Wholesale Trade	☐ Finance, Insur ☐ Construction	rance. Real Estate Sother (please specify)
18. Did the recipient relocate as a result of si	gning this agreement?	Mark one)	
□ Yes (Indicate city and state of previous add □ No (Go to Question 19.)	dress and reason recipi	ent did not complete	e this project at that address.)
City/State of previous address Reason proj	ect not completed at pr	evious address	
 Would the recipient have remained in prifinancial assistance? (Mark one.) 	evious location or reloc	ated elsewhere if no	ot awarded this business subsidy or
2 Remained at previous location	☐ Relocated to differen	nt Minnesota locatio	on
ection 3 Agreement Information		··	
20. Total dollar value of business subsidy or assistance (Please separate value by type			nt signed (In addition to the agreement any dates the agreement was amended.)
and 25.) 1 94,652.38		12/	17/99
23. Does the agreement provide a business s	,	ur types of financial	•
24. If the agreement provided a business sub- indicate the type(s) and total dollar value			ce was one of the four types of financial ase indicate the type(s).
☐ not applicable, agreement provided finance	ial assistance	🗓 not applicable, a	igreement provided a business subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ IF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.)	\$ \$ \$ 94,\\$2, 3 8 \$ \$ \$ \$	assistance providentstone preserves 50% or less of to Dassistance for preadations.	s enovating building g it up to code, and ded for designated eation districts, when otal cost
26 If the assistance included tax increment indicate the type of TIF district? (Mark on ☐ not applicable, assistance was not in the f☐ redevelopment ☐ renewal and renovation ☐ soils condition	c.)	financial assistat U Yes (Specify each assistance below	grantors providing a business subsidy or nee to the same project? (Mark one) ch grantor and the value of their w; attach an additional sheet if necessary) lue of the agreement(s);
Seconomic development Interest underground space		Grantor	Value (\$)
☐ hazardous substance subdistrict		Grantor —	Value (S)

8 Minn. Stat. §116J.994 rea f the following public purpo				state a public purpo	ose. Which
Ephancing economic diver Creating high-quality job g			Increasing tax base (ca		
I Job recention I Stabilizing the community					
Indicate whether the agree at the time of this report.				ipient had attained	those goals
() Specific wage and job gos () Other job-creation and/or () Other wage goals () Other goals other than wa	retention goals		established? dates Yes INo II Yes INo Yes INo		All goals apained? Yes No Yes No Yes No Yes No
Please attach descriptions o ttainment if not documented					
 For each of the following agreement and the avera reation goals in full-time eq 	ge hourly value	of any employer-prov are unable to separat Part-time/	vided health insurancegoals te goals by full- and part-tin FTE (only if goals not	for those jobs. (<u>Or</u> ne positions.)	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation , f	Joh Retention	Hourly Value of Health Insurance
no hourly wage-level goal			4	<u> </u>	s
less than \$7.00		 -			;
\$7.00 to \$8.99					\$
\$0.00 to \$10.99		 ·			s
\$11.00 to \$12.99					s
\$13.00 to \$14.99				 -	١
					\$
\$15.00 and higher			-	disa aassian i aisan	the benefit
1. For each of the followin	rly value of any	employer-provided b	per of actual jobs created an ealth insurance for those job on into full- and part-time po FTE (only if unable to separate FT/PT)	bs. 1 <u>Only</u> indicate j	ob creation in Hourly Value o
For each of the following date and the actual hour full-time equivalents if	rly value of any von are unable to Full-time	employer-provided b o separate job creatio Part-time/	ealth insurance for those job on into full- and part-time po FTE tonb if unable to	bs. (<u>Only</u> indicate j ositions.)	Hourly Value
1. For each of the followin date and the actual hou full-time equivalents if	rly value of any vou are unable t Full-time Job	employer-provided b o separate job creatti Part-time/ Seasonal/Temp.	cealth insurance for those job on into full- and part-time po FTE (only if unable to separate FT/PT)	bs. (<u>Only</u> indicate j ositions.)	Hourly Value
For each of the followin date and the actual hou full-time equivalents if Hourly Wage (excluding benefits)	rly value of any vou are unable t Full-time Job	employer-provided b o separate job creatti Part-time/ Seasonal/Temp.	cealth insurance for those job on into full- and part-time po FTE (only if unable to separate FT/PT)	bs. (<u>Only</u> indicate j ositions.)	Hourly Value of Health Insuran
1. For each of the followin date and the actual hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	rly value of any vou are unable t Full-time Job	employer-provided b o separate job creatti Part-time/ Seasonal/Temp.	cealth insurance for those job on into full- and part-time po FTE (only if unable to separate FT/PT)	bs. (<u>Only</u> indicate j ositions.)	Hourly Value of Realth Insuran
1. For each of the following date and the actual hour full-time equivalents if the Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	rly value of any vou are unable t Full-time Job	employer-provided b o separate job creatti Part-time/ Seasonal/Temp.	cealth insurance for those job on into full- and part-time po FTE (only if unable to separate FT/PT)	bs. (<u>Only</u> indicate j ositions.)	Hourly Value of Health Insuran
1. For each of the followindate and the actual hou full-time equivalents if the Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	rly value of any vou are unable t Full-time Job	employer-provided b o separate job creatti Part-time/ Seasonal/Temp.	cealth insurance for those job on into full- and part-time po FTE (only if unable to separate FT/PT)	bs. (<u>Only</u> indicate j ositions.)	Hourly Value of Health Insuran

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2 report as required by Minn. Stat. §116J.993 and §116J.994? (A		any recipients who failed to
☐ Yes (Indicate the name of each recipient failing to report an recipient. Attach additional pages if necessary.)	d the value of subsidy or financial	assistance awarded to that
<u>⊶</u> 46		
Name of recipient Type of subsidy or assistance (S	ee Questions 24 and 25.) Val	ue of subsidy or assistance
34. Did your organization have any recipients who failed to acagreement signed on or after January 1, 2001, that were re-		
☐ Yes (Complete the remainder of this section)	on.) The (Stop here and sub-	mit form to DTED .)
35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach addit		terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
U recipient ceased operation U recipient was unable to fill vacant positions	☐ recipient relocated to a differe ☐ other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment obligation	n? (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance.	U No, recipient has not begun to	repay the assistance.
38. Has the agreement been amended to extend the recipient's	s deadline for fulfilling its obligati	ons?(Mark one.)
	Yes O No	
39. Describe the steps being taken to bring recipient into com	pliance or recoup the subsidy.	
		
l		

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

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2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2001 through December 31, 2001</u> per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period <u>January 1, 2001 through December 31, 2001</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

Name of granter (funding		2 Name of person completing this form			
City of Cha	anhassen	Justin Miller			
. Street address 7700 Market	Blud. PO Box 147	thanhassen	5. ZIP o		
County (arver	7. Phone number (952) 227-1118	8 Fax number (952) 227-1110		il address - eci. Lhan hassa	
	vour organization is orbital as give and		- ,		
Same Tale	Phone number	Street address	City	ZIP code	
erested by government	or (Mark one H. geantor is every v. please in heate attilianon - For ebock "Cire powerton in ")	12. Has your organization li adopted criteria for awa compliance with Minn.	reing business	subsidies in	
Why government		2 Yes, in 2002 (attach criteria) 2) Yes, in 2002 but have not yet adopted criteria			
December government		Pres, prior to 2002			
□ Regional government		It Yes, Heating Date <u>10/11) 99</u> Year Criteria Submitted <u>1999</u>			
⊒ State government ⊒ Other (Please specific)		2 No 2 (Observe Sease attach explanation)			
13 Has your organization through December 31.	signed any agreements to lowerd a but 2001 that is required to be reported u	singsysabsidy or financial assistander Mina, Sun, \$1160,993 and	ince from Jan. (116J.9942 73/	iary 1, 2001 lark ouc.)	
Thes	(Complete the remainder of the form) DNo (<u>Stop here,</u> go to see	tion 5 on page	<i>±)</i>	
ection 2 Recipient In	iformation				
14 Name of business or o receiving subsidy or fi	=	15. Address where business will be used 11/60 11/40 take by will be the Che.	•	_	
Charlessen Lakes	Business Park 3, UP	Street address Cin		·	
to. Does the recipient has	e a parent corporation? (Mark one)				
	address of particle corporation below.				

Native of parent corporation

City

Street address

ZIP code

State

17. Industry of recipient's facility (Mark one.):	
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Tra	☐ Finance, Insurance, Real Estate rade ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreen	nent? (Mark one.)
Tyes (Indicate city and state of previous address and reason No (Go to Question 19.)	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	d at previous address
 Would the recipient have remained in previous location of financial assistance? (Mark one.) 	r relocated elsewhere if not awarded this business subsidy or
Remained at previous location Relocated to d	different Minnesota location
ection 3 Agreement Information	
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
and 25,1 \$77,674.96	12/17/99
whichever is earlier.) 8///2001 23. Does the agreement provide a business subsidy or one of be reported? (Mark one.) Southern Subsides	the four types of financial assistance (see Question 25) required to dy 2 financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25 If the assistance was one of the four types of financial assistance, please indicate the type(s).
🔾 not applicable, agreement provided financial assistance	☐ not applicable, agreement provided a business subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ tax abatement ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type) ☐ S ☐ S	assistance provided for designated historic preservation districts, when 50% or less of total cost
 26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) If not applicable, assistance was not in the form of TIF 	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) 2 Yes (Specify each granter and the value of their assistance below: attach an additional sheet if necessary.)
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ conomic development	Grantor(s) and value of the agreement(s):
☐ mined underground space ☐ hazardous substance subdistrict	Grantor Value (\$)
and access prostance superpriet	Grantor Value (\$)

28. Minn. Stat. §116J.994 rec of the following public purpo				tate a public purpo	se. Which
☐ Enhancing economic divers ☐ Creating high-quality job g ☐ Job retention ☐ Stabilizing the community	nowth		Increasing tax base (car I) Other (please specify)		
29. Indicate whether the agre at the time of this report.				ipient had attained	those goals
A) Specific wage and job goa B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals ge and job goals	s	established? dates 3 Yes No	et attainment (month & year)) / 17/6	All goals attained? □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
(Please attach descriptions of attainment if not documented					
30. For each of the following agreement and the average creation goals in full-time eq. Hourly Wage (excluding benefits)	ge hourly value	of any employer-prov	ided health insurancegoals	for those jobs 10h	the indicate pobsists of the policy of the p
no hourly wage-level goal		<u> </u>	<u>}_</u>	<u>-</u>	s
less than \$7.00			. <u> </u>		٠
\$7.00 to \$8.99					·
\$9.00 to \$10.99			.—		۶ <u></u> .
\$11 00 to \$12.99	. —	<u> </u>	- · –		s
211 (10 21-1		<u> </u>	_	_	s
\$13,60 to \$14,99	· 	_			
			·		s
\$13,00 to \$14,99 \$15,00 and higher 31. For each of the followindate and the actual hou	rly value of any	employer-provided he	er of actual jobs created and ealth insurance for those job on into full- and part-time po UTE (only if unable to	os, a <u>Only</u> malicate j	the benefit
\$13,00 to \$14,99 \$15,00 and higher 31. For each of the followindate and the actual hou	rly value of any vou are unable t	employet-provided he separate job creation	ealth insurance for those job in into full- and part-time pr	os, a <u>Only</u> malicate j	the benefit
\$13,00 to \$14.90 \$15,00 and higher 31. For each of the followindate and the actual hour full-time equivalents if the Hourly Wage	rly value of any v <i>ou are totable t</i> Full-time Job	employet-provided in o separate job creatio Part-time/ Seasonal/Temp-	ealth insurance for those job on into full- and part-time po ITE (<u>only</u> if unable to separate FT/PT)	os, a <u>Only</u> indicate j initions.)	the benefit of creation in Hourly Value of
\$15,00 to \$14.90 \$15,00 and higher 31. For each of the followindate and the actual hour full-time equivalents if y Hourly Wage (excluding benefits)	rly value of any v <i>ou are totable t</i> Full-time Job	employet-provided in o separate job creatio Part-time/ Seasonal/Temp-	ealth insurance for those job on into full- and part-time po ITE (<u>only</u> if unable to separate FT/PT)	os, a <u>Only</u> indicate j initions.)	the benefit of creation in Hourly Value of Health Insurance
\$15.00 to \$14.99 \$15.00 and higher 31. For each of the followindate and the actual hour full-time equivalents if the fourly Wage (excluding benefits) less than \$7.00	rly value of any v <i>ou are totable t</i> Full-time Job	employet-provided in o separate job creatio Part-time/ Seasonal/Temp-	ealth insurance for those job on into full- and part-time po ITE (<u>only</u> if unable to separate FT/PT)	os, a <u>Only</u> indicate j initions.)	the benefit of creation in Hourly Value of Health Insurance
\$15.00 to \$14.99 \$15.00 and higher 31. For each of the followir date and the actual hou full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 to \$8.99	rly value of any v <i>ou are totable t</i> Full-time Job	employet-provided in o separate job creatio Part-time/ Seasonal/Temp-	ealth insurance for those job on into full- and part-time po ITE (<u>only</u> if unable to separate FT/PT)	os, a <u>Only</u> indicate j initions.)	the benefit of creation in Hourly Value of Health Insurance
\$13,00 to \$14,90 \$15,00 and higher 31. For each of the followindate and the uctual hour full-time equivalents if the second of the following benefits) less than \$7.00 to \$8.99 \$9.00 to \$10,99	rly value of any v <i>ou are totable t</i> Full-time Job	employet-provided in o separate job creatio Part-time/ Seasonal/Temp-	ealth insurance for those job on into full- and part-time po ITE (<u>only</u> if unable to separate FT/PT)	os, a <u>Only</u> indicate j initions.)	the benefit of creation in Hourly Value of Health Insurance S

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33 During the period January 1, 2001 through December 31, 2 report as required by Minn, Stat. §116J.993 and §116J.994? (3		any recipients who failed to
☐ Yes (Indicate the name of each recipient failing to report an recipient. Attach additional pages if necessary.)	d the value of subsidy or financia	l assistance awarded to that
2No		
Name of recipient Type of subsidy or assistance (S	ce Questions 24 and 25.) Val	ue of subsidy or assistance
34. Did your organization have any recipients who failed to ac agreement signed on or after January 1, 2001, that were re-		
☐ Yes (Complete the remainder of this section	on.) INO (Stop here and sub	mit form to DTED .)
35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach addit		r terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.).		
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	☐ recipient relocated to a difference of the di	
37. To date, has the recipient fulfilled its repayment obligatio	a? (Mark one-)	
☐ Yes ☐ No, recipient has begun to repay the assistance.	☐ No, recipient has not begun t	o repay the assistance.
38. Has the agreement been amended to extend the recipient's	s deadline for fulfilling its obligat Yes - 'D'No	ions? (Mark one.)
39 Describe the steps being taken to bring recipient into com	pliance or recoup the subsidy	
	· · ·	

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



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 warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed

warning If it fails to report by June Questions? Call (651) 296-0580. In						
Section 1 Grantor Information						
1 Name of grantor (funding entity) City of Chanhassen		2 Name of person completing this form Sustin Miller				
3. Street address 7700 Market Blud. P.	O Box 147	1. City Chanhasse		ZIP code 5 3 1 7		
6 County 7 Phone in (952) 2	inher 27-1 <u>118</u>	8 Fax number (951) 227-1	G.	E-mail add	icas i.chanhassam	
The Phase indicate who my our eigenment on s	noild receive the .	002 MBAF it different	, _		<u> </u>	
Nume Talle Pr	one nun ber	Street address	Спу		ZIP code	
12. Classifization of granter (Mark one Trigos created to governgency, please indicate a complex a city ED Countil Class City govern	tillianor For	12 Has your organi adopted criteria complemee with	for awarding bu	siness subsi	dies in	
ny government		☐ Yes, in 2002 (attach criteria) ☐ Yes, in 2002 but have not yet adopted criteria				
Defently povernment		The Specific 2002				
** Regional government		to Yese Thanking Desc. 10[n] 99 Year Criteria Surmini d. 1999				
21 State government						
DOtte: Please specify)		☐ No ☐ Other Allease arrach explanation (
13. Has your organization signed any agreem forough December 34, 2001 that is require						
Des (Complete the rem	ander of the form	I No (<u>Stop hor</u> e,)	jo ja seeman 5 m	n p.nge 4 i		
Section 2 Recipient Information						
14. Name of business or organization receiving subsidy or financial assistance		15 Address where I				
Micro, UP		Street address	City	State	211 code	
to. Does the recipient have a parent corporat	lent (Mark one)		_			
The chain are name and address of parent.	capeaution below	It more than one, make	ate ultimate (no).	(e) .)		
None of parent ecoporation		Street address	City		ZIP code	

17. Industry of recipient's facility (Mark one.): /			
☐ Manufacturing ☐ Retail Trade	Services Wholesale Trade	☐ Finance, Insurance ☐ Construction	ce, Real Estate Ather (please specify)	dels Copuns
18. Did the recipient relocate as a result of sig	ming this agreement? (.	Mark one.)		
(Indicate city and state of previous add Ino (Go to Question 19.)	tress and reason recipie	ent did not complete thi	is project at that address.)
City/State of previous address Reason proje	ect not completed at pre	vious add:ess		
19. Would the recipient have remained in profinancial assistance? (Mark one.)	vious location of reloca	red elsewhere if not av	warded this business subsi	dy or
☐ Remained at previous location	Relocated to differen	t Minnesota location	☐ Relocated outside M	innesota
Section 3 Agreement Information				
20. Total dollar value of business subsidy or assistance (Pleuse separate value by type			gned the addition to the a dates the agreement was	
and 25.) \$ 53, 461.00		6/1	12001	
Benefit date (Indicate the date the recipie indicate the date improvements were finished whichever is earlier.) Does the agreement provide a business si	, equipment was placed [1]2002	into service, or the rec	upient occupied the prop	erty.
be reported? (Mark one.)	_	I financial assistance	, , , , , , , , , , , , , , , , , , ,	
24. If the agreement provided a business substitution to the type(s) and total dollar value			vas one of the four types of indicate the type(s).	of financial
Uno: applicable, agreement provided financi	al assistance	🖸 not applicable, agre	ement provided a busines	s subsidy
☐ Joan (only principal) ☐ grant (i.e., fergivable loan) ☐ tax abatement ☐ IF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type t	\$ \$ \$ \$ \$ \$ \$	☐ assistance for prope by contaminants ☐ assistance for renov stock or bringing it assistance provided historic preservation 50% or less of total ☐ assistance for pollu abutement ☐ assistance for a TIF	ating building up to code, and for designated on districts, when	S S S
26 If the assistance included tax increment indicate the type of TIF district? (Mark one 2) not applicable, assistance was not in the fe		financial assistance La Yes (Specify each §	intors providing a busines to the same project? (Ma grantor and the value of t ittach an additional sheet	rk one) heir
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development	ļ	Grantor(s) and value		
☐ mmed underground space ☐ hazardous substance subdistrict		Grantor Grantor	Value (\$)	

 Minn. Stat. §116J.994 re of the following public purpo 				state a public purpo	ose. Which
☐ Enhancing economic diver ☐ Creating high-quality job g ☐ Job retention ☐ Stabilizing the community	growth		☐ Other (please specify)		
29. Indicate whether the agree at the time of this report.				ripient had attained	those goals
A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals		established? dates "Yes I No	tet attainment (month & year)	All goals attained? "Yes "I No	
(Please attach descriptions of attainment if not documented					
30. For each of the following agreement and the avera creation goals in full-time eq	ge hourly value nuvalents if you	of any employer-prov are unable to separat	rided health insurancegoals to goals by full- and part-tin	for those jobs. (O	nly indicate job
Hourly Wage (excluding benefits)	Full-time Job Crestion	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal			<u>_</u>		s <u> </u>
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\$7.00 to \$8.99					s
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\$9.00 to \$10.90			<u> </u>		s
\$41.00 to \$15.99					չ
		 · -	_	-	· — ·
\$41.00 to \$12.00	. — . - —		_ 	 	\$
\$11.00 to \$12.00 \$13.00 to \$14.00 \$15.00 and higher 31. For each of the followindate and the actual hou	rly value of any you are unable to	employer-provided h o separate Joh creatie	ealth insurance for those jo in into full- and part-time p	bs (<u>Only</u> indicate)	s the benefit
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\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followindate and the actual hou full-time equivalents if the sectoding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.90	rly value of any von are unable n Full-time Job	employer-provided h o separate Joh creatie Part-time/ Seasonal/Lemp.	ealth insurance for those jo in into full- and part-time p ITE (only if unable to separate FT/PT)	bs (<u>Only</u> indicate) oxitions)	S the benefit tole creation in Hourly Value of Health Insurance

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.) 33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.) ☐ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary) 1/0 Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance Name of recipient 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? (Mark one) No (Stop here and submit form to DTED.) ☐ Yes (Complete the remainder of this section.) 35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary,) 35. Information on recipient and agreement: Type of subsidy or assistance Initial value of Name of recipient in default subsidy or assistance City/ZIP code of recipient Outstanding value of Street address of recipient subsidy or assistance 36. Reason(s) for default (Mark all that apply): → recipient relocated to a different community. Trecipient ceased operation. I recipient was unable to fill vacant positions ☐ other (Specify reason) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) 3 No, recipient has begun to repay the assistance.
3 No, recipient has not begun to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations?(Mark one) □Yes □No 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

I. Name of grantor (fund <u>City of Cl</u>	. ~	2 Name of person completing Justin Mills			
3 Street address 7700 Market Blud. PO Box 147		Chanhassen	5. ZIP code 58317		
n County <u>(avuer</u>	7. Phone number (952) 227-1118	8. Fax number (952) 227-1110	9 Homella Smiller E	ildress ? Ci chanhasya	
 Piense Palli, to who; 	n your or amount on should receive the D	002 MBAF it deterent from the	,		
Name Time	Phone number	Street address		ZIV čede	
erested Is, governoor	not (Mark one, hyrantor is entry 12), please indicate attitution. For thebeek (e.v.g. vermion) ()	12. Has your organization held a public bearing on and calepted enterior for awarding business subsidies in compliance with Minn. Stat. §1161.9947 (Mark one).			
Afty government		コ Yes, in 2002 rattach criteria) コ Yes, in 2002 but have not yet adopted criteria ピアes, prior to 2002			
□ County government □ Regional government □ State government		1: Yes transfer to the 10/11/99 Year Continue Substantial 1999			
'a Other affects specify (□ No □ On the flag is attacking kination (
through December 3	it signed any agreements to award a basi 1, 2007, if at is required to be reported in a (Complete the regainder of the term)	der Minn, Stat. #1161.993 and a	(101284); (Mai	$\hat{k}(iHC_i)$	
Section 2 Recipient		T	. Leader of State		
14. Name of bisiness or organization receiving sabridy or financial assistance 234, 219		15. Address where business will be used 8110 Mallory Ct - Ch Sheet address Chy	enbussa <u>M</u>	N(53)7	
To. Does the recipient li.	we a parent corporation? MacLinux.				
		ti'm we than one, indicate ultin			

Name of parent corporation

City

Street address

ZIP code

17. Industry of recipient's facility (Mark onc.)			
☐ Manufacturing ☐ Se ☐ Retail Trade ☐ W	rvices holesule Trade	☐ Finance, Insura ☐ Construction	nce, Real-Estate
18. Did the recipient relocate as a result of signing	this agreement? (/	Mark one.)	
Yes (Indicate city and state of previous address a No (Go to Question 19.)	and reason recipie	nt did not complete i	his project at that address)
City/State of previous address Reason project no	t completed at pre	vious address	
 Would the recipient have remained in previous inancial assistance? (Mark one.) 	location or reloca	ted elsewhere if not	awarded this business subsidy or
☐ Remained at previous location ☐ Rel	ocated to differen	: Minnesota location	☐ Relocated outside Minnesota
ection 3 Agreement Information			
 Total dollar value of business subsidy or finan assistance (Please separate value by type in Q 			signed (In addition to the agreement ty dates the agreement was amended.)
and 25.) 9 51, 270. UL		61	15/2001
23. Does the agreement provide a business subsidy be reported? (Mark one.)	y or one of the fou	r types of financial a	
24. If the agreement provided a business subsidy, principate the type(s) and total dollar value for ea	I		was one of the four types of financial indicate the type(s).
D not applicable, agreement provided financial ass	istance	⊿ not applicable, ag	reement provided a business subsidy
Diguarantee of payment Contribution of property or infrastructure Dipreferential use of governmental facilities	51,270.06	50% of less of tot assistance for poll abatement	ovating building S It up to code, and ord for designated alon districts, when all cost
26. If the assistance included tax increment finance indicate the type of TIF district? (Mark one.) ☐ not applicable, assistance was not in the form of a redevelopment. ☐ renewal and renovation. ☐ soils condition.		financial assistance (i) Yes (Specifically assistance below.	rantors providing a business subsidy of e to the same project? (Mark one) grantor and the value of their attach an additional sheet if necessary.) e of the agreement(s):
⇒ economic development ☐ mined underground space	1	Grantor	Value (\$)
☐ hazardous substance subdistrict	ļ	Grantor	Value (S)

28. Minn. Stat. §116J.994 recoff the following public purpo	quires that busin ses were stated i	ess subsidy and finand the agreement? (M	ncial assistance agreements s lark all that apply.)	state a public purpe	ose. Which
☐ Enhancing economic diver ☐ Creating high-quality job g ☐ Job retention ☐ Stabilizing the community	rowth		☐ Increasing tax base (ca: ☐ Other (please specify)		
29. Indicate whether the agre at the time of this report.				uplent had attained	those goals
A) Specific wage and job goo B) Other job-creation and/or C) Other wage goals D) Other goals other than wa (Please attach descriptions of attainment if not documented	retention goals ge and job goals of goals and prog	ress toward	established? dates Tyes I No Yes I No	et attainment (month & year)	All goals attained? Yes D No Yes D No Yes D No Yes D No
30. For each of the following	g wage categorie ge hourly value	es, indicate the job cre of any employer-prov	aded health insurancegoals	for those jobs (Or	nh indicate joh
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Lemp. Job Creution	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no liquify wage level goal			<u>a</u>		٠
less than \$7.00					ـ _ د
\$7.00 to \$8.99	- — -		<u> </u>		s
\$9,00 to \$10,99		- —			s
\$11,00 to \$12,99		- —	- —		s
\$15 00 to \$14 99					s
					s
\$15.00 and higher					
31 For each of the following date and the actual hour	tly value of any you are unable to	employer-provided is o separate job creati	per of actual jobs created and lealth insurance for those job on into full- and part-time pa	es. 1 <u>Only</u> indicate j	
31 For each of the following date and the actual hour	rly value of any	employer-provided h	ealth insurance for those job	es. 1 <u>Only</u> indicate j	
31 For each of the following date and the actual hour full-time equivalents if a Hourly Wage	rly value of any you are unable to Full-time Joh	employer-provided in o separate job creation Part-time/ Seasonal/Temp.	ealth insurance for those job on into full- and part-time pe FTT (<u>only</u> if mable to separate FT/PT)	es, 1 <u>Only</u> indicate j osttions,)	iols creation in Hourly Value of
31 For each of the following date and the actual hour full-time equivalents if y Hourly Wage texcluding benefits:	rly value of any you are unable to Full-time Joh	employer-provided in o separate job creation Part-time/ Seasonal/Temp.	ealth insurance for those job on into full- and part-time pe FTT (<u>only</u> if mable to separate FT/PT)	es, 1 <u>Only</u> indicate j osttions,)	iob creation in Hourly Value of Health Insurance
31 For each of the followindate and the actual hour full-time equivalents if y Hourly Wage texcluding benefits) less than \$7.00	rly value of any you are unable to Full-time Joh	employer-provided in o separate job creation Part-time/ Seasonal/Temp.	ealth insurance for those job on into full- and part-time pe FTT (<u>only</u> if mable to separate FT/PT)	es, 1 <u>Only</u> indicate j osttions,)	iob creation in Hourly Value of Health Insurance
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31 For each of the followindate and the actual hour full-time equivalents if the Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.90 \$9,00 to \$10.99	rly value of any you are unable to Full-time Joh	employer-provided in o separate job creation Part-time/ Seasonal/Temp.	ealth insurance for those job on into full- and part-time pe FTT (<u>only</u> if mable to separate FT/PT)	es, 1 <u>Only</u> indicate j osttions,)	iob creation in Hourly Value of Health Insurance

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, report as required by Minn. Stat. §116J.993 and §116J.994? ()		any recipients who failed to
□ Yes (Indicate the name of each recipient failing to report at recipient. Attach additional pages if necessary.) ■ No	nd the value of subsidy or financi.	al assistance awarded to that
Name of recipient Type of subsidy or assistance to	See Questions 24 and 25.) V	ulue of subsidy or assistance
34. Did your organization have any recipients who failed to a agreement signed on or after January 1, 2001, that were re-		
I Yes (Complete the remainder of this sect.	ion.) No (Stop here and su	hmit form to DTED)
35 39. Provide the following information for each recipient were to be attained by the time of reporting. thatach additional temporary is a second of the control of the		er terms of an agreement that
35. Information on recipient and agreement		
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Street address of recipient	City. ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
☐ recipient ceased operation ☐ recipient was unable to fill vacant positrons	☐ recipient relocated to a differ ☐ other (Specify reason.)	•
37. To date, has the recipient fulfilled its repayment obligation	on? (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance.	☐ No, recipient has not begun	to repay the assistance.
38. Has the agreement been amended to extend the recipient'	s ceadline for fulfilling its obliga	tions!/(Mark one.)
<u> </u>	Yes D No	<u></u>
39. Describe the steps being taken to bring recipient into con	plance or recoup the subsidy	
		

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Company Call (Section 1 Grantor I)	(651) 296-0580. Information on whe aformation	ie w man en lan joan eem _e i		tor to our page at
! Name of granter (funding entity) <u>City of Chanhasser</u>		2. Name of person completing this form Justin Miller		
3 Street address	+ Blud. PO Box 147	Chanhaisen	5. Ziii 55 3	ľ
County (arver	7 Phone number (952) 327-1118	N. Tax number 1952 1 327 - 1110		antaddiess er lect. chan has yea.
10. Plence is digute who	m your organization should receive the D	OCMBAL of different from the	rperson in Qu	arsvea 2
Name l'itle	Phone number	Such address	- City -	Zilroda
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⊒ Regional povernment			an Corona S	
 □ State government □ Other (Please r) confe 	'	□N) □ Cities d'Moss, atrach explanation)		
	on signed any agreements to livard a high 1, 2001 if this required to be reported in			
٢٧٧:	es (Complete me v or moder e) the torner	a No astrophore goto see	tion 5 on pay	(e4)
Section 2 Recipient	Information			
14. Name of business of	=	15 Address where business	subsidy or fi	inancial assistance

<u>س</u>

Name of our refreshion

trbolety III Deathy Paltney LLP

To. Does the recipient have a parent corporation, (Mark one I

7490-2010 (commit

City

Street address

Sheer addres

■ New Order that experience of the distribution of the property of the property of the management of the property of the

Stare

ZIP code

. ZIF code

☐ Manufacturing	Services		rance, Real Estate	an 1
☐ Retail Trade	☐ Wholesale Trade	☐ Construction	Wher oplease specify delice	e Gra
8. Did the recipient relocate as a result of si	gning this agreement? (Mark one.)		
Yes (Indicate city and state of previous add No (Go to Question 19.)	Iress and reason recipi	ent did not complete	e this project at that address.)	
City/State of previous address Reason proj	ect not completed at pro	vious address		
19. Would the recipient have remained in pr financial assistance? (Mark one)	evious location or reloc	ated elsewhere if no	ot awarded this business subsidy or	
(a) Remained at previous location	Relocated to differer	nt Minnesota locatio	on U Relocated outside Minnesota	
ection 3 Agreement Information				
20 Total dollar value of business subsidy or assistance (Please separate value by type	1		nt signed (In addition to the agreement any dates the agreement was amended)	
and 25.) 1 43, 144.76		7/	31/2001	
23. Does the agreement provide a business she reported? (Mark one.)		ir types of financial	•	
24 If the agreement provided a business sub- indicate the type(s) and total dollar value			ce was one of the four types of financial use indicate the type(s).	
□ not applicable, agreement provided finance	nal assistance	🗆 not applicable. :	agreement provided a business subsidy	
□ loan (only principal) □ grant (i.e., forgivable loan)	s	☐ assistance for po by contaminants		
The payment of payment of guarantee of payment	\$76	☐ assistance for re stock or bringin	smovaring building S g it up to code, and ided for designated	- —
\square contribution of property or infrastructure	Ş	historic preserv	vation districts, when	
 preferential use of governmental facilities land contribution 	s	50% or less of a Diassistance for po	otal east oliution control or S	
🔟 other (Specify subside type, i 🔃 🔛 📖	_	abatement (a) assistance for a	TIF soils condition distric: \$	···—
26. If the assistance included tax increment indicate the type of TIF district? (Mark on		financial assista	grantors providing a business subsidy once to the same project? (Mark one)	
(a not applicable, assistance was not in the f	orm of HF		oh grantor and the value of their w: attach an additional sheet if necessat	ן.יר
☐ redevelopment ☐ renewal and renovation	· ·	Contamo de d	his of the surroument(s):	
🖫 soils condition	į	Chamor(s) and Val	lue of the agreement(s):	
☐ mined underground space ☐ mined underground space			Value (\$)	_
☐ hazardous substance subdistrict	ļ			_
_ Iga area parameter		Grantor	Value (\$)	

8 Minn. Stat §116J.994 red f the following public purpo				state a public purpo	se. Which
Enhancing economic diver Creating high-quality job g			Increasing tax base (car		
I Job retention I Stabilizing the community					
Indicate whether the agree at the time of this report.				ipient had attained	those goals
A) Specific wage and job goz 3) Other job-creation and/or 7) Other wage goals 0) Other goals other than wa	retention goals		established? dates Yes INo Yes INo		All goals attained? TYes I No Yes I No Yes I No Yes I No
Please attach descriptions of ttainment if not documented					
 For each of the following agreement and the avera reation goals in full-time eq Hourly Wage (excluding benefits) 	ge hourly value	of any employer-prov	vided health insurancegoals	for those jobs. (Or	the indicate job Hourly Value of Health Insurance
no hourly wage-level goal			3		s
less than \$7.00					<u></u> .
\$7.00 to \$8.99				 _	s
\$9.00 to \$10.99	- :		· . _	—	
					. · · · · · · · · · · · · · · · · · · ·
\$11 00 to \$12.99	_	· _ ·	- ·		, —
\$13 00 to \$14 00				_	,- —
\$15,00 and higher	·		_ <u></u>		<u> </u>
1. For each of the following	rly value of any	employer-provided h	eer of actual jobs created an realth insurance for those job on into full- and part-time p	os. (<u>Only</u> indicate)	
date and the actual hou full-time equivalents if y Hourly Wage	Full-time Job	Part-time/ Scasonal/Temp.	FTE (only if unable to separate F 1/PT)	Joh Retention	•
date and the actual hou full-time equivalents if y Hourly Wage (excluding benefits)	Full-time	Part-time/		Joh Recention	Health Insurance
date and the actual hou full-time equivalents if y Hourly Wage (excluding benefits) less than \$7,00	Full-time Job	Part-time/ Scasonal/Temp.	separate F 1/PT)	Joh Recention	•
date and the actual hou full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.06 \$7.00 to \$8.99	Full-time Job Creation	Part-time/ Scasonal/Temp.	separate F 1/PT)	Joh Retention — . — —	Health Insurance
date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Full-time Job	Part-time/ Scasonal/Temp.	separate F 1/PT)	Job Recention	Health Insurance
date and the actual hou full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	Full-time Job Creation	Part-time/ Scasonal/Temp.	separate F 1/PT)	Joh Retention	Hourly Value of Health Insurance S S S S S
date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Full-time Job Creation	Part-time/ Scasonal/Temp.	separate F 1/PT)	Job Recention	Health Insurance

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, report as required by Minn. Stat. $\S116J.993$ and $\S116J.994$? (I		any recipients who failed to		
☐ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)				
₩No				
Name of recipient Type of subsidy or assistance /	See Questions 24 and 25) Vo	alue of subsidy or assistance		
34. Did your organization have any recipients who failed to a agreement signed on or after January 1, 2001, that were re-	equired to be fulfilled by the time	of this report? (Mark one.)		
Yes (Complete the remainder of this section)	ion.) No (Stop here and suc	bmit form to DTED.)		
35 39. Provide the following information for each recipient were to be attained by the time of reporting **CATtach additional Control of the control of t		er terms of an agreement that		
35. Information on recipient and agreement:				
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance		
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance		
36. Reason(s) for default (Mark all that apply.):				
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	☐ recipient relocated to a differ ☐ other (Specify reason.)	rent community		
37. To date, has the recipient fulfilled its repayment obligation	nt' (Mark one.)			
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance.	☐ No, recipient has not begun	to repay the assistance.		
38. Has the agreement been amended to extend the recipient	's deadline for fulfilling its obliga	tions? (Mark one)		
	Yes UNo			
39. Describe the steps being taken to bring recipient into con	opliance or recoup the subsidy			
		- — — ·— -		

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §116J.993 to §1161.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500, 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

 Questions? Call (65) Section 1 Grantor Info 	1) 296-0580. Information on wh	ere to mail or fax your comp	oleted MBAF(s) is on page 4.	
1 Name of grantor (funding City of Cha	; entity)	2 Name of person complem Sustin Mill	. 7	
3. Street address	Blud. PO Box 147	4 (m	5. ZIP code 55 31 7	
6. County (avuer	7 Phone number (952) 227-1118	8. Fax number (952) 227-1110	9. E-mail address Smiller & Circhenhasya	
16. Please indicate who in y	rour organisation should receive the I	2002 MBAI af dailtean tions in	,	
Name Title	Phone number	Street address	City ZIP code	
-	(Mark are Afgravia) is entire please indicate airdination. For check "City government";		eld a public bearing on and rding business subsidies in Stat. \$1101.9947 (Mark inter)	
The fly government 12 County povernment		□ Yes, in 2002 cattach criteria) □ Yes, in 2002 but have not yet adopted criteria □ Yes, prior to 2002		
☐ Regional g wermment		10 h.s. that we than 10 hill 99)	on Comma Submitted 1999	
□ State government □ Other (Please specify) □		□ No □ Other d'have attach copt	(aration)	
	igned any agreements to award a ba- 2001 that is required to be reported a			
71/cs	(Complete the remander of the form	r — D No 181 <u>0p lan</u> e, go to se,	ction 5 on page 4.)	
Section 2 Recipient In	· -			
14 Name of business or or receiving subsidy or fin	ganization	will be used	subsidy or financial assistance	

16. Does the recipient have a parent corporation? (Mark into)

Parker Hannitin Corp.

Name of parent or peration

City

Shoot address

Street address Place

Ordicate name and address of parent corporation below. It more than one, indicate ultimate owner (

State

21Р годе

...II code

mn. US

21. Date agreement signed (In addition to the agreement assistance (Please separate value by type in Questions 24 and 25.) 22. Benefit dute the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, whichever is earlier.) 23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) 24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. 25. If the assistance was one of the four types of financial assistance. 26. If the agreement provided financial assistance. 27. If or other tax reduction or deferral sugarded for designated bisotrace for property polluted by contaminating assistance for property polluted. 28. If the agreement provided a business subsidy. 29. If the assistance for property polluted by contaminating stacks or bringing it up to code, and assistance for property building. 20. If the agreement provided data increment financial, please indicate the type of TIF district? (Mark one.) 20. If the assistance included tax increment financial, please indicate the type of TIF district? (Mark one.) 21. If the agreement provided the increment financial, please indicate the type of TIF district? (Mark one.) 22. Are any other grantors providing a business subsidy or financial assistance to the same propert? (Mark one.) 23. Solve the secondation. 24. Are any other grantors providing a business subsidy or financial assistance to the same propert? (Mark one.) 25. Are any other grantors providing a business subsidy or financial assistance to the same propert? (Mark one.) 26. Are any other grantors providing a business subsidy or financial assistance to the same propert? (Mark one.) 27. Are any other grantors provided to their assistance with a difficult of their assistance below at an	17. Industry of recipient's facility (Mark one.):			
Description of state of previous address. Description Project of the project	_		☐ Finance, Insurance, Real Est ☐ Construction	ate olease specific otto hearten
City/State of previous address Reason project not completed at previous address 19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.) 20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25). 21. Date agreement signed (the addition to the agreement assistance) (Please separate value by type in Questions 24 and 25). 22. Benefit date (Indicate the date the recipient will benefit from the business subside or financial assistance). For example, indicate the date improvements were finished, equipment was placed into service, or the recipient excepted the property, whichever is certified. 23. Does the agreement provided a business subsidy or one of the four types of financial assistance (See Question 25) required to be reported? (Mark one.) 24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. 25. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. 26. If the agreement provided a financial assistance 27. If the assistance included tax increment financing, please indicate the type of ITHE distinct? (Mink one.) 28. June compliciable, agreement affacilities 29. June compliciable agreement from the financing, please indicate the type of ITHE distinct? (Mink one.) 20. If the assistance included tax increment financing, please indicate the type of ITHE distinct? (Mink one.) 21. The applicable, agreement included tax increment financing, please indicate the type of ITHE distinct? (Mink one.) 22. Are any other granters providing a basiness valuely of the green of the form of ITHE and the form of ITHE	18. Did the recipient relocate as a result of signi	ng this agreement?	(Mark one.)	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.) Relocated to different Minnesota location Relocated outside Minnesota		ss and reason recipi	eent did not complete this project at	that address.)
Remained at previous location Relocated to different Minnesona location Relocated outside Minnesona	City/State of previous address Reason project	not completed at pr	evious address	
Section 3 Agreement Information 20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) 3		ous location or reloc	ated elsewhere if not awarded this	business subsidy or
21. Date agreement signed (In addition to the agreement assistance (Please separate value by type in Questions 24 and 25.) 22. Benefit dute the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, whichever is earlier.) 23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) 24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. 25. If the assistance was one of the four types of financial assistance. 26. If the agreement provided financial assistance. 27. If or other tax reduction or deferral sugarded for designated bisotrace for property polluted by contaminating assistance for property polluted. 28. If the agreement provided a business subsidy. 29. If the assistance for property polluted by contaminating stacks or bringing it up to code, and assistance for property building. 20. If the agreement provided data increment financial, please indicate the type of TIF district? (Mark one.) 20. If the assistance included tax increment financial, please indicate the type of TIF district? (Mark one.) 21. If the agreement provided the increment financial, please indicate the type of TIF district? (Mark one.) 22. Are any other grantors providing a business subsidy or financial assistance to the same propert? (Mark one.) 23. Solve the secondation. 24. Are any other grantors providing a business subsidy or financial assistance to the same propert? (Mark one.) 25. Are any other grantors providing a business subsidy or financial assistance to the same propert? (Mark one.) 26. Are any other grantors providing a business subsidy or financial assistance to the same propert? (Mark one.) 27. Are any other grantors provided to their assistance with a difficult of their assistance below at an	☐ Remained at previous location	Relocated to differe	nt Minnesota location	ated outside Minnesota
Jack and 25. Jack 39. Jack and 25. Jack and	Section 3 Agreement Information			
22. Benefit date indicate the date the recipient will benefit from the humbers subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is variety.	assistance (Please separate value by type in	Į		
indicate the date improvements were finished, equipment was placed into service; or the recipient occupied the property, whichever is earlier.)			8/21/201	
## Dusiness subsidy ### Dusiness subsidy ### Dusiness subsidy #### Dusiness subsidy #### Dusiness subsidy #### Dusiness subsidy ##### Dusiness subsidy ##### Dusiness subsidy ######### Dusiness subsidy ###################################	indicate the date improvements were finished, et whichever is earlier.) 23. Does the agreement provide a business sub-	puipment was place.	d into service, or the recipient occu	qued the property,
### Indicate the type(s) and total dollar value for each type. ☐ not applicable, agreement provided financial assistance ☐ not applicable, agreement provided a business subsidy ☐ loan tonly principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ assistance for property polluted ☐ by contaminants ☐ assistance for removating building ☐ sock or bringing it up to code, and ☐ assistance provided for designated ☐ historic preservation districts, when ☐ preferential use of governmental facilities ☐ assistance for pollution control or ☐ other (Specially subside type) ☐ S ☐ assistance for a TIF soils condition district. ☐ assistance for a TIF soils condition district. ☐ assistance to the same project? (Mark one) ☐ Ves (Specially each grantor and the value of their assistance helow) attach an additional sheet (fine cosarry.) ☐ Tenewal and renovation ☐ conomic development ☐ mined underground space ☐ hazardous substance subdistrict ☐ Crantor ☐ Value (5) ☐ hazardous substance subdistrict	be reported? (Mark one.)	pusiness subsidy	☐ financial assistance	
☐ loan tonly principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ try abatement ☐ Uguarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type) ☐ S ☐ other (Specify subsidy type) ☐ so abstance for a TIF soils condition district. ☐ assistance for a TIF soils condition district. ☐ assistance for a TIF soils condition district. ☐ assistance to the same project? (Mark one) ☐ very subsidicate the type of TIF district? (Mark one) ☐ not applicable, assistance was not in the form of TIF ☐ renewal and renovation ☐ constriction ☐ condition district ☐ renewal and renovation ☐ condition district ☐ renewal and renovation ☐ Control development ☐ mined underground space ☐ hazardous substance subdistrict ☐ hazardous s		•		
grant (i.e., forgivable loan) S	not applicable, agreement provided financial	assistance	🖸 not applicable, agreement prov	rided a business subsidy
indicate the type of TIF district? (Mark one.) In the applicable, assistance was not in the form of TIF In redevelopment In tenewal and renovation In soils condition In the development In mined underground space In the applicable of the agreement(s) In the applicable of the agreement(s) In the form of TIF In the applicable of the agreement(s) In the applicable of the ag	☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution	\$ \$ \$	by contaminants Dussistance for renovating build stock or bringing it up to code, assistance provided for designal historic preservation districts, 50% or less of total cost. Dussistance for pollution control abutement.	or S
☐ hazardous substance subdistrict	indicate the type of TIF district? (Mark one) In not applicable, assistance was not in the form In redevelopment In renewal and renovation In soils condition		financial assistance to the same 2 Yes (Specify each granter and assistance helow; attach on ac 2 No	project" (Mark one) The value of their Iditional sheet if necessary)
			<u> </u>	Value (S)

28. Minn. Stat. §116J.994 re- of the following public purpo				state a public purpo	ose. Which
☐ Enhancing economic diver ☐ Creating high-quality job g			Increasing tax base (ca U) Other (please specify)	nnot be only purpo	ose)
☐ Job retention ☐ Stabilizing the community					
					
 Indicate whether the agree at the time of this report. 				upient had attained	those goals
A) Specific wage and job gos B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals	·	established? dates	e: artainment (month & year) [] Joo 3	All goals attained? If Yes I No
(Please attach descriptions o attainment (f.not documented					
30. For each of the following agreement and the avera creation goals in full-time eq	ge hourly value	of any employer-prov	vided health insurancegoals	for those jobs. $i\underline{O}$	nly indicute job
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	· —		<u> </u>		s
less than \$7.(8)			_		s
\$7.00 to \$8.99					s. <u> </u>
\$9,00 to \$10.99					<u>ن</u> ــ
\$11 00 to \$12 99	- -				·
\$13.00 to \$14.99					'
			· 		s. <u> </u>
\$15,00 and higher					
31. For each of the following date and the actual hour	rly value of any vou are unable u	employer-provided h	per of actual jobs created an ealth inserance for those job on into Jull- and part-time p	bs (<u>Only</u> indicate)	
31. For each of the following date and the actual hour	rly value of any	employer-provided h	ealth insurance for those job	bs (<u>Only</u> indicate)	
31. For each of the following date and the actual hou full-none equivalents if y Hourly Wage	rly value of any vou are unable u Tull-time Job	employer-provided h o <i>separate job creatio</i> Part-time/ Seasonal/Lemp.	ealth inserance for those job on onto jull- and part-time po FTE (<u>only</u> if unable to separate F1/PT)	os (<u>Only</u> indicate) ositions.)	odi cication in Hourly Value of
31. For each of the following date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits)	rly value of any vou are unable u Tull-time Job	employer-provided h o <i>separate job creatio</i> Part-time/ Seasonal/Lemp.	ealth inserance for those job on onto jull- and part-time po FTE (<u>only</u> if unable to separate F1/PT)	os (<u>Only</u> indicate) ositions.)	odi cication in Hourly Value of
31. For each of the following date and the actual hou full-none equivalents if y Hourly Wage (excluding benefits) less than \$7,00	rly value of any vou are unable u Full-time Job Creation	employer-provided h o <i>separate job creatio</i> Part-time/ Seasonal/Lemp.	ealth inserance for those job on onto jull- and part-time po FTE (<u>only</u> if unable to separate F1/PT)	os (<u>Only</u> indicate) ositions.)	odi cication in Hourly Value of
31. For each of the following date and the actual hou full-time equivalents if y Hourly Wage (excluding benefits) less than \$7,00 to \$8,99	rly value of any vou are unable u Tull-time Job	employer-provided h o <i>separate job creatio</i> Part-time/ Seasonal/Lemp.	ealth inserance for those job on onto jull- and part-time po FTE (<u>only</u> if unable to separate F1/PT)	os (<u>Only</u> indicate) ositions.)	odi cication in Hourly Value of
31. For each of the following date and the actual hour full-none equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	rly value of any vou are unable u Full-time Job Creation	employer-provided h o <i>separate job creatio</i> Part-time/ Seasonal/Lemp.	ealth inserance for those job on onto jull- and part-time po FTE (<u>only</u> if unable to separate F1/PT)	os (<u>Only</u> indicate) ositions.)	odi cication in Hourly Value of

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or financi	al assistance awarded to that
No		
lame of recipient Type of subsidy or assistance	(See Questions 24 and 25.) Vi	alue of subsidy or assistance
 Did your organization have any recipients who failed to agreement signed on or after January 1, 2001, that were 		
☐ Yes (Complete the remainder of this see		•
5 39. Provide the following information for each recipies were to be attained by the time of reporting. (Attach add		er terms of an agreement that
5. Information on recipient and agreement:		
Same of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
6. Reason(s) for default (Mark all that apply.).		
a recipient ceased operation a recipient was unable to fill vacant positions	☐ recipient relocated to a differ ☐ other (Specify reason,)	-
7. To date, has the recipient fulfilled its repayment obligat	ion? (Mark one.)	
I Yes I No, recipient has begun to repay the assistance	(a) No, recipient has not begun	to repay the assistance.
8. Has the agreement been amended to extend the recipier	at's deadline for fulfilling its obliga	tions? (Mark one.)
	□ Yes □ No	
 Describe the steps being taken to bring recipient into ec 	emphance or recoup the subsidy.	

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146





- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1. 2009 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions I through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

	n About Grantor				
1. Name of granter (fund	its of Cotato	2. Name of person	completing t	his form	
3. Street address 25	F Bremling FOB	4. City Coke	HD	5. ZIP معطو الحک	821
6. County WALGH+	7. Phone mumber (320) 252-5525	8. Fex number (321) 281-55	ر دیر	9. E-mail add	dress
	in your organization should receive the	2002 MBAF if differ	ent from the p	erson in Ques	tion 2.
Name/Title	Phone number	Street add	ress	City	ZIP code
created by gov't age example, a city EDA Si City government County government	11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") **City government		a for awarding th Minus Stat	n public hearing business sub [] [] [] [] [] [] [] [] [] [endies in
☐ Regional government		1/			
State government		© We hold a public			
☐ State government ☐ Other (Please specify.)		criteria (Indica:	te date of initi tach explanat	ial hearing ion.)	
☐ State government ☐ Other (Please specify.) 13. Has your organization through December 3.	n signed any agreements to award a bin, 2000 that is required to be reported. (Complete the remainder of the form.)	criteria (Indicare at C) Other (Pleare at 2) 25inces subsidy or fina under Minn. Stat. §11	te date of initial tack explanation of the control	ial hearing ion.) ce from Januar 16J.9947 (Ma	y 1, 2000
☐ State government ☐ Other (Please specify.) 13. Has your organization through December 3.	n signed any agreements to sward a be 1, 2000 that is required to be reported (Complete the remainder of the form) on About Recipient organization	criteria (Indicare at C) Other (Pleare at 2) 25inces subsidy or fina under Minn. Stat. §11	te date of initiation explanate original assistant 61,993 and § 1 go to section	al hearing ion.) ce from lanuar 161.994? (Ma 5 on page 4.)	y 1, 2000 trk ona.)
☐ State government ☐ Other (Please specify.) 13. Has your organization through December 3: ☐ Yes Section 2 Information 14. Name of business or	n signed any agreements to sward a be 1, 2000 that is required to be reported (Complete the remainder of the form) on About Recipient organization	criteria (Indicano di Control di	te date of initiation explanate original assistant 61,993 and § 1 go to section	al hearing ion.) ce from lanuar 161.994? (Ma 5 on page 4.)	y 1, 2000 trk ona.)
□ State government □ Other (Please specify.) 13. Has your organization through Depember 3: □ Yes Section 2 Information 14. Name of business or receiving subsidy or	n signed any agreements to sward a be 1, 2000 that is required to be reported (Complete the remainder of the form) on About Recipient organization	criteria (Indicate of Other (Please of Please of Standard Minn. Stat. § 11 No (Stop here will be used	te date of initiation tach explanation assistant 63,993 and § 1 go to section business sub	ial hearingion.) ce from lanuar 161.9947 (Ma 5 on page 4.) sidy or financi	y 1, 2000 urk ona.) all assistance
□ State government □ Other (Please specify.) 13. Has your organization through Depember 3: □ Yes Section 2 Information 14. Name of business or receiving subsidy or	n signed any agreements to award a ba 1, 2000 that is required to be reported (Complete the remainder of the form) on About Recipient organization financial assistance	criteria (Indicate of Other (Plears at under Minn. Stat. §11 No (Stop here will be used) Street address	te date of initiation explanate explanate explanate explanate endings of the section go to section to business sub	ial hearingion.) ce from lanuar 161.9947 (Ma 5 on page 4.) sidy or financi	y 1, 2000 urk ona.) all assistance

17. Industry of recipient's facility (Mark one.):	
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Tra	☐ Finance, Insurance, Real Estate de ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreem	titl? (Mark one.)
⊇ Yee Andicate city and state of previous address and reason to No. (Go to Question 19.)	octpiens did not complete this project at that address.)
City/State of previous address Reason project not completed	at previous address
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ Relocated to diffe	reat Minnesota location
Section 3 General Information About the Agreem	lent
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
22. Benefit date (Indicate the date the recipient will benefit fro indicate the date improvements were finished, equipment with whichever is earlier.)	in the business subsidy or financial assistance. For example, was placed into service, or the recipient occupied the property,
23. Does the egreement provide a business subsidy or one of the be reported? (Mark one.) □ business subsidy	es four types of financial assistance (see Question 25) required to financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
O not applicable, agreement provided financial assistance	☐ not applicable, agreement provided a business subsidy
Does (only principal)	assistance for property polluted \$
☐ grant (i.e., forgivable loan) 5	by contaminants Classistance for renovating building \$
TIP or other tax reduction or deferral \$	stock or bringing it up to code, and
© guarantee of payment \$	assistance provided for designated historic preservation districts, when
preferential use of governmental facilities 5	50% or less of total cost
☐ land contribution S S ☐ other (Specify subsidy type.) S	assistance for pollution control or \$
Godici (specify tuosiny type.)	abstoment Cl assistance for a TIF soils condition district \$
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other greature providing a business subsidy or financial assistance to the same project? [Mark one.]
not applicable, assistance was not in the form of TIF	☐ Yes (Specify each granter and the value of their assistance below: attach an additional sheet if necessary.)
D redevelopment	
☐ renewal and renovation ☐ soils condition	□ No
🗅 economic development	Grantor(s) and value of the agreement(s):
O mined underground space	
D hazardous substance subdistruct	Grantor Value (5)
	Grantor Value (\$)
	<u> </u>

28. Minn. Stat. §116J.994 of the following public			nancial assistance agreeme ent? (Mark all that apply.)		surpose. Which
☐ Enhancing economic div ☐ Creating high-quality jol ☐ Job retention ☐ Stabilizing the communi	growth	•	☐ Increasing tax base (call Other (please specy)		pose)
		Jah. 5.71			
 Indicate whether the ap at the time of this repo 				e rompient nan aus	incu most goars
				nget attainment	All goals
				es (month & year)	stained?
 Specific wage and job g Other job-creation and/e 		•	DYGIONO — OYes ONo		DYes DNo
(a) Other wage goals	or rescrictor Boar	3	□Y⇔ □No _		O Yes O No
)) Other goals other than v	wage and job go	als .	OYes ONo		□Yes □No
Please attach descriptions trainment if not document	ed in Questions	30 and 31.)			
	rage hourly valu ull-time equivale	e of any employer-pr	tovided health insurance g to separate goals by full-	oals for those jobs.	
Bandu Wasa	Full-time Job	, Fart-time/	FIE (only if goals not		
Hourly Wage (excluding benefits)	Creation	Sessessi/Temp. Job Creation	stated as FT/PT) Job Creation	Jeb Retention	Hourly Value of Health Insurance
no hourly wage-level goal					-
leas than \$7.00					5
\$7.00 to \$8.99					<u>\$</u>
\$9 00 to \$10,99					1
\$11.00 to \$12.99					-
\$13.00 to \$14.99					2
\$15.00 and higher					s
date and the actual bo	urly value of an	y amployar-provided	nber of actual jobs created health insurance for those tion into full- and part-tim FTE (only if snable to	iobs. (Oniv indica	nce the benefit the jab creation in
Hearly Wage (excluding benefits)	Job Creation	Scanogal/Temp. Job Creadon	separate FT/PT) Job Creation	Jab Retention	Hourty Value of Health Insurance
less than \$7.00					\$
\$7.00 to \$8.99					s
\$9.00 to \$10.99					£
\$11.00 to \$12.99					:
\$13.00 to \$14.99					s
\$15.00 and higher	<u> </u>				s
\$13.00 w \$14.99	rved all goals (se	≃ Questions 29, 30 a		ligations stipulated	

	A. Putfil Ohliantiana	
Section 5 Recipients Failing	TO PULLU COLERIGOS	
		#** ·
(Do not complete this section i	f you completed it on another 2001 MBAF submitted to DI	ED.)
TOO HOL COMPICE WIN SECTION S	, 10 m 00 mp 1010 m 0 m m 10 m 10 m 10 m	

recipient. Attach additional pages if necessary.	report and the value of subsidy or finan)	iciai assisiance awaraes to mai
Name of recipient Type of subsidy or assis	stance (See Questions 24 and 25.)	Value of subsidy or assistance
 Did your organization have any recipients who fall agreement signed on or after January 1, 2000, that 	iled to achieve any goals or fulfill any or were required to be fulfilled by the tim	nher obligations under an ne of this report? (Mark one.)
Yes (Complete the remainder of thi	s section.) No (Stap here and su	bmii form to DTED.)
35 39. Provide the following information for each r were to be attained by the time of reporting. 35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or exsistence	Initial value of subsidy or assurance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
recipient ceased operation recipient was unable to fill vacant positions	O recipical relocated to a differ O other (Specify reason.)	Tent community
37. To date, has the recipient fulfilled its repayment o	bligation? (Mark one.)	
Yes O No, recipient has begun to repay the assis	tance. No, recipican has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the re	ciplent's deadline for fulfilling its oblig	ptions? (Mark one.)
	□Yœ □No	
39. Describe the steps being taken to bring reciplent i	ato compliance or recoup the subsidy:	

Return your completed MBAF(s) by <u>April 1, 2001</u>, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2001 Minnesota Buriness Assistance Portn

Page 4 of 4

Department of Trade and Economic Development



- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §1161,993 to §116J.995 Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001; 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed,
- Ouestions": Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

1. Name of grant w (funding entity) Darkota County		1 .	2. Name of person completing this form W. Trus Hupinganer			
3. Street address 1550_HUY	5	4. City HASTINGS	1	2033 coqe		
6. County Dakota	7. Phone number 65-1-47 &-4416	8. Fax number GF/- 438-44	,	mail address	عے.	
10. Please indicate who	in your organization should receive the	2002 MBAF if different fr	om the person in (Question 2.		
Name/Title	Phone number	Street address	City	ZIP code		
created by gar't age	ntot (Mark one. If grantor is entity ency, please indicate affiliation. For uld check "City government.")	12. Has your organiza adopted criteria fo compliance with I	r awarding busine	ss subsidies in		
County government		☐ Yes, in 2002 (same ☐ Yes, in 2002 but ha ☐ Yes, prior to 2002	,	l criteria	!	
☐ Regional government ☐ State government		If Yes: Hearing Date:	_ Year Criveria	Submitted:	_	
U Other (Please specify.)	No U Other (Please attack	h explanation.)			
	on signed any agreements to award a but 31, 2001 that is required to be reported to					
<u> a</u> y	cs. (Complete the remainder of the form) No (Stop here, wo	to section 5 on po	age 4.)		
Section 2 Recipient	Information					
14. Name of business o receiving subady or	r organization r financial assistance	15. Address where but will be used	isiness subsidy or	financial assistance	:	
L _ _		Street address	City	State 21P cod	- -	
16. Does the recipient l	nave a parent corporation? (Mark one.)					
☐ Yes (Indicate nume a	nd address of purent corporation below.	If more than one, indicat	e ultimate owner.))		

Name of parent corporation

City

Street address

ZIP code

State

17. Industry of recipient's facility (Mark one.):	-	· = ·= -	
☐ Manutherming ☐ Service ☐ Retail Trade ☐ Whole	es sale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (pleave specify)	
18. Did the recipient relocate as a result of signing this	agreement?	(Mark one.)	
☐ Yes (Indicate vity and state of previous address and v☐ No (Go to Question 19.)	reason recip	ient did not complete this project at that address.)	
City/State of previous address Reason project not con	expleted at pr	revious address	
19. Would the recipient have remained in previous localinancial assistance? (Mark one.)	ation or reloc	rated elsewhere if not awarded this business subsid	dy or
☐ Remained at previous location ☐ Relocat	ted to differe	nt Minnesota location	nnesota
Section 3 Agreement Information			
 Total dollar value of business subsidy or financial assistance (P. suse separate value by type in Quest and 25.) 	ions 24	21. Date agreement signed (In addition to the ag	
22. Benefit date Indicate the date the recipient will be indicate the date improvements were finished, equipme whichever is earlier.)	, ,		-
23. Does the agreement provide a business subsidy or be reported? (Mark one.)		our types of financial assistance (see Question 25): I financial assistance	required to
24. If the agreems at provided a business subsidy, please indicate the type(s) and total dollar value for each (25. If the assistance was one of the four types o assistance, please indicate the type(s).	f financial
Cl not applicable, agreement provided financial assista	псе	O not applicable, agreement provided a business	s subsidy
☐ ioan (only principal) \$ ☐ grant (i.e., forg: vable loan) \$		assistance for property polluted by contaminants	\$
□ tex abatement \$		Sessistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost	\$
☐ land contribution S		assistance for pollution control or abatement assistance for a TiF soils condition district	\$ \$
26. If the assistance included tax increment financing indicate the type of TIP district? (Mark one.)	, plense	27. Are any other grantors providing a business financial assistance to the same project? (Mail 13 Ver. Specific and property and the value of the same project).	rk one.)
not applicable, assistance was not in the form of Til	F	☐ Yes (Specify each grantor and the value of the assistance below; attach an udditional sheet☐ No	
O redevelopment O renewal and resovation O soils condition		Grantor(s) and value of the agreement(s):	
conomic development mined undergre and space hazardous substance subdistrict		Grantor Value (\$)	
PUBLICUM SOURCE SUBMICES		Grantor Value (\$)	

of the following public purpos	uires that busine es were stated i	ess subsidy and finance in the agreement? (Ma	ial assistance agreements (rk all that apply:)	state a public purpo	ose. Which
3 Enhancing con romic divers 1 Creating high-quality job gr 1 Job retention 2 Stabilizing the community	•		☐ Increasing tax base (ca ☐ Other (please specify)_		sc)
29. Indicate whether the agree at the time of this report.		• • •	_	ipient had attained	those goals
			Goels Tare	et attainment	All goals
				(month & year)	attained?
A) Specific wage and job goal	s to be attained	within 2 years	TANA DA		□ Yes □ No
3) Other job-crestion and/or r	etention goals	•	m vc. m vi		□ Yes □ No
C) Other wage guals			□ Yes □ No		☐ Yes ☐ No
)) Other goels of her than wag	se and job goals		□Yes □No		☐ Yes ☐ No
Please attach descriptions of attainment if not locumented					
30. For each of the following agreement as d the average creation goals in full-time equ	c hourly value	of any employer-provi	ded health insurancegoals	for those jobs. (Q)	n <u>ly</u> indicate job
	Full-time	Part-time	FTE (only if grain not		
Hearly Wage (cacheding be selfts)	Jeb Creation	Sensonal/Temp. Job Crestion	stated as PT/PT) Jeb Creation	Job Retention	Hearly Value of Health Insurance
no hourly wage-tovel goal					s
less than \$11.00					5
\$7.00 to \$8.99					s _
\$9.00 to \$10.99				Constructions	•
\$11.00 to \$12.99					9
\$13.00 to \$14.99					5
\$15,00 and higher					3
			<i>5</i>		4-1
	ly value of any ou are unable t	employer-provided he o separase fob creation	ealth insurance for those jo n into full- and part-time p	bs. (<u>Only</u> indicate)	
date and the setual hour full-time equivalents if y	ly value of any	employer-provided he o separase fob creation Part-time/	alth insurance for those jo in into full- and part-time p FTE (easly if maskle to	bs. (<u>Only</u> indicate)	
date and the actual hour	iy vaine of any ou are unable to Full time	employer-provided he o separase fob creation	ealth insurance for those jo n into full- and part-time p	bs. <u>(Only</u> indicate) ostiions.)	lob creation in
date and the setual hour full-time equivalents if y Hearly Wige	rly value of any con are unable to Pull time Job	employer-provided he o separase job creatio Part-time/ Seasonal/Temp.	alth insurance for those jo in into full- and part-time p FTE (<u>early</u> if mashle to separate FT/PT)	bs. <u>(Only</u> indicate) ostiions.)	ob creation in Hourly Value of
date and the actual hour full-time equivalents if y Hearly Wage (excluding beautits)	rly value of any con are unable to Pull time Job	employer-provided he o separase job creatio Part-time/ Seasonal/Temp.	alth insurance for those jo in into full- and part-time p FTE (<u>early</u> if mashle to separate FT/PT)	bs. <u>(Only</u> indicate) ostiions.)	ob creation in Hourly Value of Beakle Insurance
date and the sctual hour full-time equivalents if y Haurly Wige (excluding benefits) less than \$1.00	rly value of any con are unable to Pull time Job	employer-provided he o separase job creatio Part-time/ Seasonal/Temp.	alth insurance for those jo in into full- and part-time p FTE (<u>early</u> if mashle to separate FT/PT)	bs. <u>(Only</u> indicate) ostiions.)	ob creation in Hourly Value of Beakle Insurance
date and the setual hour full-time equivalents if y Haurly Wige (excluding benefits) less than \$7.00 \$7.00 to \$8.99	rly value of any con are unable to Pull time Job	employer-provided he o separase job creatio Part-time/ Seasonal/Temp.	alth insurance for those jo in into full- and part-time p FTE (<u>early</u> if mashle to separate FT/PT)	bs. <u>(Only</u> indicate) ostiions.)	ob creation in Hourly Value of Beakle Insurance
date and the actual hour full-time equivalents if y Haurly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$11.99	ity value of any con are unable to Pull-time Job Creatian	employer-provided he o separase job creatio Part-time/ Seasonal/Temp.	alth insurance for those jo in into full- and part-time p FTE (<u>early</u> if mashle to separate FT/PT)	bs. <u>(Only</u> indicate) ostiions.)	ob creation in Hourly Value of Beakle Insurance

Do not complete this s	section if you completed it on	another 2002 MBAF subm	itted to DTED.)
	mary 1, 2001 through December 31, n. Stat. §116J.993 and §116J.994? (.		any recipients who failed to
	of each recipient failing to report a ditional pages if necessary.)	nd the value of subsidy or financi	al assistance awarded to that
X No			
Name of recipiear	Type of subsidy or assistance (See Questions 24 and 25.) V	alue of subsidy or assistance
	n have any recipients who failed to a or after January 1, 2001, that were r		
ü Yes ,	(Complete the remainder of this sect	tion.) 🔊 No (Stop here and su	bmit form to DTED.)
	owing information for each recipien y the time of reporting. (Assoch addi ent and agreement:		er terms of an agreement that
Name of recipies; in defa	nit	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipien	it	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default	(Mark all that apply.):		
☐ recipient cease: l opera:	_	recipient relocated to a diffeother (Specify reason.)	rent community
37. To date, has the recip	pient fulfilled its repayment obligati	on? (Mark one.)	
☐ Yes ☐ No, 1 scipien	t has begun to repay the assistance.	☐ No, recipient has not begun	to repay the assistance.
38. Has the agreement b	een amended to extend the recipient	t's descline for fulfilling its oblig	utions?(Mark one.)
	Ţ	Tes DNo	
39. Describe the neps b	eing taken to bring recipient into con	mpliance or recoup the subside	

Return your completed MBAF(s) by April 1, 2002, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Pani, MN 55101-2146



50BMITTED 10/21/02 ness subsidy and financial

The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1</u>, <u>2001 through December 31</u>, <u>2001</u> per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.

The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period *January 1, 2001 through December 31, 2001:* 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.

If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 0	Grantor	Informa	tion
-------------	---------	---------	------

Name of grantor (funding entity) CITY OF DEXTEXE		2. Name of person completing this form MICHELE HARTMAN 952-593-1990		
3. Street address P.O. BOX 208		4. City DEXTER, MN	5. 71P code 55926-0208	
6. County MCWER	7. Phone number 507-584-6821	8. Fax number 507-584-6316	9. E-mail address	
1	-	02 MBAF if different from the per 6821f.C. Box_208 Street address	`	
11. Classification of grantor (Me creuted by gov't agency, ple example, a city EDA would chec	ase indicate affiliation. For	12. Has your organization held adopted criteria for awardin compliance with Minn, Stat	g business subsidies in	
City government		☐ Yes, in 2002 (attack criteria, ☐ Yes, in 2002 but have not yet ☐ Yes, prior to 2002		
☐ Regional government ☐ State government		If Yes: 5/7/01 Year	Criperia Submitted: 2002 (ATTACHED)	
☐ Other (Please specify.)		□ No □ Other (Please attach explana)	tion. j	
through December 31, 2001	that is required to be reported und	ness subsidy or financial assistance for Minn. Stat. §1161.993 and §110 © No. (<u>Stop here,</u> go to section	51.994? (Mark one.)	
Section 2 Recipient Information				
14. Name of business or organic receiving subsidy or financial FARMERS STATE BAN	al assistance	15. Address where business sub- will be used 235 MAIN St., DEXT Street address City		
ľ ⊔ No	ess of parent corporation below.	If more than one, indicate ultimate	owner.)	
Name of parent corporation		K 84 ELKTON, M K Street address City	State ZIP code	

17. Industry of recipient's	facility (Mark one				
	anufacturing tail Trade	☐ Services ☐ Wholesale Trade	Finance, Insuran	ce, Real Estate Other (please specify)	
18. Did the recipient relocation	ate as a result of si	gning this agreement?	(Mark one.)		
Yes (Indicate city and st No (Go to Question 19.)		dress and reason recip	ient did not complete th	nis project at that address,)
City/State of previous addi	ress Reason proj	ect not completed at p	revious address		·_
19. Would the recipient has financial assistance? (Muri		evious location or relo	cated elsewhere if not a	warded this business subsi	dy or
Remained at p	revious location	☐ Relocated to differe	nt Minnesota location	☐ Relocated outside M	innesota
Section 3 Agreement	Information				
20. Total dollar value of b	_		, ~	igned (In addition to the a v dates the agreement was	
and 25.) #3(0,000		7-23-6	01	
	OCTOBER	1,2001 (PAYMENT MA	Sistance (see Question 25)	
					
24. If the agreement provi indicate the type(s) and				was one of the four types of indicate the type(s).	of financial
u not applicable, agreeme	ent provided financ	cial assistance	not applicable, agr	ecment provided a husines	x subsidy
☐ Ioan (only principal) ☐ grant (i.e., forgivable lo)an)	s	assistance for prop by contaminants		2
Use abatement TIF or other tax reducu Usuarantee of payment Contribution of property U preferential use of gove	y or infrastructure	\$ <u>30,000</u> \$ <u></u>	assistance for reno stock or bringing i assistance provide historic preservati 50% or less of tota	t up to code, and d for designated ion districts, when	s
□ land contribution □ other (Specify subsidy t		\$ <u></u> \$	abatement assistance for a TL assistance for a TL	ution control or F soils condition district	s
26. If the assistance incluindicate the type of TTF			financial assistance	antors providing a business to the same project? (Ma grantor and the value of to	rk one.)
🗅 not applicable, assistan	ice was not in the f	om of TIF		attach un additional sheet	
☐ redevelopment ☐ renewal and renovation ☐ soils condition			Grantor(s) and value	of the agreement(s)	
cconomic development mined underground spa hazardous substance su	ace		Grantor — — —	——————————————————————————————————————	
			Conlor		

28. Minn. Stat. §116J.994 re of the following public purpo				state a public ритро	e. Which
☐ Enhancing economic diver ☐ Creating high-quality job ☐ Job retention ☐ Stabilizing the community	growth		Increasing tax hase (ca	nnix he only purpos	
29. Indicate whether the agr at the time of this report				ripient had attained	those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa (Pleuse attach descriptions of attainment if not documented 30. For each of the followin agreement and the avera	als to be attained meention goals age and job goals of goals and proget in Questions 30 g wage categoriese hourly value	within 2 years gress toward) and 31.) es, indicate the job cre of any employer-prov	Goals Targ established? dates AYes DNo LO LYES NO LYES NO MAINTAIN OVERATION TO 2 MINUTAIN ation and/or retention goals ided health insurance goals	business on site. hum of 2 years stated in the for those jobs (Un	
Hourly Wage	Full-time Job	Part-time/ Scasonal/Temp.	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of
(excluding henefits)	Creation	Job Creation	100 Степни	2	Health Insurance
no hourly wage-level goal					s
less than \$7.00	_ـــ			—	3
		- 			·
\$7.00 to \$8.99					
\$7.00 to \$8.99 \$9.00 to \$10.99		<u> </u>		· —	'
	 		 	· —	`
\$9.00 to \$10.99	 		 	. <u> </u>	S S S
\$9.00 to \$10.99 \$11.00 to \$12.99		· - · ·	 	. <u> </u>	·
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hou	ifly value of any	employer-provided h	er of actual jobs created an ealth insurance for those job into full- and part-time portion of the full- and part-time portions of the ful	bs. (<u>Only</u> indicate je	5 he benefit
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if	irly value of any you are unable to Full-time	employer-provided h o xeparate job creatio Part-time/	raith insurance for those job in into full- and part-time p FTE (only if unable to	bs. <u>(Only</u> indicate je oxitions.)	ss _s he benefit ob creation in
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if	irly value of any you are unable s Full-time Job	employer-provided h o separate job creatio Part-time/ Seasonal/Temp.	ealth insurance for those job in into full- and part-time p FTE (only if unable to separate FI/PT)	bs. <u>(Only</u> indicate je oxitions.)	5 he benefit the (reation in
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\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual how full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	irly value of any you are unable s Full-time Job	employer-provided h o separate job creatio Part-time/ Seasonal/Temp.	ealth insurance for those job in into full- and part-time p FTE (only if unable to separate FI/PT)	bs. <u>(Only</u> indicate je oxitions.)	5 he benefit the (reation in
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual how full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	irly value of any you are unable s Full-time Job	employer-provided h o separate job creatio Part-time/ Seasonal/Temp.	ealth insurance for those job in into full- and part-time p FTE (only if unable to separate FI/PT)	bs. <u>(Only</u> indicate je oxitions.)	5 he benefit the (reation in
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if the excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	irly value of any you are unable s Full-time Job	employer-provided h o separate job creatio Part-time/ Seasonal/Temp.	ealth insurance for those job in into full- and part-time p FTE (only if unable to separate FI/PT)	bs. <u>(Only</u> indicate je oxitions.)	5 he benefit the (reation in

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.) 33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.) 🛘 Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.) Name of recipient Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? (Mark one.) No (Stop here and submit form to DTED) ☐ Yes (Complete the remainder of this section.) 35. - 39. Provide the fullowing information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.) 35. Information on recipient and agreement: Name of recipient in default Type of subsidy or assistance Initial value of subsidy or assistance Street address of recipient City/ZIP code of recipient Outstanding value of subsidy or assistance 36. Reason(s) for default (Mark all that apply.): recipient relocated to a different community recipient ceased operation recipient was unable to fill vacant positions □ other (Specify reason.) To date, has the recipient fulfilled its repayment obligation? (Mark one.) 🚨 No, recipient has begun to repay the assistance. 🖊 🖰 No, recipient has not begun to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) ☐ Yes ☐ No 39. Describe the steps being taken to bring recipient into compliance or recoup the subside

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form

Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

SUBMITTED 10/21/02

FARMING. MN. U.



2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2001 through December 31, 2001</u> per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period <u>January 1, 2001 through December 31, 2001</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information					
1. Name of grantor (funding entity) CITY OF FARMING TO	V HRA	2. Name of person KEVII	Va	ARRO	4
3. Street address OAK STRE	22-7-	4. City FARMIN	6 TON	5. ZIP code 550	24
6. County 7. Phone numb 04 Ko 7 A 651-46	3-1860 L	8. Fax number 1051-463	-2591	9. E-mail ed KCARA	idress COLL (C) C1
10. Please indicate who in your organization show	uld receive the 200	2 MBAF if differen	t from the per	rson in Questio	on 2.
Name/Title Phone	number	Street addres		City	ZIP code
11. Classification of grantor (Mark one. If granto created by gov't agency, please indicate affil example, a city EDA would check "City governme	iation. For	12. Has your orga- adopted criteri compliance wi	a for awardin	g business sub	sidies in
City government		☐ Yes, in 2002 (an	have not yet		ia
County government	ł	De Yes, prior to 200			
Regional government	}	If Yes: Hearing Dase: 4	7/00 Year	Criteria Subm	ned: 2001
State government		⊒ No	•		
Other (Please specify.)		Other (Please at	tach explanat	tion.)	
13. Has your organization signed any agreement through December 31, 2001 that is required to	to he reported unde	r Minn. Stat. §116J	.993 and \$116	51 <i>9</i> 947 (Mark	one)
2 Yes (Complete the remain	der of the form.)	Tho (Ston here	go to section	on page 4.)	
Section 2 Recipient Information					
Name of business or organization receiving subsidy or financial assistance		15. Address when will be used	: business sut	sidy or financ	ial assistance
	}	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation	? (Mark one.)				
☐ Yes (Indicase name and address of parent corp ☐ No	poration below. If	more than one, ind	icate ultimate	owner.)	
Name of parent corporation	St	reet address	City	State	ZIP code

17. Industry of recipient's facility (Ma	rk one.):			
Manufacturing Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurar ☐ Construction	nce, Real Estate Other (please specify)	/
18. Did the recipient relocate as a resu	It of signing this agreement?	(Mark one.)		
☐ Yes (Indicate city and state of previous No (Go to Question 19.)	ous address and reason recip	ient did not complete ti	his project at that address.	
City/State of previous address Reason	on project not completed at pr	revious address		
19. Would the recipient have remaine financial assistance? (Mark one.)	d in previous location or reloc	ested elsewhere if not a	iwarded this bysiness subsi	фу от
Remained at previous loca	tion	nt Minnesota location	Delocated outside M	innesota
Section 3 Agreement Information	tion			
20. Yotal dollar value of business sub assistance (Please separate value and 25.)	-		rigned (In addition to the a y dates the agreement was	
22. Benefit date (Indicate the date the indicate the date Improvements were f whichever is earlier.)				
23. Does the agreement provide a bus be reported? (Mark one.)	inces subsidy or one of the fo	ear types of financial as		required to
24. If the agreement provided a busine indicate the type(s) and total dollar			was one of the four types of indicate the type(s).	of financial
not applicable, agreement provided	financial assistance	☐ not applicable, agr	recment provided a busines	s subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferr ☐ guarantee of payment ☐ contribution of property or infrasty ☐ preferential use of governmental factoristics ☐ land contribution ☐ other (Specify subsidy type.)	s	☐ assistance for prop by contaminants ☐ assistance for reno stock or bringing ! assistance provide historic preservati 50% or less of ton ☐ assistance for polli abatement	evating building t up to code, and d for designated on districts, when al cost	s s
		assistance for a TI	F soils condition district	s
26. If the assistance included tax incr indicate the type of TIF district? (M not applicable, assistance was not increased the process of t	ark une.)	financial assistance Yes (Specify each assistance below; No	eantors providing a businesse to the same project? (Ma grantor and the value of the attach an additional sheet of the agreement(s):	rk one.) heir
☐ soils condition ☐ ecopomic development				
☐ mifred underground space ☐ Mazandous substance subdistrict		Grantor	Value (\$)	
1/		Grantor	Value (\$)	

;

☐ Enhancing economic diversity ☐ Crasting high-quality job growth ☐ Job retention ☐ Stabilizing the community 29. Indicate whether the agreement included the following types of at the time of this report. (Fill in the boxes and attainment data at the time of this report. (Fill in the boxes and attainment data before your polyment of this report. (Fill in the boxes and attainment data before your polyment of this report. (Fill in the boxes and attainment data before your polyment of this report. (Fill in the boxes and attainment data before your goals other than wage and job goals (Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) 30. For each of the following wage categories, indicate the job creation goals in full-time equivalents if you are unable to separate the polyment of the separate full-time Hourty Wage [Pall-time Part-time] Hourty Wage [excluding benefits) Creation Job Creation no bourly wage-level goal less than \$7.00 \$7.00 to \$8.99	Goals, and whether the (s) for each goal.) Goals established? Yes No Yes No Yes No Yes No Yes Dio Health insurance	Target sclaimment dates (month & year) ogoals stated in the egoals for those jobs. (scart-time positions.)	All goals attained? Yes O No Yes O No Yes O No Yes O No
29. Indicate whether the agreement included the following types of at the time of this report. (Fill in the boxes and attainment data.) A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals. C) Other wage goals. D) Other goals other than wage and job goals. (Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) 30. For each of the following wage categories, indicate the job creation goals in full-time equivalents if you are unable to separate the secretary wage. [Fall-time Part-clime/ [Exchading benefits] Creation Job Creation To bourly wage-level goal [less than \$7.00] \$7.00 to \$8.99	Goals Goals established? Yes No	Target sclaimment dates (month & year) agoals stated in the goals for those jobs. (Spart-time positions.)	All goals attained? Yes O No O Yes O No
A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals (Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) 30. For each of the following wage categories, indicate the job creation goals in full-time equivalents if you are unable to separate Hourly Wage Hourly Wage Job Scannal/Temp. Fall-time Part-clime/ Hourly Wage Job Scannal/Temp. Creation Job Creation less than \$7.00 \$7.00 to \$8.99	Goals Goals established? Yes No	Target sclaimment dates (month & year) agoals stated in the goals for those jobs. (Spart-time positions.)	All goals attained? Yes O No O Yes O No
B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals (Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) 30. For each of the following wage categories, indicate the job createrment and the average hourly value of any employer-provereation goals in full-time equivalents if you are unable to separate Hourly Wage Hourly Wage Job Scasonal/Temp. (excluding benefits) Creation Job Creation 1 do Creation 1	established? Yes No Yes No Yes No Yes No Yes No Ho attion and/or retention idea health insurance goals by full- and po	dates (chonth & year) ogoals stated in the goals for those jobs. ((attained? Tyes O No
B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals (Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) 30. For each of the following wage categories, indicate the job createrment and the average hourly value of any employer-provereation goals in full-time equivalents if you are unable to separate Hourly Wage Hourly Wage Job Scasonal/Temp. (excluding benefits) Creation Job Creation 1 do Creation 1	Yes No Yes No Yes No Yes No Yes No Yes No The No Th	ngoals stated in the goals for those jobs. (Sarr-time positions.)	Yes \(\text{No} \) Yes \(\text{No} \) Only indicate \(fo \) Hourly Value of
B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals (Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) 30. For each of the following wage categories, indicate the job createrment and the average hourly value of any employer-provereation goals in full-time equivalents if you are unable to separate Hourly Wage Hourly Wage Job Scasonal/Temp. (excluding benefits) Creation Job Creation 1 do Creation 1	Yes No Yes No Yes No Yes No Yes No The No Th	goals for those jobs. (Sart-time positions.) not	☐ Yes ☐ No ☐ Hourly Value of
C) Other wage goals D) Other goals other than wage and job goals (Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) 30. For each of the following wage categories, indicate the job createrment and the average hourly value of any employer-provereation goals in full-time equivalents if you are unable to separate Hourly Wage Hourly Wage Job Scasonal/Temp. (excluding benefits) Creation Job Creation 100 Creation 100 S7.00 to 58.99	Yes O No Yes O No Yes O No attion and/or retention idea health insurance goals by full- and po FTE (only if goals stated as FT/PT	goals for those jobs. (Sart-time positions.) not	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Hourly Value o
D) Other goals other than wage and job goals (Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) 30. For each of the following wage categories, indicate the job createrment and the average hourly value of any employer-provereation goals in full-time equivalents if you are unable to separate Hourly Wage Job Scasonal/Temp. Hourly Wage Job Scasonal/Temp. (excluding benefits) Creation Job Creation no hourly wage-level goal less than 57.00 \$7.00 to \$8.99	ation and/or retention into health insurance goals by full- and post of the stated as FT/PT	goals for those jobs. (Sart-time positions.) not	☐ Yes ☐ No Only indicase fo Hourty Value of
(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) 30. For each of the following wage categories, indicate the job creation goals in full-time equivalents if you are unable to separate the goals in full-time equivalents if you are unable to separate the goals in full-time Part-time/ Hourty Wage Job Scasonal/Temp. (excluding benefits) Creation Job Creation no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99	ation and/or retention ided health insurance goals by full- and posts for the following stated as FT/PT	goals for those jobs. (Sart-time positions.) not	<u>Only</u> indicase jo Hourly Value o
attainment if not documented in Questions 30 and 31.) 30. For each of the following wage categories, indicate the job creation agreement and the average hourly value of any employer-provereation goals in full-time equivalents if you are unable to separate Fall-time Part-time/ Hourly Wage Job Scasonal/Temp. (excluding benefits) Creation Job Creation no hourly wage-level goal less than 57.00 \$7.00 to \$8.99	ided health insurance goals by full- and po FTE (only if goals stated as FT/PT	goals for those jobs. (Sart-time positions.) not	Hourly Value o
attainment if not documented in Questions 30 and 31.) 30. For each of the following wage categories, indicate the job creation agreement and the average hourly value of any employer-provereation goals in full-time equivalents if you are unable to separate Fall-time Part-time/ Hourly Wage Job Scasonal/Temp. (excluding benefits) Creation Job Creation no hourly wage-level goal less than 57.00 \$7.00 to \$8.99	ided health insurance goals by full- and po FTE (only if goals stated as FT/PT	goals for those jobs. (Sart-time positions.) not	Hourly Value o
agreement and the average hourly value of any employer-provereation goals in full-time equivalents if you are unable to separate Fall-time Part-time/ Hourly Wage Job Scasonal/Temp. (excluding benefits) Creation Job Creation no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99	ided health insurance goals by full- and po FTE (only if goals stated as FT/PT	goals for those jobs. (Sart-time positions.) not	Hourly Value o
Hourly Wage Job Scasonal/Temp. (excluding benefits) Creation Job Creation no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99	stated as FT/PT		-
less than \$7.00			s
\$7,00 to \$8.99			s
			_
\$0.00 m \$10.00			5
\$9.00 m \$10,99 ——— /			5
\$11.00 to \$12.99			\$
\$13.00 to \$14.99			2
\$15.00 and higher			\$
31. For each of the following wage categories, indicate the number date and the actual hourly value of any employer-provided he full-time equivalents if you are unable to separate job creation.	ealth insurance for the into full- and part-fi	ose jobs. (<u>Only</u> indicate time positions.)	
Full-time Part-time/ Howrly Wage Job Scasonal/Temp. (excluding benefits) Creation Job Creation	FTE (only if unable separate FT/PT Job Creation		Hourly Value of the licelith Insuran
less than \$7.00			3
\$7.00 to \$8 \$9			s
\$9.00 to \$10.59			\$
\$11.00% \$12.99			S
\$13,500 to \$14.99			\$
\$1,6.00 and higher			· S

Do not complete this section if you completed it of	MODIET 2002 MBAP SUC	milied to DIED.
 During the period January 1, 2001 through December 31 report as required by Minn. Stat. §1161.993 and §1161.994? 		ave any recipients who failed to
🗅 Yes (Indicate the name of each recipient failing to report of recipient. Attach additional pages (f necessary.)	and the value of subsidy or finar	ncial assistance awarded to that
Ď No		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
 Did your organization have any recipients who failed to agreement signed on or after January 1, 2001, that were 		
Tes (Complete the remainder of this sec	tion.) PNo (Stop here and	submit form to DTED .)
35 39. Provide the following information for each recipier were to be attained by the time of reporting. (Attach adv		ther terms of an agreement that
35. Information on recipient and agreement:	/	
Name of recipient in default	Type of subsidy or advistance	e Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	☐ recipient relocated to a dif ☐ other (Specify reason.)	
37. To date, has the recipient fulfilled its repayment obligation	ion? (Mark one.)	
☐ Yes ☐ No, recipient has begun to repay the assistance.	☐ No, recipient has not beg	un to repay the assistance.
38. Has the agreement been amended to extend the recipien	_	igations? (Mark one.)
39. Describe the steps being taken to bring recipient into co	TYES NO No mpliance or recoup the subsidy	

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
5t. Paul, MN 55101-2146

(Please return by April I, 1999)

MINNERO.
Trace & -
Economic
Development

Please complete lines 1 through 16 for all agreements.

tease complete dates 1 miles	St. 10 tot att alt temener		Development
I. Funding government agen	ry name	2. Contact name	
Cinn of tales			}
City of Folev 3. Agency street address		Rich Zimmer	
3. Against duces mucess		4. City	
251 4th Ave	i	Foley, MN	
5, Zip code	6. Phone number (area code)	3. Type of government agency	
	i i	or type or go or manual agency	\ .
	(320) 968-7620	K City County	RegionalState
•	7. Fax number (area code)	· -	
56329 (320) 968-5325		Other (Please indicate)	
9. Name of ausmess receiving	ig assistance	10. Industry of recipient (SIC a	ode)
	j		
GOR-FCL		Special Manu:	acturing
11. Type of assistance (e.g.)	oan, TIF, grant, minastructure, etc.)	12. Name of TIF district (if app	clicable)
Tax Increment 13. Dam of business	Financine 14. Date assistance first	District #1-7	
. J. Date of ourmess	provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business
1990mics agreement	provided	placed in service	25315-000-0
10/21/97	10/21/97	1998	\$72,000
	igned between July 1, 1995 and D		
17. Job creation goals for bu	Daniel Local May amount	18. Average hourly wage level assistance	goas tot business toctiving
3		\$8.00	
19. Actual joes created since	e business received assistance	business received assistance	e baid to employees hired since
د.		850	}
Goals of business receiving	assistance: (Please inciente	Actual performance since proj	ect placed in service: (Please
	th wage level and indicate the		at each wage level and indicate
21. Job Creason	Hourly Wage 22. Hourly Value	23. Job Creation Ho	uriy Wage 24. Houriy Vajue
<u></u>	Level of Volumnry		Level of Voluntary
Full-time Part-time (excl benefits) Benefits (S)	Full-time Part-time (ext	:L benefits) . Benefits (\$)
i '	ess than \$7.00	less	than \$7.00
! !	\$7.00 to \$7.99	57.0	00 to \$7.99
_3 :	\$8.00 to \$9.99		00 to \$9.99
	\$10.00 to \$11.99	\$10	.00 to \$11.99
	\$12.00 and higher	\	00 and higher
If necessary, please arach	·	If necessary, please attach add	
H littley, piece dista	Authorite december and the	ir necessary, presse attach and	ICOLD GOCULDBURGOT
	rough 27 for all agreements.		
	nd job creation levels documented	1	ess Assistance Form completed
7/19/0		7/22/02	-
27. Have all wage and jon	goals been achieved? 🔉 Yes — d		
l		ease submit the 2000 Minnesota	Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which rovided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	y name	2. Contact name			
City of Foley		Rich Zimmer			
3. Agency street address		4. City			
251 4th Avenue		Foley			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
56329	320/968-7620	X City County	Degional State		
10327	7. Fax number (area code)	X CityCountyRegionalState			
		Other (Please indicate)			
9. Name of business receiving assistance		10. Industry of recipient (SIC code)			
Lehman Farms		Food Processing			
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)		
Loan and TIF					
13 Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was placed in service	assistance \$100,000 Loan		
8/4/97	8/4/97	1997	\$100,000 Loan \$100,000 TIF		
	ned between July 1, 1995 and D	ecember 31 1007 complete lin			
	8 and future years, please comp		es ir allough 20, 1 or		
17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage level	goals for business receiving		
28		assistance \$10.51			
19. Actual jobs created since t	nusiness received assistance	20. Actual average hourly wag	e paid to employees hired since		
0	domes. received assistance	business received assistance			
!		 			
Goals of business receiving as number of employees at each		Actual performance since proje	ect placed in service: (Please at each wage level and indicate		
corresponding benefit level.)	wage level and indicate the	the corresponding benefit level			
21. Job Creation Ho	ourly Wage 22. Hourly Value		urly Wage 24. Hourly Value		
Full-time Part-time (exc	Level of Voluntary cl. benefits) Benefits (\$)	Full-time Part-time (exc	Level of Voluntary l. benefits) Benefits (\$)		
:	than \$7.00		than \$7.00		
	00 to \$7.99		00 to \$7.99		
:	00 to \$9.99		00 to \$9.99		
!	0.00 to \$11.99		.00 to \$11.99		
	.00 and higher		.00 and higher		
If necessary, please attach add	- — — —	If necessary, please attach add	-		
Please complete lines 25 throu	igh 27 for all agreements.				
25. Last date actual wage and	<u> </u>	26. Date this Minnesota Busin	ess Assistance Form completed		
10/99		3/99			
27. Have all wage and job goa		not submit future forms for this			
* note below	LNo — ple	ase submit the 2000 Minnesota	Business Assistance Form.		

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)



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Questions? Call (651)	296-0580. Information on whe	re to mail or fax your complet	ed MBAF(s) is on page 4.	
Section 1 Grantor Inform	nation	__	·	
1. Name of grantor (funding entity) CITY OF GLENCOE		2. Name of person completing this form MARKD. LARSON		
3. Street address 54.	2 AST	4. City 5. ZIP code 55336		
6. County McLes d	7. Phone number 3 20 -864 - 5586	8. Fax number 320 - 864-6405	9. E-mail address Marson@hublel.ne	
10. Please indicate who in your	r organization should receive the 20			
Name/Title	Phone number	Street address	City ZIP code	
11. Classification of grantor (h created by gov't agency, pl example, a city EDA would che	lease indicate affiliation. For	12. Has your organization held adopted criteria for awardi compliance with Minn. Sta	ng business subsidies in	
☐ County government		☐ Yes, in 2002 (attach criteria) ☐ Yes, in 2002 but have not yet adopted criteria ☐ Yes, prior to 2002		
☐ Regional government		If Yes: Hearing Date: 7/76 CYear Criteria Submitted:		
☐ State government ☐ Other (Please specify.)		☐ No ☐ Other (Please attach explana		
	ed any agreements to award a busing that is required to be reported unc			
☐ Yes (Co	implete the remainder of the form.)	No (Stop here, go to section	on 5 on page 4.)	
Section 2 Recipient Info	rmation			
14. Name of business or organ receiving subsidy or finance		15. Address where business su will be used	ibsidy or financial assistance	
<u> </u>		Street address City	State ZIP code	
16. Does the recipient have a p	parent corporation?(Mark one.)		 	
☐ Yes (Indicate name und add	ress of parent corporation below.	If more than one, indicate ultimat	te owner.)	

State

ZIP code

Name of parent corporation

City

Street address

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)						
Tes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)						
M No		·				
Name of recipient Type of subsidy or assistance (So	ee Questions 24 and 25.) Val	ue of subsidy or assistance				
 Did your organization have any recipients who failed to ac agreement signed on or after January 1, 2001, that were re 						
☐ Yes (Complete the remainder of this section	on.) XNo (Stop here and sub	mit form to DTED .)				
35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach addit		terms of an agreement that				
35. Information on recipient and agreement:						
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance				
Street address of recipient	City/Z.II ² code of recipient	Outstanding value of subsidy or assistance				
36. Reason(s) for default (Mark all that apply.):						
recipient ceased operation recipient was unable to fill vacant positions	☐ recipient relocated to a difference ☐ other (Specify reason.)	nt community				
37. To date, has the recipient fulfilled its repayment obligation	n?(Mark one.)					
☐ Yes ☐ No, recipient has begun to repay the assistance.	☐ No, recipient has not begun to	o repay the assistance.				
38. Has the agreement been amended to extend the recipient's	s deadline for fulfilling its obligati	ons?(Mark one.)				
	Yes 🗆 No					
39. Describe the steps being taken to bring recipient into com	puance or recoup the subsidy					
						

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

be attained atton goals and programmers and pr	within 2 years ress toward and 31.) s, indicate the job cre f any employer-prov	Goals Targestablished? dates Yes No Yes No	get attainment (month & year) s stated in the for those jobs. (Q)	All goals All goals attained? Yes \(\) No Yes \(\) No Yes \(\) No
be attained atton goals and programmers and pr	within 2 years ress toward and 31.) s, indicate the job cre f any employer-prov	Goals Targestablished? dates Yes No Yes No Yes No Yes No Yes No	get attainment (month & year) s stated in the for those jobs. (Q)	All goals attained? Yes No Yes No Yes No
ntion goals and job goals als and programmes gestions 30 ge categories outly value o	ress toward and 31.) s. indicate the job cre fany employer-prov	established? dates Yes No Yes No Yes No Yes No Yes No	stated in the for those jobs. (Q)	attained? Yes No Yes No Yes No Yes No
Questions 30 ge categories ourly value o	and 31.) s. indicate the job cre f any employer-prov	ided health insurancegoals	for those jobs. (Q)	<u>ıly</u> indicat e job
ourly value o	f any employer-prov	ided health insurancegoals	for those jobs. (Q)	<u>dy</u> indicate job
	Part-time/	FTE (only if goals not	·	Hourly Value of
-	Joh Creation	Job Creation	Tou Kerennon	Hesith Insurance
	.——	 .		3
				s
				5
		<u>,</u> .	- —	s
		——	- —	s
				5
				·
alue of any c ere unable to Full-dinc	mployer-provided he separate job creatio Part-time/	ealth insurance for those jo on into full- and part-time p FTE (only if unable to	bs. (<u>Only</u> indicate j ositions.)	ob creation in
-	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
				\$
		· 	· ·—	s
				s
				s
				s
				s
	alue of any c re unable to Full-time Job Creation	Job Seasonal/Temp. Creation Job Creation age categories, indicate the numbrature of any employer-provided have unable to separate job creation Full-time Part-time/ Job Seasonal/Temp. Creation Job Creation ———————————————————————————————————	Job Seasonal/Temp. stated as FT/PT) Creation Job Creation Job Creation age categories, indicate the number of actual jobs created an alue of any employer-provided health insurance for those jour employer into full- and part-time power and the part-time power of the separate form. Full-time Part-time/ FTE (only if unable to separate FT/PT) Creation Job Creation Job Creation The creation of the control of t	Job Seasonal/Temp. stated as FT/PT) Job Retention Tob Creation Job Creation Job Crea

17. Industry of rec	ipient's facility (Mark on	e.):					
 	☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insuran ☐ Construction	ce, Real Estate Other (please specify)			
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)							
☐ Yes (Indicate cit ☐ No (Go to Quest		ddress and reason recip	pient did not complete th	his project at that address.)		
City/State of previous	ous address Reason pro	eject not completed at p	revious address				
19. Would the recifinancial assistance		revious location or relo	cated elsewhere if not a	warded this business subsi	dy or		
🖵 🖸 Remai	ned at previous location	☐ Relocated to differe	ent Minnesota location	☐ Relocated outside M	innesota		
Section 3 Agree	ement Information						
	alue of business subsidy o case separate value by typ			igned (In addition to the a vidates the agreement was			
	mprovements were finishe			inancial assistance. For excipient occupied the prope			
23. Does the agree be reported? (Mar		subsidy or one of the fo	our types of financial as	sistance (see Question 25)	required to		
	nt provided a business sul (s) and total dollar value	osidy, please	25. If the assistance	was one of the four types of indicate the type(s).	of financial		
not applicable, a	agreement provided financ	cial assistance	🛭 not applicable, agn	eement provided a busines	s subsidy		
loan (only princ		s	assistance for prop		s		
guarantee of pay	reduction or deferral yment property or infrastructure of governmental facilities		assistance for reno stock or bringing it assistance provided historic preservautions of tota	t up to code, and I for designated on districts, when	\$		
land contributio		s	abatement		s s		
<u></u>							
indicate the type	ce included tax increment of TIF district? (Mark on assistance was not in the f	ie.)	financial assistance Yes (Specify each)	antors providing a business to the same project? 'Mai grantor and the value of th attach an additional sheet	rk one.) neir		
renewal and ren soils condition economic devel			Grantor(s) and value	of the agreement(s):			
☐ mined undergro ☐ hazardous subsi	ound space		Grantor	Value (\$)			
			Graptor	Value (\$)			

6124291988



2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §1161.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies. or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

ection 1 Grantor Info	Market .				
. Name of granter (funding	eatity)	2. Name of person	completing the	s form	_
City of 6	reat	Lynne Saxton			
. Street address	0 0	4. City		5. ZIP code	
111 Wildward	O Roso	Willern	.	<i>55</i>	090
, County	7. Phone number	8. Fax number		9. E-mail ad	
NASHINGTON	651. 426. 3383	651. 429.	1998	city clea	ks @ vis. c
0. Please indicate who in ye	our organization should receive the				
YRAR Saxton	Tresser 651, 436, 331 Phone number	83 IILWIL	we alked	Wilein	P.MN 5504
Vigne/Title	Phone number	Street addres		ity	ZIP code
	(Mark one. If grantor is entity please indicase affiliation. For hock "City government.")		nization held a ia for awarding ith Minn. Stat.	business sub:	ridies in
City government	☐ Yes, in 2002 (attach criteria)				
County government		☐ Yes, in 2002 but have not yet adopted criteria ☐ Yes, prior to 2002			
a County government		To rest prior to 20	02		
3 Regional government	If Yes:	If Yes: Hearing Date: Year Criseria Submitted:			
☐ State government		Hearing Date:	Year C	rueria Submi	tted:
D Other (Please specify.)		Other (Please of	and and	 .	
	igned any agreements to award a bu 001 that is required to be reported t				
(1 Ver. 4	Commission the property day of the form			5 cm x cm 4 1	
	Complete the remainder of the form	No (Stop her	go to section	5 on page 4)	
iection 2 Recipient Int 14. Name of business or organization or fine	formation mization	15. Address when will be used			ial assistance
ection 2 Recipient Inf	formation mization	15. Address whe			ial assistance ZIP code
ection 2 Recipient Inf 14. Name of business or orgeneetving subsidy or fine	formation mization	15. Address when will be used	re buşinces sub	sidy or financ	
14. Name of business or org receiving subsidy or fina 16. Does the recipient have	formation puization uncial assistance	15. Address when will be used Street address	rė business subs City	sidy or financ	

17. Industry of recipient's facility (Nark or	re):		
C) Manufacturing C) Retail Trade	Q Services	D Finance, Insurance, Real Estate	
U Ketti 1906	□ Wholessie Trade	☐ Construction ☐ Other (please specify)	
18. Did the recipient relocate as a rosult of	aigning this agreement?	(Mark one.)	
☐ Yes (Indicate city and state of previous a ☐ No (Go to Question 19.)	ddress and reason recip	ilent did not complete this project at that address.)
City/State of previous address Reason pr	oject not completed at p	revious address	
19. Would the recipient have remained in p financial assistance? (Mark one.)	revious location or relo	cated elsewhere if not awarded this business subsi	dy or
Q Remained at previous location	Relocated to differe	mt Minnesota location	innesota
Section 3 Agreement Information			
 Total dollar value of business subsidy assistance (Plotae separate value by ty and 25.) 		21. Date agreement signed (In addition to the a date, indicate any dates the agreement was	
		te business subsidy or financial assistance. For c ed into service, or the recipient occupied the prop	•
23. Does the agreement provide a business be reported? (Mark one.)	subsidy or one of the fo	our types of financial assistance (see Question 25)	required to
24. If the agreement provided a business so indicate the type(s) and total dellar value		25. If the assistance was one of the four types of assistance, please indicate the type(s).	of financial
O not applicable, agreement provided fina	ncial assistance	In not applicable, agreement provided a business	s subsidy
C) toun (only principal)	S	☐ assistance for property polluted	S
🔾 grant (i.e., forgivable loan)	<u> </u>	by contaminants	5
O tax abatement	<u>s</u>	assistance for renovating building	2
TIF or other tax reduction or deferral	S	stock or bringing it up to code, and assistance provided for designated	
guarantee of payment Geomribution of property or infrastructure	. <u> </u>	historic preservation districts, when	
O preferential use of governmental facilities		50% or less of total cost	
☐ land contribution	\$	assistance for pollution control or	5
C) other (Specify subsidy type.)	<u> </u>	shatement	
		assistance for a TIF soils condition district	2
26. If the assistance included tax incremen	t financine nlesse	27. Are any other granters providing a busines	s subsidy or
indicate the type of TTF district? (Mark of	··	financial assistance to the same project? (Ma	
,	•	Yes (Specify each granter and the value of their	
a not applicable, assistance was not in the	forms of TTF	assistance below: attach an additional sheet	
□ redsvelopment			
☐ renowel and renovation		Grantor(s) and value of the agreement(s):	
C) soils condition			
aconomic development		\	
☐ mined underground space		Grantor Value (\$)	
A hazardous submanoc subdistrict		View (P)	
L		Ommtor Value (\$)	

 Minn, Stat. §116J.994 rec the following public purpor 				ts state a public purp	ose. Which
Bahmeing sconomic diven	rity		Increasing tax base (cannot be only purpo	sse)
Creating high-quality job g	rowth		U Other (please specify)		
Job retention					
Stabilizing the community					
9. Indicate whether the agre at the time of this report.			_	recipient had attained	those goals
				arget attainment	All goals
\ CasaiGa was and ich and			•	es (month & year)	attained?
 Specific wage and job goal Other job-creation and/or it 		wimun z years	□Yes □No □Yes □No		CIYES CINO
) Other wage goals	conde Posts		5		U Yes D No
) Other goals other than wa	es and ich	•	DYES DNo		☐ Yes ☐ No
) come Roma const and wat	go and job goals		216 2110 _		G 103 G 110
Please attach descriptions of thalament if not documented 0. For each of the following	in Questions 30) and 31.)	ation and/or retention go	als stated in the	
agreement and the average reation goals in full-time eq.	e hourty value	of any employer-prov	ided health insurancegos	als for those jobs. Q	nly indicate jul
.	Full-time	Part-time/	FTE (only if gook not		
Bourly Wage	Job	Seasonal/Temp.	stated as FT/FT)	Job Retrution	Hourly Value o
(excluding bearing)	Creation	Job Creation	Job Creation		Health Insurance
no hourly wage-level goal		_ _	• • •		ŝ
iona dego \$7,00				··-	3
\$7.00 to \$8.99				-·· 	s
59.00 to \$10.99					S
\$11.00 to \$12.99		 -			ş . <u></u> .
\$13.00 to \$14,99				 .	3
\$15.00 and higher					<u>`</u>
 For each of the following date and the actual hour full-time equivalents if) Hourly Wage (excluding benefits) 	rly value of any	employer-provided h	er of actual jobs created eaith insurance for those on into full- and part-tim FIE (only if unable t separate FT/PT) Job Creation	jobs. (<u>Only</u> indicate e positions.)	
less than \$7.00					š
\$7.00 to \$8.99					.
\$9.00 to \$10.99					3
\$11.00 to \$12.99			-		5
\$13.00 to \$14.99					\$
\$15,00 and higher		<u> </u>			\$
2. Has the recipient achiev	red all goals (see	Ouestions 29, 30 an	d 31) and fulfilled all obl	igations stipulated in	the agreement?

Section 5 Recipients Falling to Fulfill Obligations (Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.) 33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Mino. Stat. §1163.993 and §1163.994? (Mark one.) A Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.) ■ No Type of subsidy or assistance (See Questions 24 and 25.) Name of recipient Value of subsidy or assistance 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after lanuary 1, 2001, that were required to be fulfilled by the time of this report? (Mark one.) (I) Yes (Complete the remainder of this section.) 12 No (Stop here and submit form to DTED.) 35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.) 35. Information on recipient and agreement: Initial value of Type of subsidy or assistance Name of recipicut in default subsidy or assistance City/ZIP code of recipient Outstanding value of Street address of recipient subsidy or assistance 36. Reason(s) for default (Mark all that apply.): aciteraço besses teségicos 💭 D recipient relocated to a different community I recipient was unable to fill vacant positions Dother (Specify reason.) 37. To date, has the recipiest fulfilled its repayment obligation? (Mark one.) D No, recipient has begun to repay the assistance. D No, recipient has not begun to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)

Return your completed MBAF(s) by <u>April 1, 2002</u>, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Q Yes Q No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.



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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4

1. Name of grantor (funding City of Hugo	entity)	2. Name of person completing this form Ronald J. Otkin		
3. Street address 14669 Fitzgeral	d Ave N	4. City Hugo	5. ZIP code 55038	
5. County Vashington	7. Phone number 651 762-6314	8. Fax number 651 426-2859	9. E-mail address rotkin@ci.hugo.mn.	
10. Please indicate who in yo	our organization should receive the 2	002 MBAF if different from	the person in Question 2.	
Name Title	Phone number	Street address	City ZIP code	
11. Classification of grantot (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") Li City government		adopted criteria for a	n held a public hearing on and warding business subsidies in in. Stat. §116J.994? (Mark one.)	
		☐ Yes, in 2002 (attach criteria) ☐ Yes, in 2002 but have not yet adopted criteria		
☐ County government		W Yes, prior to 2002 If Yes: 10/04/99 Hearing Date: Year Criteria Submitted: 1999		
☐ Regional government				
☐ State government				
U Other (Please specify.)		Other (Please attach e:	xplanation.)	
	igned any agreements to award a bus 001 that is required to be reported un			
XQKYes /	Complete the remainder of the form) No (Stop here go to	section 5 on page 4)	
ection 2 Recipient Inf	formation			
14. Name of business or org receiving subsidy or fine		15. Address where business subsidy or financial assistance will be used 13525 Fenway Blvd, Hugo, MN 55038		
Northrop Deve	lopment LLC	, 	City State ZIP code	
16. Does the recipient have	a parent corporation? (Mark one.)			
☐ Yes (Indicate name and a 8 0 No	ddress of parent corporation below.	If more than one, indicate u	ltimate owner.)	
Name of parent corporation		Street address City	V State ZIP code	

Name of parent corporation

17. Industry of recipient's facility (Mark one.	 .):		
XXManufecturing □ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)	
18. Did the recipient relocate as a result of si	gning this agreement?	(Mark one.)	
XXYes (Indicate city and state of previous add こ No (Go to Question 19.)	dress and reason recip	tient did not complete this project at that address.,)
	expired ect not completed at p	revious address	
19. Would the recipient have remained in pre- financial assistance? (Mark one.)	evious location or relo	cated elsewhere if not awarded this business subsi	dy or
☐ Remained at previous location	30 Relocated to differe	ent Minnesota location 💢 Relocated outside M	innesota
Section 3 Agreement Information			
20. Total dollar value of business subsidy or assistance (Please separate value by type and 25.)		21. Date agreement signed (In addition to the again, indicate any dates the agreement was	•
\$271,969		04/30/01	
<u> </u>		he husiness subsidy or financial assistance. For earling into service, or the recipient occupied the prope	•
be reported? (Mark one.)	ubsidy or one of the fo	our types of financial assistance (see Question 25)	required to
24. If the agreement provided a business sub- indicate the type(s) and total dollar value	sidy, please	25. If the assistance was one of the four types of assistance, please indicate the type(s)	of financial
☐ not applicable, agreement provided financ	ial assistance	not applicable, agreement provided a busines	s subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement	\$ \$	☐ assistance for property polluted by contaminants ☐ assistance for renovating building	\$ \$
	\$ 271,969 \$ \$ \$	stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost	
☐ land contribution ☐ other (Specify subsidy type.)	\$ \$	☐ assistance for pollution control or abatement ☐ assistance for a TIF soils condition district	s
		assistance for a 11r sous condition district	.
26 If the assistance included tax increment indicate the type of TIF district? (Mark one) I not applicable, assistance was not in the fe	2)	27. Are any other grantors providing a busines financial assistance to the same project? (Ma D Yes (Specif) each grantor and the value of the assistance helow; attach an additional sheet	rk one.) heir
20 redevelopment 1 renewal and renovation 2 soils condition		Si No Grantor(s) and value of the agreement(s):	
☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict		Grantor Value (\$)	
- IRMARQUES SUBSECUCE SUBURSCICE		Grantor Value (\$)	

28. Minn. Stat. §116J.994 rea of the following public purpo	quires that busin ses were stated	less subsidy and financin the agreement? (Ma	cial assistance agreements (ark all that apply)	state a public purpo	se. Which
☐ Enhancing economic diver ☐ Creating high-quality job g ☐ lob retention ☐ Stabilizing the community	growth		U Increasing tax base (cax MM Other (please specify)) p manufacturing	Construct p	ublic imps
29. Indicate whether the agree at the time of this report.				ipient had attained	those goals
A) Specific wage and job gos B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals age and job goals		established? dates XXYes I No I Yes I No I Yes I No		All goals attained? So Yes III No III Yes III No III Yes III No III Yes III No III Yes III No
(Please attach descriptions of attainment if not documented					
creation goals in full-time eq Hourly Wage	ge hourly value uivalents if you Full-time Job	of any employer-provi ure unable to separate Part-time/ Seasonal/Temp.	ded health insurancegoals goals by full- and part-tim FTE (only if goals not stated as FT/PT)	for those jobs. (On	Hourly Value of
(excluding benefits)	Creation	Job Creation	Joh Creation		Health Insurance
no hourly wage-level goal					s
					s
less than \$7,00					
less than \$7,00 \$7,00 to \$8,99	_ <u>5</u>		<u></u> · -		s
	_ <u>5</u>		<u></u>		s
\$7.00 to \$8.99				 	
\$7.00 to \$8.99 \$9.00 to \$10.99				 	s
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99			 	 	s s
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hou	ng wage categori	employer-provided he	er of actual jobs created and alth insurance for those job	os. (<u>Only</u> indicate je	\$ \$ \$ \$
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hou	ng wage categori	employer-provided he	alth insurance for those job	os. (<u>Only</u> indicate je	\$ \$ \$ \$
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if the source of the source of the following date and the actual hour full-time equivalents if the source of the source o	ng wage categori rly value of any you are unable to Full-time Job	employer-provided he o separate job creatio. Part-time/ Seasonal/Temp.	alth insurance for those job in into full- and part-time pe FIE (only if unable to separate FT/PI)	os. (<u>Only</u> indicate jo ositions.)	S S S he benefit oh creation in
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followind date and the actual hour full-time equivalents if the control of the following benefits)	ng wage categori rly value of any you are unable to Full-time Job	employer-provided he o separate job creatio. Part-time/ Seasonal/Temp.	alth insurance for those job in into full- and part-time pe FIE (only if unable to separate FT/PI)	os. (<u>Only</u> indicate jo ositions.)	S S he benefit ob creation in Hourly Value of Health Insurance
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if the second of the following benefits) less than \$7.00	ng wage categori rly value of any you are unable to Full-time Job	employer-provided he o separate job creatio. Part-time/ Seasonal/Temp.	alth insurance for those job in into full- and part-time pe FIE (only if unable to separate FT/PI)	os. (<u>Only</u> indicate jo ositions.)	S S he benefit ob creation in Hourly Value of Health Insurance
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- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000:</u> 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Name of grantor (funding en City of Hugo	atity)	Name of person completing this form Ronald J. Otkin			
3. Street address 14669 Fitzgerald	Ave N	4. City Hugo	_	5. ZIP code 55038	
6. County Washington	7. Phone number 651 762-6314	8. Fax number 651 426-2859	l l	. E-mail addr otkin@ci	ess .hugo.mn.
10. Please indicate who in you	r organization should receive the	2002 MBAF if different f	from the per	rson in Questi	on 2.
Name/Fitle	Phone number	Street address		City	ZIP code
	Mark one. If gruntor is entity leuse indicate affiliation. For d check "City government")	12. Has your organizat adopted criteria for compliance with M	r awarding finn. Stat. § 10 / ng date = uring but ha ute of initia	business subsi 116J,994? (M 04/99 and an ive not yet add I hearing -	dies in lark one.) luch criteria) opled
through December 31, 200	ned any agreements to award a bu 0 that is required to be reported to plete the remainder of the form.)		93 and §11	6J.994? (Mar.	
Section 2 Information A	bout Recipient		. 		
14. Name of business or organ receiving subsidy or finance		15. Address where bus will be used	siness subsi	dy or financia	l assistance
Schwieters Prop	erties	13875 Fenway	Blvd,	Hugo, Mi	ZIP code
16. Does the recipient have a p	parent corporation? (Mark one.)	Office address	C.11.5		ZII OAA
☐ Yes (Indicate name and add x12 No	dress of parent corporation below	. If more than one, indica	ate ultimate	owner)	
Name of parent corporation		Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
► Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreemen	tt? (Mark one.)
☐ Yes (Indicate city and state of previous address and reason red ∰No (Go to Question 19.)	cipient did not complete this project at that uddress.)
City/State of previous address Reason project not completed at	previous address
 Would the recipient have remained in previous location or refinancial assistance? (Mark one.) 	located elsewhere if not awarded this business subsidy or
x ☑ Remained at previous location ☐ Relocated to different	ent Minnesota location
Section 3 General Information About the Agreeme	nt
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$261,000	10/02/00
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.) 10/02/00	
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)	four types of financial assistance (see Question 25) required to ☐ financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	2 not applicable, agreement provided a business subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement Solution TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.) Solution Solution S	□ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district \$
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one)	27. Are any other grantors providing a business subsidy or financial assistance to the same project" (Mark one.)
🖸 not applicable, assistance was not in the form of TIF	☐ Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
Ø redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	তিরী No Grantor(s) and value of the agreement(s):
- Hazardous substance submontet	Grantor Value (\$)
1	Grantor Value (\$)

28. Minn. Stat. §116J.994 ro of the following public	equires that bus purposes were s	siness subsidy and fin stated in the agreemen	ancial assistance agreen at? (Mark all that apply	ments state a public po	urpose. Which
D Enhancing economic dive			☐ Increasing tax base		
Creating high-quality job	growth		Other (please speci		
D Job retention D Stabilizing the community		and develop	o manufacturio	ng facilities	in city
Stabilizing the community	<u> </u>				
 Indicate whether the agr at the time of this report 	reement include t. (Fill in the be	d the following types exes and attainment o	of goals, and whether t late(s) for each goal.)	the recipient had attain	ned those goals
				Target attainment	All goals
			established? da	ates (month & year)	attained?
A) Specific wage and job go				10/02	XXYes \(\text{1} \text{No} \)
3) Other job-creation and/or	r retention goals	\$	☐ Yes ☐ No _		O Yes O No
C) Other wage goals	1 - 1	•			□ Yes □ No
O) Other goals other than wa	age and Job goa	ds	□ Yes □ No _		☐ Yes ☐ No
Pleuse attach descriptions on the attainment if not documente					
 For each of the followin agreement and the avera job creation goals in ful 	age hourly value	e of any employer-pro	ovided health insurance	goals for those jobs.	
	Full-time	Part-time/	FTE (only if goals no	t	
Hourly Wage	Job	Seasonal/Temp.	stated as FT/PT)	Job	Hourly Value of
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
no hourly wage-level goal			—-		s
less than \$7.00					s
\$7.00 to \$8.99					2
\$7.00 to \$8.99 \$9.00 to \$10.99					2
\$9.00 to \$10.99				 	s
\$9.00 to \$10.99 \$11.00 to \$12.99	 			 	s
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher	ing wage catego	y employer-provided	health insurance for the	ose jobs. (<u>Only</u> indica time positions.)	\$ \$ \$
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hor full-time equivalents if	ing wage catego urly value of an you are unable Full-time Job	y employet-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for the tion into full- and part- FTF. (only if unable t separate FT/PT)	ose jobs. <i>(Only indica</i> time positions.) • Job	5 5 5 s nce the benefit the job creation in Hourly Value of
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(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.) 33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.) 1 Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.) 10 No Name of recipient Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January I, 2000, that were required to be fulfilled by the time of this report? (Mark one.) ☐ Yes (Complete the remainder of this section.) x ☑ No (Stop here and submit form to DTED.) 35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.) 35. Information on recipient and agreement: Name of recipient in default Type of subsidy or assistance Initial value of subsidy or assistance Street address of recipient City/ZIP code of recipient Outstanding value of subsidy or assistance 36. Reason(s) for default (Mark all that apply.): D recipient relocated to a different community recipient ceased operation U recipient was unable to fill vacant positions □ other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) No, recipient has begun to repay the assistance. U No, recipient has not begun to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) ☐ Yes ☐ No 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146



- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2001 through December 31, 2001</u> per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.

 The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period <u>January 1, 2001 through December 31, 2001:</u> 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34. If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

 Name of grantor (fund City of Hugo 	fing entity)	2. Name of person completing this form Ronald J. Otkin			
3. Street address 14669 Fitzgerald Ave N		4. City Hugo	5. ZIP ed 5503		
6. County Washington	7. Phone number 651 762-6314	8. Fax number 651 426-2859		il address néci.hugo.mn.	
10. Please indicate who	in your organization should receive th	e 2002 MBAF if different from the	he person in Que	estion 2.	
Name:Title	Phone number	Street address	City	ZIP code	
created by gov't age.	ntor (Mark one. If grantor is entity ncy, please indicate affiliation. For ld check "City government.")	12. Has your organization adopted criteria for aw compliance with Minn	arding business	subsidies in	
County government		☐ Yes, in 2002 (attach criteria) ☐ Yes, in 2002 but have not yet adopted criteria ② Yes, prior to 2002			
☐ Regional government		If Yes: 10/04/99 Hearing Date: Year Criteria Submitted: 1999			
☐ State government ☐ Other (Please specify.)		☐ No ☐ Other (Please attach exp	☐ No ☐ Other (Please attach explanation.)		
	on signed any agreements to award a b 1, 2001 that is required to be reported				
жжүс	s (Complete the remainder of the for	m.) DNo (<u>Stop here,</u> go to se	ection 5 on page	4.)	
ection 2 Recipient	Information				
14 Name of business or receiving subsidy or		15. Address where busines will be used 13825 Fenway B1	•		
Schwieter	rs Properties	,	ity Sta		

Street address

City

State

ZIP code

Name of parent corporation

17. Industry of recipient's facility (Mark one):		
⅓ Manufactu ☐ Retail Trad	_		ance, Real Estate U Other (please specify)
18 Did the recipient relocate as a r	esult of signing this agreement	CiMark one)	
☐ Yes (Indicate city and state of pr ☐ No (Go to Question 19.)	evious address and reason rec	ipient did not complete	this project at that address.)
Cny/State of previous address Re	eason project not completed at	previous address	
19. Would the recipient have rema financial assistance? (Mark one.)	ined in previous location or rel	ocated elsewhere if no	awarded this business subsidy or
Remained at previous l	ocation \(\textstyle \text{ Relocated to diffe}	rent Minnesota locatio	n 🗀 Relocated outside Minnesota
Section 3 Agreement Inforn	nation		
20. Total dollar value of business assistance (Please separate value and 25.)			t signed (In addition to the agreement my dates the agreement was amended.)
\$185,536			10/16/01
22. Benefit date (Indicate the date indicate the date improvements were whichever is earlier) 10/16/(re finished, equipment was plac		financial assistance For example, recipient occupied the property,
23. Does the agreement provide a be reported? (Mark one.)	husiness subsidy or one of the	four types of financial Offinancial assistance	assistance (see Question 25) required to
24. If the agreement provided a but indicate the type(s) and total dol			e was one of the four types of financial use indicate the type(s)
not applicable, agreement provid	ded financial assistance	x∓not applicable, a	greement provided a business subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement XXTIF or other tax reduction or det ☐ guarantee of payment ☐ contribution of property or infra	\$	assistance provid	
☐ preferential use of governmental ☐ land contribution ☐ other (Specify subsidy type.)	\$	50% or less of to assistance for po- abatement assistance for a	
2e. If the assistance included tax indicate the type of TIF district? C) not applicable, assistance was n	(Mark one)	financial assistan	grantors providing a business substay of ce to the same project? (Mark one) th grantor and the value of their thattach an additional sheet it necessary)
☐ renewal and renovation ☐ soils condition ☐ economic development		Grantor(s) and value	ue of the agreement(s).
mined underground space hazardous substance subdistrict		Grantor	Value (S)
THE MOUNT SHORTHON		Grantor	Value (\$)

28. Minn Stat. §116J.994 rec of the following public purpo:				state a public purpo	se. Which
☐ Enhancing economic divers ☐ Creating high-quality job g ☐ Job retention ☐ Stabilizing the community			☐ Increasing tax base (ca ■ Other (please specify) manufacturing f	Construct p	<u>ublic imps</u>
 Indicate whether the agree at the time of this report. 				ipient had attained	those goals
A) Specific wage and job goa B) Other job-creation and/or i C) Other wage goals D) Other goals other than wage	retention goals ge and job goals		established? dates XXYes \(\text{\text{\text{No}}} \) No \(\text{\text{\text{\text{\text{1}}}}} \) \(\text{\text{Yes}} \(\text{\text{\text{\text{\text{1}}}}} \) No \(\text{\text{\text{\text{\text{\text{2}}}}} \)	et attainment (month & year) 0/16/03	All goals attained? Li Yes XXNo Ci Yes Ci No Ci Yes Ci No Ci Yes Ci No Ci Yes Ci No
attainment if not documented					
30). For each of the following agreement and the average creation goals in full-time equivalently Wage (excluding benefits)	ge hourly value	of any employer-provi	ded health insurancegoals	for those jobs. (On	the milicule job Hourly Value of Health Insurance
	C1 - 2-110 11	out Citation	The Civilian		
no bourly wage-level goal					` —· —
less than \$7 00		 ·			s_ <u> </u>
	— - ——	 .	- 	-	,—
less than \$7 00		—· · — — —	 - ·- 	- 	, — 2 —
less than \$7 00 \$7.00 to \$8.99		 · 	 - ·- 	 	·
less than \$7 00 \$7.00 to \$8.99 \$9.00 to \$10.99			 - ·- 	 	' '
less than \$7 00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99			 - ·- - ·-	 	'· '
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less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$10.99	ig wage categorily value of any vou are unable to Full-time	employer-provided he o separate job creation Part-time/ Seasonal/Temp.	alth insurance for those job in into full- and part-time p FTE (only if unable to separate FT/PT)	bs. (<u>Only</u> indicate j ositions.)	the benefit by creation in Hourly Value of Health Insurance

Page 3 of 4

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

	nuary 1, 2001 through December 31, nn. Stat. §116J.993 and §116J.994? (A		e any recipients who failed to
	e of each recipient fuiling to report a Iditional pages if necessary.)	nd the value of subsidy or financi	al assistance awarded to that
XX No			
Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.) V	alue of subsidy or assistance
	on have any recipients who failed to a or after January 1, 2001, that were r		
□ Yes	(Complete the remainder of this sect	ion.) 🔀 No (Stop here and su	hmit form to DTEI))
	lowing information for each recipient by the time of reporting. (Attach addi		er terms of an agreement that
35. Information on recip	pient and agreement:		
Name of recipient in def	ault	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipier	nt	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defaul	lt (Mark all that apply.).		
☐ recipient ceased opera ☐ recipient was unable t		other (Specify reason.)	rent community
37. To date, has the reco	ipient fulfilled its repayment obligation	on'? (Mark one.)	
☐ Yes ☐ No, recipier	nt has begun to repay the assistance.	☐ No, recipient has not begun	to repay the assistance.
38. Has the agreement b	neen amended to extend the recipient	's deadline for fulfilling its obliga	tions?(Mark one)
l 		lYes □No	
39 Describe the steps b	eing taken to bring recipient into con	apliance or recoup the subsidy	
			
\			
39 Describe the steps b			

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section	1	Grantor	Information	
SCHIDIL		Caramine	IIIIOEMINIOE	ľ

Section 1 Grantor Inform	ation					
I. Name of grantor (funding en City of Madel	•	Name of person completing this form Joe McCabe				
3. Street address 116 West Main		4. City Madelia	5. ZIP code 56062			
6. County <u>Watonwan</u>	7. Phone number 507 642 3245	8. Fax number 9. E-mail address 507 642 8556 cityhall@madelian				
10. Please indicate who in your	organization should receive the 2	002 MBAF if different from the po	erson in Question 2.			
Name/Title	Phone number	Street address	City ZIP code			
11. Classification of grantor (Mecreated by gov't agency, plectample, a city EDA would cheese.) City government	ease indicate affiliation. For	12. Has your organization held adopted criteria for awarding compliance with Minn. Sta ☐ Yes, in 2002 tattach criteria ☐ Yes, in 2002 but have not ye	ng business subsidies in at. §116J.994? (Mark one.)			
☐ County government		Yes, prior to 2002				
☐ Regional government		If Yes: 6/26/2000 Hearing Date. Year Criteria Submitted: 2000				
☐ State government		J No				
☐ Other (Please specify.)		Other (Please attach explane	ation.)			
	·	iness subsidy or financial assistance ider Minn, Stat. §116J.993 and §11	·			
□ Yes (Co.	nplete the remainder of the form) XXX No (<u>Stop here,</u> go to sectio	in 5 on page 4)			
Section 2 Recipient Infor	mation					
14. Name of business or organi receiving subsidy or finance		15. Address where business subsidy or financial assistance will be used				

Section	2	Reci	pient i	lni	fori	mat	ion

14. Name of business or organization receiving subsidy or financial assistance	15. Address who will be used	ere business sub	osidy or finan	cial assistance
	Street address	Cny	State	ZIP code
16. Does the recipient have a parent corporation? (Mark	one.)			
☐ Yes (Indicate name and address of parent corporation ☐ No	n below. If more than one, in	dicate ultimate	owner)	
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one	\mathcal{F}		
☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)	
18. Did the recipient relocate as a result of si	gning this agreement?	(Mark one.)	_
☐ Yes (Indicate city and state of previous add ☐ No (Go to Question 19.)	dress and reason recip	ient did not complete this project at that address.	J
City/State of previous address Reason proj	ect not completed at pr	revious address	
19. Would the recipient have remained in profinancial assistance? (Mark one.)	evious location or reloc	rated elsewhere if not awarded this business subsi	dy or
☐ Remained at previous location	☐ Relocated to differe	nt Minnesota location	innesota
Section 3 Agreement Information			
20. Total dollar value of business subsidy or assistance (Please separate value by type and 25.)		21. Date agreement signed (In addition to the addition to the addition to the agreement was	
		c husiness subsidy or financial assistance. For ed into service, or the recipient occupied the prope	
be reported? (Mark one.)	subsidy or one of the fo	our types of financial assistance (see Question 25) [4] financial assistance	required to
24. If the agreement provided a business sub indicate the type(s) and total dollar value		25. If the assistance was one of the four types of assistance, please indicate the type(s).	of financial
anot applicable, agreement provided finance	ial assistance	not applicable, agreement provided a busines	s subsidy
□ loan (only principal) □ grant (i.e., forgivable loan)	S	□ assistance for property polluted by contaminants	\$
☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities	S S S S	J assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost	S
☐ land contribution	s	assistance for pollution control or	S
other (Specify subsidy type.)	_ S	abatement 2) assistance for a TIF soils condition district	\$
26. If the assistance included tax increment indicate the type of TIF district? (Mark one)	e 1	27. Are any other grantors providing a busines financial assistance to the same project? (Ma ☐ Yes (Specify each grantor and the value of the same project).	rk one.) heir
not applicable, assistance was not in the fe	orm of TIF	assistance below; attach an additional sheet No	if necessary.)
☐ redevelopment ☐ renewal and renovation ☐ soils condition		Grantor(s) and value of the agreement(s):	
☐ economic development ☐ mined underground space		Grantor Value '\$)	
☐ hazardous substance subdistrict		Grantor Value (S)	-

Section 4 Goals and Pul 28. Minn. Stat. §116J.994 rec	quires that busin	ess subsidy and finar	icial assistance agreements:	state a public purp	ose. Which
of the following public purpo ☐ Enhancing economic diver ☐ Creating high-quality job g ☐ Job retention ☐ Stabilizing the community	sity	n the agreement? (M	ark att that apply.) ☐ Increasing tax base (ca ☐ Other (please specify)_		
29. Indicate whether the agre at the time of this report.	ement included (Fill in the box	the following types o	of goals, and whether the rec te(s) for each goal.)	apient had attained	d those goals
A) Specific wage and job gos B) Other job-creation and/or C) Other wage goals D) Other goals other than wa (Please attach descriptions of	ils to be attained retention goals ge and job goals	within 2 years	Goals Targ established? dates U Yes U No U Yes U No U Yes U No	et attainment (month & year)	All goals attained? U Yes II No II Yes II No II Yes II No II Yes II No II Yes II No
30. For each of the following	in Questions 30	and 31.1	eation and/or retention goals	stated in the	
	ge hourly value o	of any employer-prov	ided health insurancegouls	for those jobs. 10	<u>nly</u> indicate joh
Hourly Wage (excluding benefits)	Full-time Job Crestion	Part-time/ Seasonal/Temp, Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retenting	Hourly Value of Health Insurance
no hourly wage-level goal			- —		s_ <u></u>
less than \$7,00	<u> </u>				s
\$7,00 to \$8,99			· —	- · -	s
\$9.00 to \$10.99			. — -		s. <u> </u>
\$11 (0) to \$12,99			_	_	z —
\$13.00 to \$14.99	. —		. — -		s
\$15 OU and higher			<u> </u>		s
	rly value of any	employer-provided b	ner of actual jobs created and ealth insurance for those job in into full- and pari-time po	os (<u>Only</u> indicate)	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTF. (only if unable to separate FT/PT) Job Creation	Joh Retention	Hourly Value of Health Insurance
fess than \$7,00					s- —
\$7.00 to \$8.99			- ·-	_	s <u> </u>
\$4.00 to \$10.99				_	,
\$11.00 to \$12.99				_	s <u></u>
\$13.00 to \$14.99		<u> </u>	· 		5
\$15.00 and higher		<u> </u>			s
32. Has the recipient achiev (Mark one.)	ved <u>all goals</u> (see		d 31) and fulfilled <u>all obliga</u> D Yes — D No	tions stipulated in	the agreement?

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, report as required by Minn. Stat. §116J.993 and §116J.994?	, -	any recipients who failed to
☐ Yes (Indicate the name of each recipient failing to report at recipient. Attach additional pages if necessary.)	nd the value of subsidy or financie	al assistance awarded to that
X Q No		
Name of recipient Type of subsidy or assistance is	See Questions 24 and 25.) Va	alue of subsidy or assistance
34. Did your organization have any recipients who failed to a agreement signed on or after January 1, 2001, that were re-		
☐ Yes (Complete the remainder of this section		·
35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach addi	failing to fulfill goals or any other	er terms of an agreement that
35 Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.).		
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	☐ recipient relocated to a differ ☐ other (Specify reason.)	•
37. To date, has the recipient fulfilled its repayment obligate	on ⁹ (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance	□ No, recipient has not begun	to repay the assistance.
38. Has the agreement been amended to extend the recipient	's deadline for fulfilling its obliga I Yes – □ No	tions?(Mark one.)
39. Describe the steps being taken to bring recipient into con		
23. Soother the steps willing taken to omig recipient time con	if mance of recoup the substitute	

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1	Inform	ation A	bout (Trantor
24.4 1111111 1		211011 4		A 1 54 111 101

Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		Name of person completing this form PAUL A. MOE				
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code	55101		
County RAMSEY 7. Phone number 651-297-1391		8. Fax number 651-296-5287	9. E-mail ac	ldress e@state.mn.us		
10. Please indicate who in yo	our organization should receive the	e 2002 MBAF if different from the	ne person in Ques	stion 2.		
Name/Title	Phone number	Street address	City	ZIP code		
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For ıld check "City government.")	Has your organization he adopted criteria for award compliance with Minn. S	ding business sub	sidies in		
☐ City government		Yes (Indicate hearing date - 7-27-00 and attach criteria) No We held a public hearing but have not yet adopted				
☐ County government						
☐ Regional government						
State government		criteria (Indicate date of initial hearing)				
 State government □ Other (Please specify.) 		☐ Other (Please attach explan				

Section 2 Information About Recipient

 Name of business or organization receiving subsidy or financial assistance 	15. Address where busine will be used	ess subsidy or fina	ancial assistance
SYSTEMATIC REFRIGERATION, INC	6151 NORTH AVE NW Street address	RAMSEY City	MN 55303 ZIP code
 Does the recipient have a parent corporation? (Mark on Yes (Indicate name and address of parent corporation b) 		a ultimata aumar	·
* No	elow. If more than one, indicate	e ultimate owner.)

Name of parent corporation	Street address	City	State ZIP code
17. Industry of recipient's facility (Mark one.):			
* Manufacturing ☐ Service ☐ Retail Trade ☐ Wholesale		Insurance, Real Esta	ate lease specify)
18. Did the recipient relocate as a result of signing this agreen	nent? (Mark one.)		
 Yes (Indicate city and state of previous address and reaso No (Go to Question 19. 		omplete this project i	at that address.)
City/State of previous address Reason project not completed	at previous address		
 Would the recipient have remained in previous location or financial assistance? (Mark one.) 	relocated elsewhere	if not awarded this b	usiness subsidy or
Remained at previous location ☐ Relocated to different N	linnesota location	☐ Relocated outsid	e Minnesota
	I and the		
ection 3 General Information About the Agreem		W = 40	
 Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.) 		ent signed (In addition any dates the agree MAY 1, 2000	on to the agreement ement was amended)
\$300,000		MAT 1, 2000	
 Benefit date (Indicate the date the recipient will benefit fro- indicate the date improvements were finished, equipment with whichever is earlier.) MAY 1, 2000 			
 Does the agreement provide a business subsidy or one of the reported? (Mark one.) business subsidy 	e four types of financ		uestion 25) required to
 If the agreement provided a business subsidy, please indicate the type(s). 		ce was one of the for	
not applicable, agreement provided financial assistance	☐ not applicable,	agreement provided	a business subsidy
loan	Dassistance for n	roperty polluted by o	contaminants
grant (i.e., forgivable loan)			tock or bringing it up
1 tax abatement	to code, and ass	istance provided for	designated historic
TIF or other tax reduction or deferral		tricts, when 50% or	
l guarantee of payment I contribution of property or infrastructure		ollution control or al TIF soils condition of	
preferential use of governmental facilities	— 233.3(21) CC 101 U	THE SOLIS CONGRESSION OF	21311101
l land contribution I other (Specify subsidy type.)			
		22.42	
 If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) 		grantors providing a tance to the same pr	a business subsidy or oject? (Mark one.)
not applicable, assistance was not in the form of TIF		h grantor and the va v; attach an addition	ulue of their nai sheet if necessary.)
l redevelopment I renewal and renovation I soils condition	⊇ No		
economic development	Grantor(s) and val	ue of the agreement(S
mined underground space hazardous substance subdistrict	Grantor _CITY OF RA	Value	: (\$)
	Grantor	Value	
	Ulalitui	value	(3)

Section 4 Goals and F	ublic I ul po	se lucitatieu in t	ne Agreement		
28. Minn. Stat. §116J.994 of the following public			nancial assistance agreement? (Mark all that apply.)	nts state a public p	ourpose. Which
 Enhancing economic div Creating high-quality job Job retention Stabilizing the communit 	growth		• Increasing tax base (c ☐ Other (please specify)		pose)
29. Indicate whether the ag at the time of this repor				recipient had atta	ined those goals
A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals			established? date * Yes \(\text{\text{\text{No}}} \) No \(\text{\text{\text{MA}}} \) \(\text{\text{Yes}} \(\text{\text{\text{No}}} \) Yes \(\text{\text{\text{No}}} \) No \(\text{\text{\text{L}}} \)	rget attainment s (month & year)	All goals attained? Yes No Yes No
D) Other goals other than wage and job goals					_ ☐ Yes ☐ No
(Please attach descriptions attainment if not documente					
	age hourly valu	e of any employer-pro	creation and/or retention go ovided health insurance go to separate goals by full-	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00		-	-		5
\$7.00 to \$8.99			·	-	5_
\$9.00 to \$10.99	_	-		-	\$
\$11.00 to \$12.99	45	-			\$3.33
\$13.00 to \$14.99			-		S
\$15.00 and higher					S
	irly value of an	y employer-provided	ber of actual jobs created health insurance for those tion into full- and part-time	jobs. (Only indica	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	1 <u></u>				s
\$7.00 to \$8.99					S
\$9.00 to \$10.99					s
\$11.00 to \$12.99					S
\$13.00 to \$14.99					\$
\$15.00 and higher	45				\$4.81
32. Has the recipient achiev	ved <u>all goals</u> (se	ee Questions 29, 30 ar √ Yes	nd 31) and fulfilled <u>all obli</u> No	gations stipulated	in the agreement?

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

	ary 1, 2000 through December 3 nn. Stat. §116J.993 and §116J.9	31, 2000, did your organization h. 994? (Mark one.)	ave any recipients who failed to			
☐ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)						
* No						
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance			
agreement signed on or		o achieve any goals or fulfill any or required to be fulfilled by the trition.) * No (Stop here and su	me of this report? (Mark one.)			
were to be attained	 35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.) 35. Information on recipient and agreement: 					
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance			
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance			
36. Reason(s) for default (M	'ark all that apply:):					
☐ recipient ceased operation ☐ recipient was unable to fill		☐ recipient relocated to a differ ☐ other (Specify reason.)	ent community			
37. To date, has the recipien	t fulfilled its repayment obligat	ion? (Mark one.)				
☐ Yes ☐ No, recipient ha	s begun to repay the assistance.	☐ No, recipient <u>has not begu</u>	in to repay the assistance.			
38. Has the agreement been	amended to extend the recipien	t's deadline for fulfilling its oblig	ations? (Mark one.)			
☐ Yes ☐ No 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:						
-						

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>August 1, 1999 through December 31, 1999:</u> 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor 1. Name of grantor (funding entity) DTED (Minnesota, Investment Fund	2. Name of person completing this form Paul A Moe		
3. Street address 500 Metro Sq. 121 7th Place E.	4. City Saint Paul	5. ZIP code 55101	
6. County 7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address Paul. a. mol@state mo.	
10. Please indicate who in your organization should receive the	2001 MBAF if different from the	person in Question 2.	
Name/Title Phone number	Street address	City ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") □ City government □ County government □ Regional government □ State government □ Other (Please specify.)	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) XI Yes (Indicate hearing date - 7-27 Ond attach criteria) No We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) Other (Please attach explanation.)		
13. Has your organization signed any agreements to award a but through December 31, 1999 that is required to be reported up Yes (Complete the remainder of the form.)	•	116J.994? (Mark one.)	
Section 2 Information About Recipient	,		
 Name of business or organization receiving subsidy or financial assistance 	15. Address where business subsidy or financial assistance will be used		
Aitkin Iron Works	117- 16+ St. N.W. Street address	Aitkin 56431 City ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
☐ Yes (Indicate name and address of parent corporation below. MANO	If more than one, indicate ultima	te owner.)	
Name of parent corporation	Street address City	State ZIP code	

17. Industry of recipient's facility (Mark one	2.):		
Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)	
18. Did the recipient relocate as a result of s	igning this agreement?	(Mark one.)	
☐ Yes (Indicate city and state of previous ad ※ No (Go to Question 19.)	ldress and reason recip	ient did not complete this project at that address.)	
City/State of previous address Reason proj	ect not completed at pr	evious address	
 Would the recipient have remained in pr financial assistance? (Mark one.) 	evious location or reloc	eated elsewhere if not awarded this business subsidy or	
☐ Remained at previous location ☐ Reloca	ated to different Minnes	sota location	
ection 3 General Information A	bout the Agreen	nent	
 Total dollar value of business subsidy or assistance (Please separate by type - see and 25 - and indicate only principal am 	Questions 24	 Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) 	
\$ 187,500		11/1/99	
		e business subsidy or financial assistance. For example, ced into service, or the recipient occupied the property,	
be reported? (Mark one.)	,	ir types of financial assistance (see Question 25) required to I financial assistance	
24. If the agreement provided a business sub- indicate the type(s).	the agreement provided a business subsidy, please 25. If the assistance was one of the four assistance, please indicate the type(s)		
not applicable, agreement provided financial assistance		not applicable, agreement provided a business subsidy	
loan grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities land contribution other (Specify subsidy type.)		assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, when 50% or less of total cost assistance for pollution control or abatement assistance for a TIF soils condition district	
6. If the assistance included tax increment f indicate the type of TIF district? (Mark on		 Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) 	
not applicable, assistance was not in the fo		Yes (Specify each grantor and the value of their	
redevelopment renewal and renovation soils condition		assistance below; attach an additional sheet if necessary.) No	
constitution according to the constitution and the constitution are constitution as the constitution are constitutio		Grantor(s) and value of the agreement(s):	
mined underground space		IRRB \$900,000	
hazardous substance subdistrict	1	Grantor Value (S)	

Section 4 Goals and Public Purpose Identified in the Agreement						
28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)						
	1 J./			ment.		
29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)						
A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals (Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)			established? dates Yes INo IYes INo	get attainment (month & year)	All goals attained? Yes \(\) No \(\) Yes \(\) No	
30. For each of the following	a urage categori	es indicate the job or	antion and/an extension gas	la stated in the		
30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)						
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00					s	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99	9				s <u>2.8</u> 0	
\$11.00 to \$12.99	18				s 2.80	
\$13.00 to \$14.99					\$	
\$15.00 and higher					s	
31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)						
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00					s	
\$7.00 to \$8.99				-	s	
\$9.00 to \$10.99					s	
\$11.00 to \$12.99	27				s <u>a.88</u>	
\$13.00 to \$14.99					s	
\$15.00 and higher					s	
32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.) Yes No						

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)					
☐ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)					
™ No					
Name of recipient	Type of subsidy or assistance	: (See Questions 24 and 25.)	Value of subsidy or assistance		
34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.)					
Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.)					
35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)					
35. Information on recipient at	nd agreement:	•			
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance		
Street address of regiminat		City/ZIP code of recipient	Characteristics reduce of		
Street address of recipient		City/Zir code of recipient	Outstanding value of subsidy or assistance		
36. Reason(s) for default (Mar	k all that apply.):				
recipient ceased operation recipient was unable to fill v	acant positions	☐ recipient relocated to a different community ☐ other (Specify reason.)			
37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)					
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance. ☐ No, recipient <u>has not begun</u> to repay the assistance.					
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)					
□ Yes □ No					
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:					

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from *January 1, 2001 through December 31, 2001* per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
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 warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

ć i 1		. 1	
Section 1	Grantor	uniormi	шош

1. Name of grantor (funding enti- Mora Housing Autho		2. Name of person Laura How	n completing t e11	this form	
Street address 420 Bean Avenue		4. City Mora		5. ZIP cod 55051	e
6. County Kanabec	⁷ 320-679-4789	8. Fax number same		9. E-mail: pinecre	address est@nc1s.com
10. Please indicate who in your	organization should receive the	2002 MBAF it differe	nt from the pe	erson in Quest	ion 2.
Name/Title	Phone number	Street addre	88	City	ZIP code
11. Classification of grantor (Macreated by gov't agency, ple example, a city EDA would check	ase indicate affiliation. For	•	mization held ia for awardir ith Minn, Sta	ig business su	bsidies in
☐ City government		☐ Yes, in 2002 (a			
☐ County government		☐ Yes, in 2002 bt ☐ Yes, prior to 20		adopted crite	Tia
☐ Regional government		If Yes: Hearing Date:	Year	Criteria Subi	nitted:
☐ State government		XXNo			
☐ Other (Please specify.) unc	der_City	☐ Other (Please a	mach explana	aion.)	
13. Has your organization signe through December 31, 2001	d any agreements to award a bus that is required to be reported ur				
□ Yes (Con	iplete the remainder of the form.	j XX.o (Stop her	<u>e, go to sectio</u>	n 5 on page 4	. j
Section 2 Recipient Inform	nation				
14. Name of business or organize receiving subsidy or financial		15 Address when will be used	re business sul	bsidy or finan	cial assistance
		Street address	City	State	ZIP code
16. Does the recipient have a pa	irent corporation? (Mark one.)				
☐ Yes (Indicate name and addre	ess of parent corporation below.	If more than one, me	licate ultimate	e owner.)	
Name of parent corporation		Street address	City	State	ZIP code

17 Industry of reci	pient's facility (Mark on	e.):		-
 	☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)	
18. Did the recipier	nt relocate as a result of	signing this agreement?	(Mark one.)	
□ Yes (Indicate city □ No (Go to Questi		ddress and reason recij	vient did not complete this project at that address.	<i>j</i>
City/State of previo	us address Reason pro	nject not completed at p	revious address	'
19. Would the recip		revious location or relo	cated elsewhere if not awarded this business subsi	idy or
☐ Remain	ed at previous location	☐ Relocated to differe	ent Minnesota location	linnesota
Section 3 Agree	ment Information			
1	lue of business subsidy o use separate value by typ		21. Date agreement signed (In addition to the a date, indicate any dates the agreement was	
	provements were finishe		1 ie business subsidy or financial assistance. For e ed into service, or the recipient occupied the prope	
23. Does the agree be reported? (Mark		subsidy or one of the fo	our types of financial assistance (see Question 25) ☐ financial assistance	required to
	t provided a business su s) and total dollar valu		25. If the assistance was one of the four types of assistance, please indicate the type(s).	of financial
🛘 🗅 not applicable, a	greement provided finan	icial assistance	a not applicable, agreement provided a busines	s subsidy
☐ guarantee of pay ☐ contribution of p	able loan) reduction or deferral		☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated bistoric preservation districts, when 50% or less of total cost	\$ \$
land contribution		\$	☐ assistance for pollution control or abatement ☐ assistance for a TIF sotls condition district	s
indicate the type O not applicable, a	e meluded tax incremen of TIF district? (Mark o ssistance was not in the	ne.)	27. Are any other granters providing a busines financial assistance to the same project? (Ma ☐ Yes (Specify each granter and the value of to assistance below; attach an additional sheet ☐ No	rk one.) heir
☐ redevelopment☐ renewal and rene ☐ soils condition☐ economic develo			Grantor(s) and value of the agreement(s):	
☐ mined undergrou ☐ hazardous substa	and space		Grantor Value (\$) Grantor Value (\$)	

28. Minn. Stat. \$116J.994 req of the following public purpos				tate a public purpo-	se. Which
Enhancing economic divers Creating high-quality job g Job retention Stabilizing the community			U Increasing tax base (car U Other (please specify)_		
9. Indicate whether the agre at the time of this report.				pient had attained	those goals
A) Specific wage and job goa B) Other job-creation and/or (C) Other wage goals D) Other goals other than wag	retention goals		established? dates (D Yes D No D Yes D No D Yes D No		All goals attained" Li Yes Li No
Please attach descriptions of attainment if not documented					
30. For each of the following agreement and the average creation goals in full-time equation. Hourly Wage (excluding benefits)	ge hourly value	of any employer-prov	ided health insurancegoals	for those jobs. 10n	ly indicate job Hourly Value of Health Insurance
no hourly wage-level goal				_	·
less than \$7.00			<u> </u>		
\$7.00 to \$8.99		<u> </u>	- · -		\
\$9.00 to \$10.99		 -	· 		s
\$11.00 to \$12.99			_ :-		s
\$13.00 to \$14.99				· _	s_ <u></u>
\$15.00 and higher					٠ <u></u>
31. For each of the followin	rly value of any	employer-provided h	er of actual jobs created an ealth insurance for those job in into fidl- and part-time pe	s. (<u>Only</u> indicate j	
full-time equivalents if y Hourly Wage	Full-time Joh	Part-time/ Seasona√Temp,	FTE (<u>only</u> if unable to separate FT/PT)	Job Retention	Hourly Value of
full-time equivalents if y Hourly Wage (excluding benefits)	Full-time			Job Retention	Health Insuranc
full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00	Full-time Joh	Seasonal/Temp.	separate FT/PT)	Job Retention	Health Insuranc
full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	Full-time Joh	Seasonal/Temp.	separate FT/PT)	Job Retention — — — —	Health Insuranc
full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Full-time Joh	Seasonal/Temp.	separate FT/PT)	Job Retention — — — —	Health Insuranc
full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	Full-time Joh	Seasonal/Temp.	separate FT/PT)	Job Retention	Health Insurance
full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Full-time Joh	Seasonal/Temp.	separate FT/PT)	Job Retention	Health Insuranc

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, report as required by Minn, Stat. §116J.993 and §116J.994? (any recipients who failed to
☐ Yes (Indicate the name of each recipient failing to report a recipient. Attach additional pages if necessary.)	nd the value of subsidy or financia	al assistance awarded to that
UNo Not Applicable		
Name of recipient Type of subsidy or assistance (S	See Questions 24 and 25.) Va	alue of subsidy or assistance
34. Did your organization have any recipients who failed to a agreement signed on or after January 1, 2001, that were re-		
☐ Yes (Complete the remainder of this sect	ion.) The Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach additional delication)		er terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	☐ recipient relocated to a differ ☐ other (Specify reason.)	-
37. To date, has the recipient fulfilled its repayment obligation	on?(Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance.	☐ No, recipient has not begun	to repay the assistance.
38. Has the agreement been amended to extend the recipient	's deadline for tulfilling its obliga	tions?(Mark one.)
	I Yes - I No	·
39. Describe the steps being taken to bring recipient into con	optiance or recoup the subsidy.	

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

I. Name of grantor (funding City of Motley		2. Name of person complete	ing this form ia <u>Crawfo</u> t	:d
	wy 10 S Box 66	4. City Motley	5. ZIP co	∞ 56466
6. County Morrison	7 Phone number 218-352-6200	8. Fax number 218-352-6092	9 E-mail peraw	Modress Ford@scicable
10. Please indicate who in yo	our organization should receive the	2002 MBAF if different from the	e person in Que	nion 2.
Name/Title	Phone number	Street address	City	ZIP code
	(Mark one. If grantor is entity please indicate affiliation. For heck "City government.")	12. Has your organization adopted criteria for away compliance with Minn.	nqing pariness s	ubsidies in
City government County government		☐ Yes, in 2002 (attach crit ☐ Yes, in 2002 but have no Ø Yes, prior to 2002		े पांड
□ Regional government		If Yes: Hearing Date: 7/10/0	kar Criteria Sub	mined: <u>Attac</u> hed
O State government Other (Please specify)		☐ No☐ Other (Please arrach exp	lanation)	_
	gred any agreements to award a but 001 that is required to be reported u			
O Yes (Complete the remainder of the form) DNO (Stop here, go to se	ction 5 on page	1.)
ection 2 Recipient Inf	ormation			
14. Name of business or org receiving subsidy or fina	anization	15. Address where busines will be used	s subsidy or fina	ncial assistance
		Street address Cit	y State	ZIP code
16. Does the recipient have a	parent corporation? (Mark one.)			
☐ Yes (Indicate nume and as ☐ No	ldress of parent corporation below.	If more than one, Indicate ultil	nate owner.)	
Name of pagent compension		Street address Circ	Cenn	7ID code

17. Industry of recipient's facility (Mark one) :		
☐ Manufacturing	☐ Services	O Finance, Insurance, Real Estate	
Resul Trade	☐ Wholesale Trade	☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of si	gning this agreement?	(Mark one.)	
□ Ves (Indicate city and state of previous add □ No (Go to Question 19.)	dress and reason recipi	ent did not complete this project at that address	y
City/State of previous address Reason proj	cet not completed at pro	cvious address	
19. Would the recipient have remained in profinancial assistance? (Mark one.)	evious location or reloc	ated elsewhere if not awarded this business sub-	sidy or
O Remaised at previous location	Relocated to differer	nt Minnesota location D Relocated outside N	finnesora
Section 3 Agreement Information			_
20. Total dollar value of business subsidy or assistance (Please separata value by type and 25.)		21. Date agreement signed (In addition to the date, indicate any dates the agreement was	•
		business subsidy or financial assistance. For a financial assistance before the properties occupied the properties occupied the properties.	
be reported? (Mark one.)	•	or types of financial assistance (see Question 25) required to
			
24. If the agreement provided a business sub- indicate the type(s) and total dollar value		 If the assistance was one of the four types assistance, please indicate the type(s). 	of financial
O not applicable, agreement provided financi	ial assistance	O not applicable, agreement provided a busine	ss subsidy
☐ loan (only principal)	5	☐ assistance for property polluted	\$
gram (i.e., forgivable loan) tax abatement	\$	by contaminants Dissurfance for renovating building	s
TIF or other tax reduction or deferral	\$	stock or bringing it up to code, and	•——
☐ guarantee of payment	\$	assistance provided for designated	
Contribution of property or infrastructure	5	historic preservation districts, when	
Opreferential use of governmental facilities Diand contribution	<u></u>	50% or less of total cost	_
O other (Specify subsidy type.)	· ; /	assistance for pollution control or abatement	3
a since (specify subsidy type)	- '	assistance for a TIF soils condition district	S
76 16 sha assistance included any	· · · · · · · · · · · · · · · · · · ·	22. 4	
26. If the assistance included tax increment is indicate the type of TIF district? (Mark one	* ' '	 Are any other granters providing a business financial assistance to the same project? (Ma 	
		The Specify each granter and the value of the	
not applicable, assistance was not in the fo	rm of TIF	assistance below; attach un additional sheet	
☐ redevelopment	}		
O renewal and renovation		Grantor(s) and value of the agreement(s):	
O soils condition		-	
© economic development © mined underground space		Company St.L., AN	
D hazardous substance subdistrict	}	Grantor Value (\$)	
		Grantor Value (\$)	

28. Miran. Stat. §116J.994 req of the following public purpos	uires that busin	ess subsidy and finan	ial assistance agreements :	rate a public purpo	se. Which
☐ Enhancing economic diversi ☐ Creating high-quality job gr ☐ Job recention ☐ Stabilizing the community	•		☐ Increasing tax base (car ☐ Other (please specify)_		
29. Indicate whether the agree at the time of this report.				ipiem had anained	those goals
A) Specific wage and job goal B) Other job-creation and/or re C) Other wage goals D) Other goals other than wag	etention goals		established? dates O Yes O No O Yes O No	et attalamens (month & year)	All goels artained? CYCS CINO CYCS CINO CIYES CINO CIYES CINO CIYES CINO
(Please attach descriptions of attainment if not documented i					
30. For each of the following agreement and the average creation goals in full-time equ	: bourly value (of any employer-provi	ded health insurancegoals	for those jobs. (<u>On</u>	<u>ly</u> indicate job
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Sensonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated at FT/FT) Job Creation	Job Releation	Hourly Value of Health Insurance
no hourly wage-level goal		 -			3
less than \$7 00					s
\$7.00 to \$8.99					3
\$9.00 to \$10 99					\$
\$11,00 to \$12,9 9					\$
\$13.00 to \$14.99					s
\$15.00 and higher					\$
	y value of any o w are wnable to	employer-provided he o separate job creation	alth insurance for those job i into full- and part-time po	s. <u>(Only</u> indicate K	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Sensonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Jeb Retention	Hourly Value of Health Insurance
Jess than \$7.00					s
\$7 00 to \$8 99					5
\$9.00 to \$10. 99				 -	3
\$11 00 to \$12,99					5
\$13.00 to \$14.99					\$
\$15.00 and higher					s
32 Has the recipient achieve (Mark one.)	d <u>all goals</u> (see		31) and fulfilled all obligate Yes D No	ions stipulated in d	ne agreement?

Section 5 Recipients Failing to Fulfill Obligations (Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

Do not complete this section if you completed it on	WIONICI LOOK MIDAL SHOW	
33. During the period January 1, 2001 through December 31, report as required by Minn. Stat. §116J.993 and §116J.9947 (any recipients who failed to
Tyes (Indicate the name of each recipient failing to report a recipient. Attach additional pages if necessary.)	nd the value of subsidy or financi	al assistance awarded to that
ά ζνο		
Name of recipient Type of subsidy or emistance (See Questions 24 and 25.)	alue of subsidy or assistance
34. Did your organization have any recipients who failed to a agreement signed on or after January 1, 2001, that were to		
U Yes (Complete the remainder of this sect	tion.) [3] No (Stop here and su	bmit form to DTED.)
35 39. Provide the following information for each recipien were to be attained by the time of reporting. (Attach add 35. Information on recipient and agreement;		critis of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street uddress of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
recipient ceased operation recipient was unable to fill vacant positions	O recipient relocated to a differ other (Specify reason)	ent community
37. To date, has the recipient fulfilled its repayment obligation	on? (Mark one.)	
☐ Yes ☐ No, recipient has begun to repay the assistance.	O No, recipient has not begun	to repay the assistance.
38. Has the agreement been amended to extend the recipient	's deadline for fulfilling its obliga	tions? (Mark one.)
<u></u>	TYes DNo	
39. Describe the steps being taken to bring recipient into con	ripliance or recoup the subsidy.	

Return your completed MBAF(s) by <u>April 1, 2002</u>, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146



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Section 1 Grantor Inform	ation 94 4 7/22/0	Ζ	
1. Name of grantor (tunding ent	_ ·	2. Name of person completing:	hys form
3. Street address 2 3765 Texas	Avenue	4. City Laborelle May	5. ZIP code 55044
6. County	7. Phone number	8. Fax number	9. E-mail address
10. Please indicate who in your	organization should receive the	2002 MBAF if different from the pe	rson in Question 2.
Name Title	Phone number	Street address	City ZIP code
11. Classification of grantor (M created by gov't agency, ple example, a city EDA would chec	ase indicate affiliation. For	12. Has your organization held adopted criteria for awardin compliance with Minn, Stat	g business subsidies in
☐ City government		☐ Yes, in 2002 (attach criteria ☐ Yes, in 2002 but have not ye:	
2 County government		☐ Yes, prior to 2002	
🗅 Regional government		If Yes: Hearing Date: Year	Criteria Submitted
State government		ĒĆ.	
Other (Please specify) True	WC	U Other (Please attach explana	tion.j
		siness subsidy or financial assistance inder Minn, Stat. §116J,993 and §11	
☐ Yes (Con	uplete the remainder of the form	1 PNo (Stop here, go to section	n 5 on page 4 1
Section 2 Recipient Infor	mation		
14. Name of business or organi receiving subsidy or financi		15. Address where business sub- will be used	osidy or financial assistance
		Street address City	State ZIP code
16. Does the recipient have a pa	arent corporation? (Mark one.)		
☐ Yes (Indicate name and addr ☐ No	ess of parent corporation below.	If more than one, indicate ultimate	owner.)
Name of parent corporation		Street address City	State ZIP code

17. Industry of recipient's facility (Mark one.):	-	
🚨 Manufactur 🗀 Retail Trad	-	☐ Finance, Insuran ☐ Construction	ce, Real Estate U Other (please specifi)
18. Did the recipient relocate as a r	esult of signing this agreement	? (Mark one.)	
☐ Yes (Indicate city and state of pr☐ No (Go to Question 19.)	evious address and reason reci	pient did not complete th	is project at that address)
City/State of previous address Ro	eason project not completed at p	previous address	
19. Would the recipient have rema financial assistance? (Mark one.)	ined in previous location or rele	ocated elsewhere if not a	warded this business subsidy or
☐ Remained at previous I	ocation	ent Minnesota location	☐ Relocated outside Minnesota
Section 3 Agreement Inforn	nation		
20. Total dollar value of business assistance (Please separate value and 25.)	•		gned (In addition to the agreement dates the agreement was amended.)
22. Benefit date (Indicate the date indicate the date improvements were whichever is earlier.)			
23. Does the agreement provide a be reported? (Mark one.)	business subsidy or one of the t	four types of financial as:	sistance (see Question 25) required to
24. If the agreement provided a bus indicate the type(s) and total dol.			vas one of the four types of financial indicate the type(s).
☐ not applicable, agreement provid	ded financial assistance	🗓 not applicable, agre	rement provided a business subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or def ☐ guarantee of payment ☐ contribution of property or infra ☐ preferential use of governmental ☐ land contribution ☐ other (Specify subsidy type.)	S	□ assistance for proper by contaminants □ assistance for renovation stock or bringing it assistance provided historic preservations of total □ assistance for pollulabatement	vating building S up to code, and I for designated on districts, when cost tion control or S
26. If the assistance included tax is		27. Are any other gra	untors providing a business subsidy or
indicate the type of TIF district? Unot applicable, assistance was no		☐ Yes (Specify each)	to the same project? (Mark one.) grantor and the value of their attach an additional sheet if necessary.)
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development		Grantor(s) and value	
☐ mined underground space ☐ hazardous substance subdistrict		Grantor	Value (\$)
		Grantor	Value (S)

8. Minn. Stat. §116J.994 re of the following public purpo			cial assistance agreements (ark all that apply.)	state a public purpo	se. Which
DEnhancing economic diver Defeating high-quality job a Dob retention Description	угомтіл		☐ Increasing tax base (ca ☐ Other (please specify)_		
Indicate whether the agree at the time of this report.				ripient had attained	those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	als to be attained retention goals	wuhin 2 years	Goals Targe established? dates U Yes U No U N	et att3:nment (month & year)	All goals attained* O Yes O No O Yes O No O Yes O No O Yes O No
Please attach descriptions of attach ment if not documented	of goals and prog	ress toward			
30. For each of the followin agreement and the avera- creation goals in full-time equation. Hourly Wage (excluding benefits)	ge hourly value	of any employer-prov	ided health insurancegoals	for those jobs. 10r	nly indicate job Hourly Value of Health Insurance
			· -		S
no hourly wage-level goal			. —		
no nourly wage-level goal					·
no nourly wage-level goal less than \$7.00 \$7.00 to \$8.99			· —- 		\$ \$,
no nourly wage-level goal				 	۶
no nourly wage-level goal less than \$7.00 \$7.00 to \$8.99					\$ \$,
no hourly wage-level goal less than \$7,00 \$7,00 to \$8,99 \$9,00 to \$10,99					\$ \$ \$
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99				 	\$ \$, \$ \$
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the follows date and the actual hou	irly value of any	employer-provided h	er of actual jobs created an eath insurance for those job in into fi.ll- and part-time position for the separate FT/PT) Job Creation	bs. (<u>Qnly</u> indicate j	S
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hot full-time equivalents if Hourly Wage	irly value of any you are unable t Full-time Job	einpluyet-provided h o séparalé job creatio Part-time/ Seasona!/Temp.	ealth insurance for those job in into fi.ll- and part-time po FTE (<u>only</u> if unable to separate FT/PT)	bs. (<u>Qnly</u> indicate j ositions.)	S
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the follows date and the actual hot full-time equivalents if Hourly Wage (excluding benefits)	irly value of any you are unable t Full-time Job	einpluyet-provided h o séparalé job creatio Part-time/ Seasona!/Temp.	ealth insurance for those job in into fi.ll- and part-time po FTE (<u>only</u> if unable to separate FT/PT)	bs. (<u>Qnly</u> indicate j ositions.)	S S S S S the benefit ob creation in Hourly Value of Health Insurance
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher The each of the follow date and the actual hourly wage (excluding benefits) less than \$7.00	irly value of any you are unable t Full-time Job	einpluyet-provided h o séparalé job creatio Part-time/ Seasona!/Temp.	ealth insurance for those job in into fi.ll- and part-time po FTE (<u>only</u> if unable to separate FT/PT)	bs. (<u>Qnly</u> indicate j ositions.)	S S S S the benefit ob creation in Hourly Value of Health Insurance S S
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the follows date and the actual hot full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	irly value of any you are unable t Full-time Job	einpluyet-provided h o séparalé job creatio Part-time/ Seasona!/Temp.	ealth insurance for those job in into fi.ll- and part-time po FTE (<u>only</u> if unable to separate FT/PT)	bs. (<u>Qnly</u> indicate j ositions.)	S S S the benefit ob creation in Hourly Value of Health Insurance
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the follows date and the actual hot full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	irly value of any you are unable t Full-time Job	einpluyet-provided h o séparalé job creatio Part-time/ Seasona!/Temp.	ealth insurance for those job in into fi.ll- and part-time po FTE (<u>only</u> if unable to separate FT/PT)	bs. (<u>Qnly</u> indicate j ositions.)	S S S S the benefit ob creation in Hourly Value of Health Insurance S S

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

	uary 1, 2001 through December 31, n. Stat. §116J.993 and §116J.9947 \hat{o}		ave any recipients who failed to
	of each recipient fuiling to report a ditional pages if necessary:)	nd the value of subsidy or finar	ncial assistance awarded to that
V No			
Name of recipient	Type of subsidy or assistance (Sec Questions 24 and 25)	Value of subsidy or assistance
	n have any recipients who failed to a or after January 1, 2001, that were re		
☐ Yes	(Complete the remainder of this sect	ion.) No (Stop here and	submit form to DTED)
	owing information for each recipient y the time of reporting. (Attach addi		other terms of an agreement that
35. Information on recip	ient and agreement:		
Name of recipient in defa	ult	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipien	ıt	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default	t (Mark all that apply.).		
recipient ceased opera		O recipient relocated to a dif	-
37. To date, has the reci	pient fulfilled its repayment obligate	on? (Murk one.)	
🗆 Yes 🕒 No, recipien	t has begun to repay the assistance.	☐ No, recipient has not beg	un to repay the assistance.
38. Has the agreement b	een amended to extend the recipient	's deadline for fulfilling its obli	igations? (Mark one.)
<u></u>) Yes □ No	<u> </u>
39. Describe the steps be	eing taken to bring recipient into con	npliance or recoup the subsidy	
			
)

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



102 JUL 22 111 112

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn, Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information Abo	90-0380. Information on wi out Grantor	ere to man or ta	х уош сощы	eted NIDAP(S) is on page 4.
1. Name of grantor (funding entity) City of Pequot Lakes		2. Name of pers			BRINERSH P
3. Street address 31108 Government	Dr.(P.O.Box361	4. City) Pequot	Lakes	5. ZIP code 56472	
6. County	7. Phone number	8. Fax number		9. E-mail ad	dress
Crow Wing	218)568-5222	(213)568	- <u>5860 დ</u>	<u>ityhal</u>	<u>l@uslink.</u>
10. Please indicate who in your o	organization should receive the	2002 MBAF if dif	ferent fro: the	person in Ques	stion 2.
Name/Title	Phone number	Street a	ddress	City	ZIP code
11. Classification of grantor (Ma created by gov't agency, pleasample, a city EDA would c	se indicate affiliation. For		eria for awardir	l a public heari ng business sub it. §116J.9947 (sidies in
City government County government		☐ Yes (Indicate	-		·
☐ Regional government ☐ State government ☐ Other (Please specify.)		☐ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) ☐ Other (Please attach explanation.)			
13. Has your organization signed through December 31, 2000	l any agreements to award a bus that is required to be reported u				
☐ Yes (Comple	te the remainder of the form.)	□ No (Stop her	re, go to section	n S on page 4.)	
Section 2 Information Abo	out Recipient				
14. Name of business or organization receiving subsidy or financial assistance		15. Address who will be used		bsidy or financ	ial assistance
	•	4744 Mor	ehouse 1	Drive	-
DRW Partnership, L.L.P.		Street address	Pequet	Lak sa	MNzupocode 72
16. Does the recipient have a par	ent corporation? (Mark one.)]
☐ Yes (Indicate name and addres P No	ss of parent corporation helow.	If more than one,	indicate ultim	ate owner.)	
Name of parent corporation		Street address	City	State	ZIP code

DMf	Day I allo
☐ Manufacturing ☐ Services ☑ Retail Trade ☐ Wholesale Tra	☐ Finance, Insurance, Real Estate side ☐ Construction ☐ Other (please specify)
	
18. Did the recipient relocate as a result of signing this agreem	ent? (Mark onc.)
\mathbf{Q} Yes (Indicote city and state of previous address and reason \mathbf{Q} No (Go to Question 19.)	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	ALGUE EFTIFE LOYLTION
	
 Would the recipient have remained in previous location or financial assistance? (Mark one.) 	relocated elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ Relocated to diffe	rent Minnesota location
ection 3 General Information About the Agreen	nent
20. Total dollar value of business subsidy or financial	21. Date agreement signed (In addition to the agreement
assistance (Please separate value by type in Questions 24	dute, indicate any dates the agreement was amended.)
and 25.) #222, 594.	1 8/1/2000
70,00,0111	27.70000
22. Benein date (Indicate the date the recipient will benefit fro indicate the date improvements were fisished, equipment whichever is earlier.)	om the business subsidy or financial assistance. For example, was placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one of the reported? (Mark one.) A business subsidy	the four types of financial assistance (see Question 25) required [Indicate the content of the
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	I not applicable, agreement provided a business subsidy
□ loan (only principal) \$	☐ assistance for property polluted \$
☐ grant (i.e., forgivable loan) \$ ☐ tax abatement \$	by contaminants assistance for renovating building \$
TIF or other tax reduction or deferral \$ 2005/	
☐ guarantee of payment \$	assistance provided for designated
© contribution of property or infrastructure \$	historic preservation districts, when
☐ preferential use of governmental facilities \$ ☐ land contribution \$	50% or less of total cost assistance for pollution control or \$
Other (Specify subsidy type.) \$	abatement
	assistance for a TIF soils condition district \$
26. If the assistance included tax increment financing, please	27. Are any other grantors providing a business subsidy or
indicate the type of TIF district? (Mark one.)	financial assistance to the same project? (Mark one.)
not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary
□ redevelopment	
☐ renewal and renovation ☐ soils condition	<u>M</u> №
conomic development	Grantor(s) and value of the agreement(s):
mined underground space	
☐ hazardous substance subdistrict	7/-li- (P)
	Grantor Value (\$)

*

☐ Enhancing economic dive ☐ Creating high-quality job ☐ Job retention ☐ Stabilizing the communit	growth			e (cannot be only pur ify)	
29. Indicate whether the agat the time of this repor	r eeme nt include t. <i>(Fill in the b</i> e	ed the following type: oxes and attainment	s of goals, and whether date(s) for each goal.)	the recipient had attai	ned those goals
				Target attainment	All goals
A) Specific wage and job go	sale to be attain.	ad wishin 2 was	established? d Yes 🗆 No	ates (month & year)	attained? ■Yes □ N
B) Other job-creation and/o					O Yes O N
C) Other wage goals					O Yes ON
D) Other goals other than w	age and job go:	als	□ Yes □ No		☐ Yes ☐ No
(Please uttach descriptions attainment if not documente				·	
30. For each of the following agreement and the average job creation goals in fu	age hourly valu	e of any employer-pr	ovided health incurance	goals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Jeb Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals to stated as FT/PT) Joh Creation	ot Job Retention	Hourly Valu Health insur
по hourly wage-level goal				 -	s
less than \$7.00					s
\$7.00 to \$8.99	100				\$
\$9.00 to \$10.99			_		\$
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher					s
full-time equivalents if	urly value of an	y employer-provided : to separate job crea Part-time/	health insurance for the tion into full- and part- FTE (anh) if unable	ose jobs. (<u>Only</u> indica time positions.)	ite jub creation
Hourly Wage (excluding benefits)	Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Retention	Hourty Valu Health Insur
less than \$7.00	100				\$
\$7.00 to \$8.99	100				2
\$9.00 to \$10.99					5
\$11.00 to \$12.99					\$
			 -		\$
\$13.00 to \$14.99					

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period Janua report as required by Mi	nry 1, 2000 through December 3 nn. Stat. §116J.993 and §116J.	 2000, did your organization h. 294? (Mark one.) 	ave any recipients who failed to
	f each recipient failing to repor litional pages if necessary.)	t and the value of subsidy or fina	ncial assistance awarded to that
□ No			
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
		o achieve any goals or fulfill any e required to be fulfilled by the ti	
☐ Yes (Con	uplete the remainder of this sect	ion.) 🔲 No (Siop here and su	ibmit form to DTED .)
35 39. Provide the follow were to be attained	ving information for each recipied by the time of reporting. (Attack	ent failing to fulfill goals or any o ch additional pages if necessary.	other terms of an agreement that
35. Information on recipier	nt and agreement:		
Name of recipient in defaul	•	Type or subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (/	Mark all that apply.):		
recipient ceased operatio		☐ recipient relocated to a different of the control of the contro	rent community
37. To date, has the recipie	nt fulfilled its repayment obliga		
☐ Yes ☐ No, recipient <u>h</u>	as begun to repay the assistance	. O No, recipient has not beg	un to repay the assistance.
38. Has the agreement been	amended to extend the recipier	nt's deadline for fulfilling its obli	gations? (Mark one.)
		Yes 🖸 No	
39. Describe the steps bein	g taken to bring recipient into c	ompliance or recoup the subsidy:	

Return your completed MBAF(s) by April 1, 2001, to:

2001 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name			
Pipestone Economic					
Development Authority		Joan Schroeder,	City Clerk		
3. Agency street address		4. City			
119 2nd Ave SW		Pipestone	Pipestone		
5. Zip code	6. Phone number (area code)	8. Type of government agency	. — — — — — — — — — — — — — — — — — — —		
56164 507-825-3324 7. Fax number (area code)		X_CityCounty	_RegionalState		
507-825-5353		Other (Please indicate)			
9 Name of business receiving assistance		10. Industry of recipient (SIC	code)		
Historic Calumet Inn		Hotel			
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
Direct Loan		N/A			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance		
July 8, 1996	August 6, 1996	placed in service Immediately	\$56,000.00		

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving assistance
3 full-time	\$5.15 per hour
19. Actual jobs created since business received assistant 5 full-time/7 part-time	ance 20. Actual average hourly wage paid to employees hired since business received assistance \$6.90
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate to corresponding benefit level.) N/A	
Level of V	wirly Value 2.3. Job Creation Hourly Wage 24. Hourly Value Voluntary Level of Voluntar nefits (\$) Full-time Part-time (excl. benefits) Benefits (\$)
less than \$7.00 \$7.00 to \$7.94	
\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	\$8,60 to \$9,99
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
July 30, 1996	July 24, 2002
27. Have all wage and job goals been achieved? Wyes — do	not submit future forms for this project.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name			
Pipestone Economic Dev. Authority		Joan Schroeder, City Clerk			
3. Agency street address		4. City			
l 119 2nd Ave SW		 Pipestone	,		
5. Zip code	6 Phone number (area code)	8. Type of government agency			
56164 507-825-3324 7, Fax number (area code)		X_CityCounty	RegionalState		
	507~825~53530		Other (Please indicate)		
9. Name of business receiving assistance		10. Industry of recipient (SIC code)			
GOW Industries, I	īnc.	Emergency Light:	Emergency Lighting		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
Contract for Deed		N/A			
13. Date of business 14. Date assistance first provided		15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance		
January 30, 1997	February 2, 1997	Immediately	\$48,000.00		

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

-			•-		
17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance			
Contract for Deed			tract	for Deed	
19. Actual jobs created since business received assistance		20 Actual average hourly wage paid to employees hired since business received assistance			
Contract for Deed			tract	for Deed	
•	ι	indicate numb	er of empl	ovees at each wage l	
Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)			Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
less than \$7.00				less than \$7.00	
\$7.00 to \$7.99	—.—			\$7.00 to \$7.99	
\$8,000 to \$0,90	- — - — {			\$8.09 to \$9.99	
\$10.00 to \$11.99			- — —	\$10.00 to \$11.99	
\$12.00 and higher				\$12,00 and higher	
r additional docume	intation.	If necessary, p	ilease attac	ch additional docume	entation.
	or Deed nee business receive or Deed ng assistance: (Pleasach wage level and ct.) Hourly Wage Level (evel. benefits) less than \$7.00 \$7.00 to \$7.90 \$8.00 to \$11.99 \$12.00 and higher	or Deed nee business received assistance or Deed ng assistance: (Please indicate ach wage level and indicate the cl.) Hourly Wage 22. Hourly Value Level of Voluntary (evel. benefits) Benefits (\$) less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99	assistance Connec business received assistance or Deed Cong assistance: (Please indicate ach wage level and indicate the cl.) Hourly Wage Level of Voluntary (evel, benefits) Benefits (\$\$) Full-time \$\$5.00 to \$7.99 \$\$10.00 to \$11.99 \$\$12.00 and higher 20 Actual ave business received assistance Actual perform indicate numb the corresponding to	assistance Contract The ed Con	assistance Contract for Deed To Deed Contract for Deed Contract fo

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
Contract for Deed	July 24, 2002
27. Have all wage and job goals been achieved? Yes - do	
	ase submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.



- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>August 1, 1999 through December 31, 1999</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a
 warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information	About Grantor			
Name of grantor (funding entity) Pipestone Economic Development Authority		Name of person completing Troy I Strom, C	this form ity Administrator	
3. Street address 119 2nd Ave SW		4. City Pipestone	5. ZIP code 56164	
6. County Pipestone	7. Phone number 507-825-3324	8. Fax number 9. E-mail address t1strom@cityofpipe		
-	r organization should receive the Lty Clerk 507-825-3. Phone number	2001 MBAF if different from the 324 <u>119 2nd Ave S</u> Street address	person in Question 2. W. Pipestone MN 56164 City ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city ED4 would check "City government,")		12. Has your organization held adopted criteria for awardin compliance with Minn. Sta	ng business subsidies in	
XXCity government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify)		 ∑ Yes (Indicate hearing date -9/13/99hd attach criteria) ☐ No ☐ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) ☐ Other (Please attach explanation.) 		
through December 31, 199	9 that is required to be reported u	siness subsidy or financial assistar nder Minn Stat. §116J,993 and §	116J.994? (Mark one.)	
Section 2 Information	About Recipient	□ No (Stop here, go to section	n S on page 4)	
14. Name of business or organization receiving subsidy or financial assistance		15. Address where business su will be used	bsidy or financial assistance	
Loopy's Dollar Stores, Inc.		3rd Ave & 2nd St Street address	NW, Pipestone MN 56164 City 7.IP code	
16. Does the recipient have a pa	rent corporation? (Mark one.)			
U Yes (Indicate name and addre 3 No	ess of parent corporation below.	If more than one, indicate ultima	le owner.)	

Name of parent corporation

Street address

State

ZIP code

City

17. Industry of recipient's facility (Mark one.):			
	J Services J Wholesale Trade	☐ Finance, Insurance, Re☐ Construction ☐ ☐ Oth	al Estate iet (please specify)
18. Did the recipient relocate as a result of sign	ing this agreement?	(Mark one.)	
■ Yes (Indicate city and state of previous add) □ No (Go to Question 19.)	ess and reason recip	nent did not complete this pro	ject at that address)
	1; not large	e enough to meet of revious address	expansion needs.
19. Would the recipient have remained in prev financial assistance? (Mark one.)	ious location of reloc	cated elsewhere if not awarded	I this business subsidy or
D Remained at previous location XXRelocate	d to different Minne	sota location N Relocated	outside Minnesota
Section 3 General Information Ab	out the Agreer	nent	
20 Total dollar value of business substdy or fi assistance (Please separate by type - see Q and 25 - and indicate only principal amor	uestions 24	21. Date agreement signed the date, indicate any dates t	n addition to the agreement he agreement was amended (
\$225,000.00		September 20	, 1999
22. Benefit date tIndicate the date the recipion indicate the date improvements were finished whichever is earlier.)			
23. Does the agreement provide a business subbe reported? (Mark one.)		our types of financial assistance	e (see Question 25) required to
24. If the agreement provided a business subsicindicate the type(s).	ly, please	25. If the assistance was one assistance, please indicat	
a not applicable, agreement provided financial	assistance	XXnot applicable, agreement p	provided a business subsidy
□ grant (i.e., forgivable loan) □ tax abatement □ TIF or other tax reduction or deferral □ guarantee of payment □ contribution of property or infrastructure □ preferential use of governmental facilities □ land contribution □ other (Specify subsidy type)		☐ assistance for property poll ☐ assistance for renovating be to code, when 50% or less ☐ assistance for pollution cor ☐ assistance for a TIF soils co	uilding stock or bringing it up of total cost itrol or abatement
26. If the assistance included tax increment fir	ancing please	27. Are any other grantors by	royiding a business subsidy or
indicate the type of TIF district? (Mark one			same project? (Mark one.)
🛪 not applicable, assistance was not in the form	n of TIF	XXY es (Specify each grantor assistance below; attach a	and the value of their nadditional sheet if necessary.)
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development		© No	
☐ mined underground space ☐ hazardous substance subdistrict		Grantons) and value of the a First National Bank & Trust Grantor	\$75,000.00 Value (\$)
	ļ	Grantor — — —	Value (\$)

Section 4 Goals and	Public Pur	pose Identified	in the Agreement		
28. Minn. Stat. \$116J.994 recof the following public pur				state a public purp	oose. Which
☐ Enhancing economic divers XX Creating high-quality job g ☐ Job retention ☐ Stabilizing the community			Maincreasing tax base (ca MacOther tplease specify) Country (please specify) Country (please specify)	Prevention business p	<u>of blig</u> ht or
29. Indicate whether the agre at the time of this report.				cipient had attaine	d those goals
A) Specific wage and job goa B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals		established! dates 2 Yes II No Sept II Yes XXNo	tet attainment (montl: & year) t. 20, 2001	All goals attained? XXYes II No II Yes II No II Yes II No II Yes II No II Yes II No
(Please attach descriptions of attainment if not documented					
	ge hourly value	of any employer-pro	reation and/or retention goa vided health insurance goal to separate goals by full- ar FIE (only if goals not stated as FT/PT)	s for those jobs. 10	
(excluding benefits)	Creation	Job Creation	Joh Creation		Health Insurance
no hourly wage-level goal					s
less than \$7.00	_2_	_3	:-		, <u>N/</u> A
\$7.00 to \$8.99		 -			s
\$4.00 to \$10.99					s
\$11.00 to \$12.99	_1_				, <u>N/A</u>
\$13 00 to \$14,99					·— —
\$15 00 and higher					s
	rly value of any	employer-provided i	ber of actual jobs created a health insurance for those jo non into full—and part-time	obs. 1 <u>Only</u> indicate	
Hourly Wage (excluding benefits)	Full-time Jub Creation	Part-time/ Seasonal/Temp. Job Creation	FTE <u>(only</u> If unable to separate FT/PT) Joh Creation	Job Retention	Hourly Value of Health Insurance
less than \$7,00			- —		s
\$7,00 (6.58) 99	. 2 .	_3_			, N <u>/</u> A
\$9.00 to \$10.99					<u> </u>
\$11 00 to \$12 99	_ <u>l_</u> _			· –	, <u>N</u> /A
\$13.00 to \$14.00					٠ _
\$15.00 and higher		<u> </u>			<u> </u>
32. Has the recipient achiev (Mark one.)	red <u>all goals</u> (se		nd 31) and fulfilled <u>all</u> oblig	sations stipulated in	n the agreement?

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

33. During the period August 1 through December 31, 1999, required by Minn. Stat. \$116J.993 and \$116J.994° (Mark)		reipients who failed to report as
XXY es (Indicate the name of each recipient failing to report a recipient. Attach additional pages if necessary.)	and the value of subsidy or financi	ial assistance awarded to that
Loopy's Dollar Stores, Inc. Interest Subsidy Name of recipient Type of subsidy or assistance		\$225,000.00 Value of subsidy or assistance
34. Did your organization have any recipients who failed to agreement signed on or after August 1, 1000, that were reliable to a Yes (Complete the remainder of this section).	equired to be fulfilled by the time	of this report? (Mark one.)
 35 39. Provide the following information for each recipien were to be attained by the time of reporting. (Attack) 35. Information on recipient and agreement: 		er terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36 Reason(s) for default (Mark all that apply.).		
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	in other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment obligate	on" (Mark one.)	
(1) Yes 20 No, recipient has begun to repay the assistance.	□ No, recipient has not begun	to repay the assistance
38. Has the agreement been amended to extend the reciptent	's deadline for tulfilling its obligat	ions? (Mark one)
□ Yes XKNo		
39. Describe the steps being taken to bring recipient into co	impliance or recoup the subsidy:	_

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146 Or fax to: (651) 215-3841



- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>August 1, 1999 through December 31, 1999</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a
 warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

Section 1 Information.	About Granter			
Name of grantor (funding er Economic Developm		2. Name of person completing Troy L. Strom, Ci		
3. Street address 119 2nd Ave SW		4. Cny Pipestone	5. ZIP code 56164	
6. County Pipestone	7. Phone number 507-825-3324	8. Fax number 507-825-5353	9. E-mail address tlstrom@cityofpir	estone.co
	r organization should receive the ty Clerk 507-825-3 Phone number	2001 MBAF if different from the 324 119 2nd Ave Street address	Person in Question 2 W. Pipestone MN 56 City ZIP code	5164
	Mark one. If grantor is entity lease indicate affiliation. For I check "City government.")	12. Has your organization held adopted criteria for awardi compliance with Minn. St		
City government County government Regional government State government Other (Please specify)	·— ·— ·— ·-	XX Yes tIndicate hearing date □ No □ We held a public hearing bu criteria (Indicate date of in. □ Other (Please attach explana	t have not yet adopted	
		siness subsidy or financial assista inder Minn, Stat. §116J,993 and §		
XM Yes (Comp	olete the remainder of the form.)	2 No. (Stop here, go to section	on 5 on page 4.)	
Section 2 Information	About Recipient			
14. Name of business or organi receiving subsidy or finance		15. Address where business st will be used	ubsidy or financial assistance	
C.J. Amdahl & Sons	s, Inc.	950 7th St SE Pip Street address	estone MN 56164 City ZIP code	
16. Does the recipient have a pa	arent corporation? (Mark one.)			_
The Yes (Indicate name and addr XXNo	ess of parent corporation below.	If more than one, indicate ultimo	tte owner)	
Name of parent corporation		Street address City	State ZIP code	

17. Industry of recipient's facility (Mark one)	
☐ Manufacturing ☐ Services ☐ Wholesale Trace	☐ Finance, Insurance, Real Estate de ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreeme	nt? (Mark one)
☐ Yes (Indicate city and state of previous address and reason re XXNo (Go to Question 19.)	respicat did not complete this project at that address (
City/State of previous address Reason project not completed a	t previous address
19. Would the recipient have remained in previous location or t financial assistance? (Mark one.)	clocated elsewhere if not awarded this business subsidy or
Q Remained at previous location Relocated to different Mu	nnesota location XXRelocated outside Minnesota
Section 3 General Information About the Agre	eement
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$121,391.00	June 22, 1998
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.) July 1, 1998	
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.) **Example 23. Does the agreement provide a business subsidy or one of the business subsidy.	e four types of financial assistance (see Question 25) required to Grantial assistance
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
☐ not applicable, agreement provided financial assistance	🗴 not applicable, agreement provided a business subsidy
☐ Ioan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.)	☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost ☐ assistance for pollution control or abatement ☐ assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one)	27. Are any other grantors providing a business subsidy or tinancial assistance to the same project? (Mark one.)
¹⅓ not applicable, assistance was not in the form of TIF	☐ Yes (Specify each grantor and the value of their assistance below, article an additional sheet if necessary.)
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	Grantor Sand value of the agreement(s). First National Bank & Trust \$500,000.00 Grantor Value (\$)

	•	•	(Mark all that apply)		
Enhancing economic diver			XNnercasing tax base (ca	innot be only purpo	ise)
1 Creating high-quality job (growth		Other (please specify)		
 Job retention Stabilizing the community 			 ☐ Other (please specify), ☐ Other (please specify) 		
2 Statement the community			- Oulet queuse specify i		
 Indicate whether the agree at the time of this report. 				reipient had attaine	d those goals
				get attainment	All goals
				(month & year)	attained?
 Specific wage and job gos 		d within 2 years		2. 31, 2002	
3) Other job-creation and/or	retention goals				Tres DiNo Tres DiNo
 Other wage goals Other goals other than wa 	ادرين طما العمامين	e.		·	UYes JNo
of other goals other man wa	ige and job good	,	<u> </u>		- (0) - (1)
Please attach descriptions o uttainment if not documented		••			
job creation goals in ful Hourly Wage	ge hourly value <i>l-time equivaler</i> Full-time Job	of any employer-pro its if you are unable i Part-time/ Seasonal/Temp.	wided health insurance goal to separate goals by full- ar FTE (only if goals not stated as FT/PT)	ls for those jobs. 7 <u>6</u>	ns.) Hourly Value of
(excluding benefits)	Creation	Job Creation	Job Creation	4 .	Health Insurance
no hourly wage-level goal	_18_			<u>N/A</u>	s_N/A
less than \$7,00		- ·- 	- —-	— -	s
\$7.00 to \$8.09					·
\$9.00 to \$10,99					₂ — —
37 00 to 310.			_		s
\$11.00 to \$12.99	- — -	- —			
\$11.00 to \$12.99 \$13.60 to \$14.99					s
\$11.00 to \$12.99	- — - — -	 	. <u> </u>	 - -	s s
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the follown date and the actual hou	rly value of any	employer-provided l	her of actual jobs created a health insurance for those jo ion into full- and part time FFE (only if unable to	obs. (Only indicate	the benefit
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the follown date and the actual hou	irly value of any vou are unable	employer-provided l to separate job creati	health insurance for those join into full- and part time	obs. (<u>Only</u> indicate positions.) Refe	the benefit
\$11.00 to \$12.09 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if	irly value of any vou are unable Full-time Job	employer-provided to separate job creati Part-time! Seasonal/Temp.	health insurance for those jo ion into full- and part time	obs. (<u>Only</u> indicate positions.) Refe #29	the benefit job creation in r to questi
\$11.00 to \$12.09 \$13.60 to \$14.99 \$15.00 and higher 11. For each of the following date and the actual hour full-time equivalents if Honry Wage (excluding benefits)	irly value of any vou are unable Full-time Job	employer-provided to separate job creati Part-time! Seasonal/Temp.	health insurance for those jo ion into full- and part time	obs. (<u>Only</u> indicate positions.) Refe #29	the benefit in the reation in r to questi Hourly Value of Health Insurance
\$11.00 to \$12.09 \$13.60 to \$14.99 \$15.00 and higher 31. For each of the follown date and the actual hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	irly value of any vou are unable Full-time Job	employer-provided to separate job creati Part-time! Seasonal/Temp.	health insurance for those jo ion into full- and part time	obs. (<u>Only</u> indicate positions.) Refe #29	the benefit in the realism in r to questi Hourly Value of Health Insurance
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if the following benefits) less than \$7.00 \$7.00 to \$8.99	irly value of any vou are unable Full-time Job	employer-provided to separate job creati Part-time! Seasonal/Temp.	health insurance for those jo ion into full- and part time	obs. (<u>Only</u> indicate positions.) Refe #29	the benefit igh creation in r to questi Hourly Value of Health Insurance
\$11.00 to \$12.99 \$13.60 to \$14.99 \$15.00 and higher 1. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	irly value of any vou are unable Full-time Job	employer-provided to separate job creati Part-time! Seasonal/Temp.	health insurance for those jo ion into full- and part time	obs. (<u>Only</u> indicate positions.) Refe #29	the benefit in the realism in r to questi Hourly Value of Health Insurance

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED)

33. During the period August I through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.) 🗖 Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.) 🛛 No Name of recipient Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance 34. Did your organization have any recipients who failed to achieve any goals of fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.) No (Stop here and submit form to DTED.) Yes (Complete the remainder of this section.) 35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary,) 35. Information on recipient and agreement: Name of recipient in default Type of subsidy or assistance Initial value of subsidy or assistance Street address of recipient City/ZIP code of recipient Outstanding value of subsidy or assistance 36. Reason(s) for default (Mark all that apply). recipient ceased operation. Directipient relocated to a different community U recipient was unable to fill vacant positions ☐ other (Specify reason) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) XNo, recipient has begun to repay the assistance. The No, recipient has not begun to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one) ☐ Yes Zi No. 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146 Or fax to: (651) 215-3841



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- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1	CLEMICOL	TUIOLMa	COD

Section 1 Change Hilling			
Name of grantor (funding entired) City of Ramsey	ity)	2. Name of person completing the Sean Sullivan	his form
3. Stree address 15153 Nowthen Blvd	NW	4. City Ramsey	5531350de
6. County Anoka	7. Phone number 763-433-9829	8. Fax number 763-427-5543	9. E-mail address ssullivan@ ci. ramsey.mnlus
10. Please indicate who in your	organizatum should receive the 20	02 MBAF if different from the per	
Name/Title	Phone number	Street address	City ZIP code
11. Classification of granter (M created by gov't agency, plus example, a city EDA would chee in City government County government Regional government State government	pase indicate affiliation. For	12. Has your organization held adopted criteria for awardin compliance with Minn Stat. 12 Yes, in 2002 (attach criteria) 13 Yes, in 2002 but have not yet 14 Yes, prior to 2002 15 Yes: 16 Hearing Dat 9-28-99 Year	g business subsidies in . §116J.994? (Mark one.) adopted criteria Criteria Submitted: 2000
13. Has your organization signa		Other (Please attach explanations subsidy or financial assistance ther Minn. Stat. §116J.993 and §110	from January 1, 2001
₩ Yes (Co	nplete the remainder of the form.)	□ No (Stop here, go to section	1 5 on page 4.)

Section :	2	Reçi	pieat	Inf	orm	ati	οп

14. Name of business or organization receiving subsidy or financial assistance	15. Address whe will be used 6651 14151 Street address		•	
16. Does the recipient have a parent corporation? (Mark one.)				
2 Yes (Indicate name and address of parent corporation below.	If more than one, in	dicate ulamate	оwпет.)	
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of reci	pient's facility (Mark on	e):		
	Manufacturing Retail Trade	Services D Wholesele Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify).	
18. Did the recipio	nt relocate as a result of s	rigning this agreement?	(Mark one.)	
Yes (Indicate cit No (Go to Quest		idress and reason recip	nent did not complete this project at that address,	,
City/State of previo	ous uddress Reason pro	pject not completed at p	revious address	
19. Would the recifinancial assistance		revious location or relo	cated elsewhere if not awarded this business subsi	dy or
□ Remai	ned at previous location	Relocated to differe	ent Minnesota location O Relocated outside M	innesota
Section 3 Agree	ement Information			
	alue of business subsidy (case separate value by ty		21. Date agreement signed (In addition to the a date, indicate ony dates the agreement was	
#60	18,624		3-12-2001	
indicate the date in whichever is earlied 23. Does the agree	nprovanents were finisher.) er.) ement provide a business	d, equipment was place. 8 - 2.00	the husiness subsidy or financial assistance. For each into service, or the recipient occupied the property of	erty,
be reported? (Mar		tusinces subsidy	I financial assistance	
	nt provided a business su (s) and total dellar value		25. If the assistance was one of the four types of assistance, please indicate the type(s).	of financial
O not applicable.	greement provided finan	cial assistance	and applicable, agreement provided a busines	s subsidy
D loan (only princ D grant (i.e., forgi		s s	C) assistance for property polluted by contammants assistance for renovating building	s
☐ TIF or other two	reduction or deferral yment property or infrastructure of governmental facilitie	5 5 \$_624_	stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost	· · · · · · · · · · · · · · · · · · ·
innd contribution of other (Specify s	π		assistance for pollution control or abatement	s
			assistance for a TIF soils condition district	·
	ce included tax Increments of TIF district? (Mark o		27. Are any other grantors providing a business financial assistance to the same project? (Mac Yes (Specify each grantor and the value of the same project).	rk one.)
O nor applicable,	assistance was not in the	form of TIF	assistance below; uttach an additional sheet	
☐ renewal and res	novation		Grantor(s) and value of the agreement(s):	
O mined undergree	ound space		Grantor Value (\$)	
}			Grantor Value (\$)	

28. Minn. Stat. §116J,994 res of the following public purpo	quires that busin ses were stated i	cas subsidy and financin the agreement? (Mo	cial assistance agreements ork all that apply.)	state a public purpo	we. Which
DEnhancing economic diversely Creating high-quality job good lob retention Stabilizing the community			Increasing tax base (or D) Other (pleasa specify)	unnet be only purpo	sc)
29. Indicate whether the agree at the time of this report.				cipiem had attained	those goals
A) Specific wage and job gos B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals	-	established? dates		All goals attained? Yes D No Yes D No Yes D No D Yes D No
(Please uttach descriptions of attainment if not documented					
30. For each of the following agreement and the average creation goals in full-time ey Hourly Wage	ge hourly value	of any employer-prov	ided health insurancegoals	for those jobs. (On	the indicate job Hourty Value of
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance
no hourly wage-level goal			·		s
no hourly wage-level goal					\$
- -					\$ \$
less than \$7.00					5
less than \$7.00 \$7,00 to \$8.99					5
iess than \$7.00 \$7,00 to \$8.99 \$9.00 to \$10.99					s
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99				<u></u>	s
less than \$7.00 \$7,00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followindate and the actual hou	ng wage categor	employer-provided he	er of actual jobs created at ealth insurance for those jon into full- and part-time just for the first part of the separate FT/PT)	obs. (<u>Only</u> indicate j	\$
iess than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents (f)	ng wage categor rly value of any you are unable t	employer-provided he o separate joh creatio Part-time!	ealth insurance for those jo in into full- und part-time jo FTE (<u>only</u> if unable to	obs. (<u>Only</u> indicate j poxitions.)	\$stthe benefit
iess than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents (f) Hourly Wage	ng wage categor rly value of any you are unable t Falt-time Job	employer-provided hu o scparate joh creatio Part-time/ Sensonal/Temp.	ealth insurance for those jo in into full- and part-time j FTE (only if unable to separate FT/PT)	obs. (<u>Only</u> indicate j poxitions.)	\$ \$ the benefit ob creation in Hourly Value of
iess than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents (f) Hourly Wage (excluding benefits)	ng wage categor rly value of any you are unable t Falt-time Job	employer-provided hu o scparate joh creatio Part-time/ Sensonal/Temp.	ealth insurance for those jo in into full- and part-time j FTE (only if unable to separate FT/PT)	obs. (<u>Only</u> indicate j poxitions.)	\$ \$ the benefit ob creation in Hourly Value of
iess than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$15.00 and higher 31. For each of the followindate and the actual hour full-time equivalents if the following wage (excluding benefits) less than \$7.00	ng wage categor rly value of any you are unable t Falt-time Job	employer-provided hu o scparate joh creatio Part-time/ Sensonal/Temp.	ealth insurance for those jo in into full- and part-time j FTE (only if unable to separate FT/PT)	obs. (<u>Only</u> indicate j poxitions.)	\$ \$ the benefit ab creation in Hourly Value of Hourly Value of Ileath insurance \$ \$
iess than \$7.00 \$7,00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if the control was the following benefits) less than \$7.00 \$7.00 to \$8.99	ng wage categor rly value of any you are unable t Falt-time Job	employer-provided hu o scparate joh creatio Part-time/ Sensonal/Temp.	ealth insurance for those jo in into full- and part-time j FTE (only if unable to separate FT/PT)	obs. (<u>Only</u> indicate j poxitions.)	\$ \$ the benefit ob creation in Hourly Value of
iess than \$7.00 \$7,00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followir date and the actual hou full-time equivalents (f) Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ng wage categor rly value of any you are unable t Falt-time Job	employer-provided hu o scparate joh creatio Part-time/ Sensonal/Temp.	ealth insurance for those jo in into full- and part-time j FTE (only if unable to separate FT/PT)	obs. (<u>Only</u> indicate j poxitions.)	\$ s

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Return your completed MBAF(s) by Anril 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



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	296-0580. Information on who	ere to mail or fax	our complete	d MBAF(s)	is on page 4.
Section 1 Grantor Inform 1. Name of grantor (funding ex-	2. Name of person completing this form				
City of Ramsey		Sean Sullivan			
3. Street address 15153 Nowthen Blvd NW		1. City Ramsey 55303		•	
6. County Anoka	8. Fax number 9. E-mail address 5543-427-5543 5541 ivan@ ci-ramsey.mn.us:			ddress and ci- mn us	
10. Please indicate who in your	r organization should receive the 2	002 MBAF if differe	ent from the per	· —	
Nume/Title	Phone number	Street addre	:33	Ciry	ZIP onde
11. Classification of grantor (A created by gov't agency, pleasurple, a city EDA would che	lease indicate affiliation. For	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)			
A City governmen:		☐ Yes, in 2002 (attach criteria) ☐ Yes, in 2002 but have not yet adopted criteria			
☐ County government		A Yes. prior to 2002			
☐ Regional government		If Yes: Hearing Dat9-28-99 Year Criteria Submitted: 2000			
☐ State government		O No		er mer me oner	
Other (Please specify.)		Other (Please anach explanation.)			
	ned any numeroents to award a bus				
Kyes (Ca	implete the remainder of the form.	No (Stop her	e, go to section	1 5 оп раде 4.)
Section 2 Recipient Info	rmation				
14. Name of business or organ	ization	15. Address who	re business sub	sidy or finan	cial assistance
receiving subsidy or finance	6920 143 1 Au. NW RAMSET MN 55303				
OLDCASTLE PREC	MT, THE	Street address	City	State	ZIP code
16. Does the recipient have a	parent corporation? (Mark onc.)				
☐ Yes (Indicase name and add 2.No	tress of parent corporation below.	If more than one, in	dicaje vllimate	owner.)	
Name of parent corporation		Street address	City	State	ZTP code

17. Industry of recipient's facility (Mark one.):					
Manufacturing O Scr O Retail Trade O Wh	vices olesale Trade	O Finance, Insuran O Construction	ce, Real Estate Other (please specify)		
18. Did the recipient relocate as a result of signing to	his agreement? (A	(ark one.)			
☐ Yes (Indicate city and state of previous address at No (Go to Question 19.)	nd reason recipies	nt did not complete th	is project at that address)		
City/State of previous address Reason project not	completed at prev	vious address			
19. Would the recipient have remained in previous I financial assistance? (Mark one)	location or relocat	ted elsewhere if not a	warded this business subsid	dy or	
Remained at previous location D Rele	scaled to differen:	Minneson location	Relocated outside Mi	nnesom	
Section 3 Agreement Information					
20. Total dollar value of business subsidy or financ assistance (Please separate value by type in Qu and 25.)	1 -	•	igned (In addition to the ag dates the agreement was t	•	
\$ 562,320		7-31-2	001		
23. Does the agreement provide a business subsidy be reported? (Mark one.)	ment was placed COOL or one of the four	into service, or the re	cipient occupied the propo	rty,	
A Gazi	icas subsidy	I Illianciai assistance			
24. If the agreement provided a business subsidy, pl indicate the type(s) and total dollar value for each			was one of the four types of indicate the type(s).	f financial	
O not applicable, agreement provided financial assis	stance /	anot applicable, agre	coment provided a business	s subsidy	
Diguarantee of payment S	562,710	assistance for property contaminants assistance for renovators for contaminants assistance for renovators for contaminants stock or bringing it assistance provided historic preservations assistance for pollulabatement assistance for a TD assistance for a TD	vating building up to code, and I for designated on districts, when I cost	ss s s	
26. If the assistance included tax increment financi indicate the type of TIF district? (Mark one.) I not applicable, assistance was not in the form of the redevelopment.	TUF	financial amistance Yes (Specify each)	antors providing a business to the same project? (Mar grantor and the value of th attach an additional sheet	rk onc.) eir	
in renewal and renovation in soils condition in economic development		Grantor(s) and value	of the agreement(s): Value (\$)		
☐ mined underground space ☐ hazardous substance subdisures		Gramor	Value (\$)	 _	

28. Minn, Stat. §116J.994 rea of the following public purpo	quires that busin ses were stated i	ess subsidy and final in the agreement? (M	ncial assistance agreements s fark all that apply.)	tate a public purpo	se. Which
DEnhancing economic divent Creating high-quality job good look recention Stabilizing the community	ing high-quality job growth			1 (2)	
 Indicate whether the agree at the time of this report. 	cment included (Fill in the box	the following types of	of goals, and whether the rec.	ipient had attained	those goals
A) Specific wage and Job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals			established? dates (Yes INO		All goals strained? U Yes W No U Yes U No U Yes U No U Yes U No
Pleuse utuch descriptions of uttainment if not documented					
30. For each of the following agreement and the average creation goals in full-time equi	ge hourly value o	of any employer-prov	vided health insurancegoals f	for those jobs. (On	ilv indicate job
Hourly Wage (excluding penefits)	/u -clime Job Creation	Part-time/ Scasonal/Tomp. Job Creation	FTE (<u>only</u> if goals set stated as FT/PT) Job Crestion	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					3
less than \$7.00			-		5
\$7.00 to \$8.99					\$
\$9.00 to \$10.99	<u>15</u> _				3
\$11,00 to \$12.99		. —			s
\$13.00 to \$14.99					3
				_	S
\$15.00 and higher					
31. For each of the followin	rly value of any	employer-provided b	ber of actual jobs created and nealth insurance for those job on into full- und puri-time po	s. <u>(Only</u> indicate j	
31. For each of the followin date and the actual nour full-time equivalents if y	rly value of any you are unable to Full-time	employer-provided k o separate job creatii Part-time/	nealth insurance for those job on into full- and part-time po FTE (only if anable to	s. <u>(Only</u> indicate j sitions.)	ob creation in
31. For each of the followin	rly value of any you are unable to	employer-provided be o separate job creation	nealth insurance for those job on into full- and part-time po	s. <u>(Only</u> indicate j	
31. For each of the followin date and the actual nour full-time equivalents if y Hourly Wage	rly value of any you are unable to Full-time Job	employer-provided h o separate job creation Part-time/ Sessonal/Temp.	nealth insurance for those job on into full- und puri-time po FTE (only if anable to separate FT/PT)	s. <u>(Only</u> indicate j sitions.)	ob creation in Hourly Value of
31. For each of the followin date and the actual nour full-time equivalents if y Hourly Wage (excluding benefits)	rly value of any you are unable to Full-time Job	employer-provided h o separate job creation Part-time/ Sessonal/Temp.	nealth insurance for those job on into full- und puri-time po FTE (only if anable to separate FT/PT)	s. <u>(Only</u> indicate j sitions.)	ob creation in Hourly Value of Bealth Insurance
31. For each of the followin date and the actual nour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00	rly value of any you are unable to Full-time Job Creation	employer-provided h o separate job creation Part-time/ Sessonal/Temp.	nealth insurance for those job on into full- und puri-time po FTE (only if anable to separate FT/PT)	s. <u>(Only</u> indicate j sitions.)	ob creation in Hourly Value of Bealth Insurance
31. For each of the followin date and the actual nour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	rly value of any you are unable to Full-time Job Creation	employer-provided h o separate job creation Part-time/ Sessonal/Temp.	nealth insurance for those job on into full- und puri-time po FTE (only if anable to separate FT/PT)	s. <u>(Only</u> indicate j sitions.)	ob creation in Hourly Value of Bealth Insurance
31. For each of the following date and the actual noun full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	rly value of any you are unable to Full-time Job Creation	employer-provided h o separate job creation Part-time/ Sessonal/Temp.	nealth insurance for those job on into full- und puri-time po FTE (only if anable to separate FT/PT)	s. <u>(Only</u> indicate j sitions.)	ob creation in Hourly Value of Bealth Insurance

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.) 33. During the period January 1, 2001 through December 31, 200), did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.) Tyes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.) a No Type of subsidy or assistance (See Questions 24 and 25.) Name of recipient Value of subsidy or assistance 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? (Mark one.) Tyes (Complete the remainder of this section.) IN No (Stop here and submit form to DTED.) 35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.) 35. Information on recipient and agreement: Name of recipient in default Type of subsidy or assistance Initial value of subsidy or assistance City/ZIP code of recipient Street address of recipierr Outstanding value of subsidy or assistance 36. Reason(s) for default (Mark all that apply.): I recipient relocated to a different community ☐ recipient ceased operation I recipient was unable to fill vacant positions O other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) □ Ycs O No, recipient has not begun to repay the assistance. O No, recipient has begun to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) ☐ Yes ☐ No 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146



- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government/agency that signed a business subaidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1	Grantor !	ևմ	formation
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ection] Grantor Inform	ation	,			
Name of granto: (funding entity) City of Ramsey		2. Name of person completing this form Sean · Sullivan			
3. Street address 15153 Nowthen Blvd NW		4. City Ramsey		35303°	
6. County Anoka 7. Phone number 763-433-9829		8. Fax number 763-427-55	43	9. E-mail address ssullivant ci- ramsey.mn.us	
10. Please indicate who in your	organization should receive the 2	002 MBAF if differe:	nt from the per	son in Questi	on 2.
Name/Title	Phone number	Street addres	15	City	ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by 20v't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)			
Ճ City government		☐ Yes, in 2002 (attach criteria) ☐ Yes, in 2002 but have not yet adopted criteria			
☐ County government		X [□] Yes, prior to 2002			
☐ Regional government		If Yes: Hearing Dan 0 -28-99 Year Criteria Submitted: 2000			
☐ State government		□ No		••	
Other (Please specify.)		Other (Please attach explanation.)			
through December 31, 2001	ed any agreements to award a busic that is required to be reported un implete the remainder of the form.)	der Minn. Stut. §116.	I.993 and §116	ป.994? <i>(Mar</i> k	one.)
Section 2 Recipient Infor			. June 1		
14. Name of business or organization receiving subsidy or financial assistance		15. Address where business subsidy or financial assistance will be used 6451 Mulany 54 No. Pans 9, 100 5580 3			
Sharp & ASSOCIATE	S, LLC	Street address	City	State	ZIP code
16. Does the recipient have a p	arent corporation? (Mark one.)				
□ Yes (Indicate name and addr No	cass of parent corporation below.	lf more than one, ind	licale ullimate	owner.)	
Name of parent corporation		Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):		·		
	Services Wholesale Trade	O Finance, Insumn O Construction	ice, Real Estate Other (please speci,	Upressed FU privati remant
18. Did the recipient relocate as a result of signin	g this agreement? ((Mark one.)		
☐ Yes (Indicate city and state of previous address. ⚠No (Go to Quartien 19.)	and reason recipi	ient did not complete th	sis proj ect at that addre.	vs.)
City/State of previous address Reason project r	ot completed at pr	evious address		
19. Would the recipient have remained in previous financial assistance? (Mark one.)	is location or reloc	ated elsewhere if not a	warded this business sul	haidy or
☐ Remained at previous location a R	elocated to differen	nt Minnesota location	☐ Relocated outside	Minnesota
Section 3 Agreement Information				
20. Total dollar value of business subsidy or fine assistance (Please separate value by type in and 25.)			igned (In addition to the dates the agreement w	
\$ 948,419		3-26-	2001	
22. Benefit date (Indicate the date the recipient vindicate the date improvements were finished, equivalence is earlier.) 8 - 2 23. Does the agreement provide a business subside reported? (Mark one.)	upment was placed - OO \ If yor one of the for	d inio service, or the re	ciplent occupied the pro	peny.
24. If the agreement provided a business substity.	. 1		was one of the four type	
indicate the type(s) and total dullar value for o			indicate the type(s).	() ijimircini
I not applicable, agreement provided financial as	SISTANCE	not applicable, agre	content provided a busin	cas subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ lund contribution ☐ other (Specify substdy type.)	\$ \$ \$ \$ \$ \$ \$	□ assistance for prop- by contaminants □ assistance for reno- stock or bringing it assistance provided historic preservation □ assistance for pollu- abatement □ assistance for a Till	vating building up to code, and I for designated on districts, when I cost	\$ \$
26. If the assistance included tax increment final indicate the type of TIF district? (Mark onc.) I not applicable, assistance was not in the form	1	financial amistance Li Yes (Specify each	antors providing a busin to the same project? (h grantur and the value o attach an additional sho	dark one.) i their
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground space	,	Granter(s) and value	of the agreement(a): Value (S)	
🔾 hazardous substance subdistrict		Grantor	Value (\$)	-

28. Minn. Stat. §1161.994 res of the following public purpo	quires that busin ses were stated	ess subsidy and finantin the agreement? (Me	cial assistance nurvements ark all that apply.)	state a public purpo	sc. Which
☐ Enhancing economic diver ☐ Creating high-quality job g ☐ Joh retention ☐ Stabilizing the community	powth		Other (please specify)	Runor be only purpos	se)
29. Indicate whether the agree at the time of this report.	sement included (Fill in the box	the following types of ex and attainment date	f goals, and whether the re	cipient had attained	those goals
A) Specific wage and job got B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals	•	established? dates		All goals attained? □ Yes □ No
(Pleuse attach descriptions o attainment if not documented					
30. For each of the following agreement and the overage creation goals in full-time equation was well-	ge hourly value	of any employer-provi	ided health insurancego <mark>al</mark> i	for those jobs. (On	ly indicate job Hourly Value of
(excluding benefits)	. Creation	Jub Creation	Job Creation		Health Insurance
no hourly wage-level goal		. —			5
less than \$7.00			 .		3
\$7.00 to \$8.99					\$
\$9.00 w \$10.99	17				S
\$11.00 to \$12.99					5
\$13,00 to \$14,99					8
					_
\$15.00 and higher					5
31. For each of the followin date and the actual hour full-time equivalents if)	rly value of any pou are unable t Fell-time	employer-provided he o separate job creation Part-time/	ealth insurance for those jo in into full- and part-time p FTE (<u>only</u> if snable to	ohs. <u>(Only</u> indicate jo positions.)	the benefit ob creation in
31. For each of the following date and the actual hour	rly value of any you are unable t	employer-provided he o separate job creation	ealth insurance for those jo in into full- and part-time p	ohs. <u>(Only</u> indicate jo	the benefit
31. For each of the following date and the actual hour full-time equivalents if) Hourly Wage	rly value of any you are unable t Fell-time Job	employer-provided he o separate job creation Part-time/ Sensonal/Temp.	ealth ingurance for those jo in into full- and part-time p FTE (only if samble to separate FT/PT)	ohs. <u>(Only</u> indicate jo positions.)	the benefit the creation in Hourly Value of
31. For each of the followin date and the actual hour full-time equivalents if) Hourly Wage (excluding benefits)	rly value of any you are unable to Fell-time Job Creation	employer-provided he o separate job creation Part-time/ Sensonal/Temp.	ealth ingurance for those jo in into full- and part-time p FTE (only if samble to separate FT/PT)	ohs. <u>(Only</u> indicate jo positions.)	the benefit the creation in Hourly Value of
31. For each of the followindate and the actual hour full-time equivalents if) Hourly Wage (excluding benefits) less than \$7.00	rly value of any you are unable t Fell-time Job	employer-provided he o separate job creation Part-time/ Sensonal/Temp.	ealth ingurance for those jo in into full- and part-time p FTE (only if samble to separate FT/PT)	ohs. <u>(Only</u> indicate jo positions.)	the benefit ob creation in Licerty Value of Health Insurance
31. For each of the followin date and the actual hour full-time equivalents if) Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	rly value of any you are unable to Fell-time Job Creation	employer-provided he o separate job creation Part-time/ Sensonal/Temp.	ealth ingurance for those jo in into full- and part-time p FTE (only if samble to separate FT/PT)	ohs. <u>(Only</u> indicate jo positions.)	the benefit the creation in Health luturance S S
31. For each of the followin date and the actual hour full-time equivalents if) Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	rly value of any you are unable to Fell-time Job Creation	employer-provided he o separate job creation Part-time/ Sensonal/Temp.	ealth ingurance for those jo in into full- and part-time p FTE (only if samble to separate FT/PT)	ohs. <u>(Only</u> indicate jo positions.)	the benefit ab creation in Liourly Value of Health Insurance S S

Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you completed it on	another 2002 MBAF subn	nitled to DTED.)
 During the period January 1, 2001 through December 31, report as required by Minn. Stat. §116J.993 and §116J.994? (1) 	2001, did your organization hav Mark one.)	e any recipionts who failed to
Yes (Indicate the name of each recipient failing to report at recipient. Attach additional pages if necessary.)	nd the value of subsidy or financ	sial assistance awarded to that
)		
Name of recipient Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
 Did your organization have any recipients who failed to a agreement signed on or after January 1, 2001, that were re 		
Yes (Complete the remainder of this sect	ion.) Ano (Stup here and s	submit form to DTED .)
35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach additional description)	-	her terms of an agreement that
35. Information on recipien: and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply:):		
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	necipient relocated to a difference of the control	erent community
37. To dare, has the recipient fulfilled its repayment obligant	in? (Mark one.)	
☐ Yes ☐ No, recipient has begun to repay the assistance.	□ No, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the recipient	's deadline for fulfilling its oblig	zations? (Mark one.)
	l Yes 🗆 No	
39. Describe the steps being taken to bring recipient into con	npliance or recoup the subsidy	
		
		

Return your completed MBAF(s) by April 1, 2002, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146



2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report surcements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period <u>January 1. 2001 through December 31, 2001:</u> 1) any local government/agency that signed a business subsidy agreement since January I. 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions I through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

 Questions? Call (6) Section 1 Grantor Inf 	51) 296-0580. Information on wl ormation	here to mail or fax your con	npleted MBAF(s) is on page 4.	
Name of gruntor (fundin City of Ramsey		2. Name of person comple Sean Sullivan	eting this form	
3. Street address 15153 Nowthen Bl	vd NW	4. City Ramsey	55ZIP3ode	
6. County Anoka	7. Phone number 763-433-9829	8. Fax number 763-427-5543 9. E-mail address Esullivan@ ci- Tamsey.mn.us		
10. Please indicate who in	your organization should receive the	2002 MBAF if different from t		
Name/Title	Phone number	Street address	City ZIP code	
11. Classification of grants created by gov't agenc example, a city EDA would	m (Mark onc. If granter is entity y, please indicate affiliation. For check "City government.")	adopted criteria for av	nhold a public hearing on and warding business subsidies in n. Stat. §116J.994? (Mark one.)	
Try government		☐ Yes, in 2002 (attach criteria) ☐ Yes, in 2002 but have not yet adopted criteria		
County government		XQ Yes, prior to 2002		
☐ Regional government		If Yos:	Year Criteria Submitted: 2000	
O State government			Tear Criteria Suominea. 2000	
I Other (Please specify.)		O Other (Please attach ex	planation.)	
	signed any agreements to award a bu 2001 that is required to be reported to			
☐ Yes	(Complete the remainder of the form	.) No (Stop here, 80 10 s	section 5 on page 4.)	
Section 2 Recipient I	nformation	·		
14. Name of business or o receiving subsidy or fl	_	15. Address where busine will be used	ess subsidy or financial assistance	
LUJDETA HOLDING	د بدد		City State ZIP code	
	e a parent corporation? (Mark one.)			
D Yes (Indicate name and	address of purent corporation helow	. If more than one, indicate ul	timate owner.)	

City

Street address

State

ZIP code

Name of parent corporation

17. Industry of recipient's facility (Mark one.).	
✓ Mianufacturing ☐ Services ☐ Retail Trade ☐ Wholesale I	☐ Finance, Insurance, Real Estate rade ☐ Construction ☐ Other (please specify) (MUNUTAN)
18. Did the recipient relocate as a result of signing this agree	ment? (Mark ane.)
☐ Yes (Indicate city and state of previous address and reason & No (Go to Question 19.)	r recipient did not complete this project at that address.)
City/State of previous address Reason project not complete	ed at previous address
19. Would the recipient have remained in previous location of financial assistance? (Mark one.)	or relocated elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ Relocated to	different Minnesota location
Section 3 Agreement Information	
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 2 and 25.)	21. Date nigreciment signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$375,204	7-31-2001
indicate the date improvements were finished, equipment was whichever is earlier.) 3-12-2002 23. Does the agreement provide a business subsidy or one of be reported? (Mark one.)	the four types of financial assistance (see Question 25) required to
	25. If the assistance was one of the four types of financial
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	assistance, please indicate the type(s).
O not applicable, agreement provided financial assistance	ब्र् not applicable, agreement provided a business subsidy
☐ losn (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.) ☐ S	stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost assistance for pollution centrol or
26. If the assistance included tax increment financing, pleas indicate the type of TIF district? (Mark one.) D not applicable, assistance was not in the form of TIF Aredevelopment	financial assistance to the same project? (Mark onc.) Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
O renewal and renovation	Grantor(s) and value of the agreement(s):
soils condition conomic development mined underground space hazardous substance subdistrict	Grantor Vulue (\$)
C meeting anomity andigner	Grantor Value (\$)

28. Minn, Stat. §116J.994 recoff the following public purpor	puires that husin ses were stated i	ess subsidy and finant the agreement? (M	cial assistance agreements s	tate a public purpo	se. Which
☐ Enhancing economic divernge Creating high-quality job g☐ lob retention☐ Stabilizing the community	T		ancreasing tax base (car Dother (please specify)_	mot be only purpor	se)
29. Indicate whether the agre at the time of this report.				ipient had attained	those goals
A) Specific wage and job goa B) Other job-creation and/or of C) Other wage goals D) Other goals other than wa	retention goals		established? dates of Yes No 3.		All goals attained7 O Yes O No O Yes O No O Yes O No
(Please attack descriptions of attainment if not documented			<u></u>		
30. For each of the following agreement and the average creation goals in full-time eq	ge hourly value	of any employer-prov	rided health insurancegoals:	for those jobs. (On	i <u>ly</u> indicate job
Hourty Wage (excluding benefits)	Fall-time Job Creation	Part-time/ Seasonal/Temp. Job Creaties	FTE (only if goals not stated as FT/PT) Jub Creation	Job Relembon	Hearly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					\$. _{******}
\$7.00 to \$8.99					\$
\$9.00 to \$10.99	<u>11_</u>				5
\$11.00 to \$12.99					:
\$13,00 to \$14.99					:
\$15,00 and higher					<u> </u>
	rly value of any	employer-provided h	or of actual jobs created and calth insurance for those job on into full- and part-time po	rs. <u>(Only</u> indicate j	
Jan-nine offerences of			FTE (only if unable to		
Hourty Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health insurance
Hourly Wage	Job	Seasonal/Temp.	separate FT/PT)	Job Retention	•
Hourty Wage (excluding benefits)	Job	Seasonal/Temp.	separate FT/PT)	Job Retention	•
Hourty Wage (excluding benefits) less than \$7.00	Job Creation	Seasonal/Temp.	separate FT/PT)	Job Retention	•
Hourty Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	Job	Seasonal/Temp.	separate FT/PT)	Job Retention	•
Hourty Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Job Creation	Seasonal/Temp.	separate FT/PT)	Joh Retention	•

Section 5 Recipients Failing to Fulfill Obligations

Street address of recipient City 36. Reason(s) for default (Mark all that apply.):	any goals or fulfill a to be fulfilled by the W No (Stop here of the fulfilled of the to fulfill goals or ar	Value of suit any other obligate time of this repair and submit form my other terms of the submit su	bsidy or assistance tions under an port? (Mark one.) to DTED.; f an agreement that I value of dy or assistance
Name of recipient Type of subsidy or assistance (See Quantum Section) 34. Did your organization have any recipients who failed to achieve agreement signed on or after January 1, 2001, that were required by Yes (Complete the remainder of this section.) 35 39. Provide the following information for each recipient failing were to be attained by the time of reporting. (Attach additional Section) 35. Information on recipient and agreement: Name of recipient in default Typ Street address of recipient City 36. Reason(s) for default (Mark all that apply.):	any goals or fulfill a to be fulfilled by the No (Stop here of the fulfill goals or are pages if necessary.)	any other obligate time of this repart of the submit form ny other terms of the submit form ance Initial submit form outstan	tions under an port? (Mark one.) to DTED.; f an agreement that I value of dy or assistance
34. Did your organization have any recipients who failed to achieve agreement signed on or after January 1, 2001, that were required. \[\textstyle \text{Yes} \text{(Complete the remainder of this section.)} \] 35 39. Provide the following information for each recipient failing were to be attained by the time of reporting. (Attach additional) 35. Information on recipient and agreement: \[\text{Name of recipient in default} \text{Typ} \] Street address of recipient \[\text{City} \text{36. Reason(s) for default (Mark all that apply.):} \[\text{Trecipient ceased operation} \text{Trecipient was unable to fill vacant positions} \text{To or copient} \text{Typ} \]	any goals or fulfill a to be fulfilled by the No (Stop here of the fulfill goals or are pages if necessary.)	any other obligate time of this repart of the submit form ny other terms of the submit form ance Initial submit form outstan	tions under an port? (Mark one.) to DTED.; f an agreement that I value of dy or assistance
Street address of recipient City Street address of recipient Mark all that apply.): Trecipient ceased operation Trecipient ceased operation recipient was unable to fill vacant positions	No (Stop here of to fulfill goals or an pages if nacessary.)	and submit form ny other terms of linitis subsident Outstan	f an agreement that I value of dy or assistance
35 39. Provide the following information for each recipient failing were to be attained by the time of reporting. (Attach additional 35. Information on recipient and agreement: Name of recipient in default Typ Street address of recipient City 36. Reason(s) for default (Mark all that apply.):	to fulfill goals or an pages if nacessary.)	ny other terms of	f an agreement that I value of dy or assistance
were to be attained by the time of reporting. (Attach additional 35. Information on recipient and agreement: Name of recipient in default Street address of recipient City 36. Reason(s) for default (Mark all that apply.):	pages if necessary.) c of subsidy or assists	anœ Initis subsid	l value of dy or assistance uding value of
Street address of recipient City 36. Reason(s) for default (Mark all that apply.): Precipient seased operation recipient was unable to fill vacant positions		subsident of the state of the s	dy or assistance
36. Reason(s) for default (Mark all that apply.): Trecipient ceased operation Trecipient was unable to fill vacant positions	ZIP code of recipien		_
Trecipient ceased operation Trecipient was unable to fill vacant positions			OF ASSISTANCE
O recipient was unable to fill vacant positions			
37. To date, has the recipient fulfilled its repayment obligation? (M	cipical relocated to a her (Specify reuson.)		nanity
	ark one.)		
Yes No. recipient has begun to repay the assistance.	lo, recipient <u>has not t</u>	begun to repay t	he assistance.
38. Has the agreement been amended to extend the recipient's dead	line for fulfilling its	obligations?(Ma	rk one.)
O Yes	⊒ No		
39. Describe the steps being taken to bring recipient into complian	c or recoup the subsi	idy	

Return your completed MBAF(s) by <u>Anril 1, 2002</u>, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Squarc, 121 East 7th Place
St. Paul, MN 55101-2146

t



2001 Minnesota Business Assistance Form

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

I. Name of grantor (City Of Ram			2. Name of person completing this form Sean Sullivan			
3. Street address 15153 Nowthe	en Blvd NW	4. City Ramsey	5. ZIP code 55303	j		
6. County Artoka	7. Phone number 763-433-9829	8. Fax number 763-427-5543	9. E-mail a ssulliva	dd ass n@ci.ramsey		
10. Please indicate v	vito in your organization should receiv	e the 2002 MBAF if different fr	om the person in Qu	estion 2.		
Name/Title	Phone number	Street address	City	ZIP code		
created by gov't	gruntor (Mark one. If grantor is entry agency, please indicate affiliation. F EDA would check "City government."	or adopted criteria for	ion held a public hear awarding business su inn. Stat. §116J.994? 9–28–99	ıbsidies In		
City government County government Regional government State government Other (Please spec	pent		ring but have not yet te of initial hearing -	eviously se		
through Decemb	zation signed any agreements to award ber 31, 2000 that is required to be repo Yes (Complete the remainder of the fo	orted under Minn. Stat. §116J.99	93 and §116J.994? !!	Mark one.)		
	nation About Recipient	12.2	A 0000	<u>/</u>		
14. Name of busines		15. Address where busing will be used	15. Address where business subsidy or financial assistance will be used			
RAMSEY B	B.LC	Street address	Ale 10 Gameson, o City State			
	ant have a parent corporation? (Mark o	ine)				
☐ Yes (Indicate nun No	ne and address of parent corporation t	below. If more than one, indica	te ultimate owner.)			
Name of parent corr	viration	Street augress	Ciry State	ZIP code		

17. Industry of recipient's facility (Mark one.	<u> </u>		•	
☐ Manufacturing ⚠ Retail Trade	Services Wholesale Trade	☐ Finance, Insura: ☐ Construction	nce, Real Estate Other (please specif	5v)
18. Did the recipient relocate as a result of si	ening this agreemen	t? (Mark one.)		
¥Yvs (Indicate city and state of previous add □ No (Go to Question 19.)	dress and reason rec	ipient did not complete t	his project at that addre)
AHOKA IMM SPA				
City/State of previous address Reason projection	ect not completed at	previous address		<u> </u>
 Would the recipient have remained in pre- financial assistance? (Mark one.) 	evious location or rei	located elsewhere if not	swarded this business su	baidy or
☐ Remained at previous location (Relocuted to differe	nt Minnesota location	☐ Relocated outside M	(innexota
Section 3 General Information Abo	ut the Agreeme	nt		
20. Total dollar value of business subsidy or assistance (Please separate value by type and 25.)	,		ned (In addition to the a dates the agreement was	
\$ 349,589		5-4-2	000	
 Benefit date (Indicate the date the recipior indicate the date improvements were fini- whichever is earlier.) 				
· · · · · · · · · · · · · · · · · · ·	10-1-200	00		
23. Does the agreement provide a business so be reported? (Mark one.)	ubsidy or one of the business subsidy	four types of financial as	ssistance (see Questior, 2	5) required to
24. If the agreement provided a business substitution indicate the type(s) and total dollar value			as one of the four types of adicate the type(s).	of financial
☐ not applicable, agreement provided financi	ial assistance	Ocor applicable, agree	ement provided a busines	s subsidy
C toan (only principal)	s	assistance for proper	rty polluted	s
grant (i.e., forgivable loan) ux abstement	3	by contaminants 3 assistance for renova		\$
☐ TIF or other tax reduction or deferral ☐ guarantee of payment		stock or bringing it is assistance provided		
contribution of property or infrastructure	344,587	historic preservation	n districts, when	
opreferential use of governmental facilities localization	\$	50% or less of total assistance for pollut		\$
🖸 other (Specify substidy type.)	\$	abatement assistance for a TIF	soils condition district	s
26. If the assistance included tax increment a ludicate the type of TIF district? (Mark of			ntors providing a business to the same project? A	
not applicable, assistance was not in the fo	orm of TIF		rantor and the value of t ttach un additional sheet	
Special and renovation		B No		
Soils condition Coconomic development Combined underground space Cobazardous substance subdistrict		Grantor(s) and value of	of the agreement(s):	
C invariduis substance subdistrict		Grantor	Value (\$)	
		Grantor	Vglue (\$)	

			n? (Mark all that apply.)		
Enhancing economic diver Creating high-quality job p			Increasing tax base (car Other (please specify)	inot be only purp	ose)
Job retention	-				
Stabilizing the community					
 Indicate whether the agn at the sime of this report. 			of goals, and whether the n lass(s) for each goal.)	cipient had attui	ned those goals
				et uttainment	All goals
) Specific wage and job go:	ais to be attaind	ed within 2 vents		(month & year)	attained?
Other job-creation and/or					□ Yes □ No
Other wage goals			⊃Y≊ □No		⊃Yes O.Wo
Other goals other than wa	ige and job gos	∐B.	□ Yes □ No		⊃Yes □No
lease attach descriptions of tainment if not documented					
			reation and/or retention gov		
			rvided health insurance goal to separate goals by full- at		
Hoorly Wage	Full-drae Job	Part-time/ Seasonal/Temp.	FTE (only if goals not stated as FT/PT)	Job	Honriy Value of
(excluding penetits)	Creation	Jub Creation	Joh Creutium	Recention	Realth Insurance
no hourly wage-level goal		`			s
less than \$7.00		 .			s
\$7,00 to \$8.99					\$
\$9.00 to \$10.99					<u></u>
\$11,00 to \$12,99					£
\$13.00 to \$14.99	0			-	2
\$15.00 and higher		<u> </u>	_		s
date and the actual hou	irly value of an	y employer-provided	the of actual jobs created a health insurance for those j tion into full- and part-time	obs. <u>(Only</u> indic	
Hourly Wage	Full-time Job	Part-time/ Sessons1/Temp.	FTE (only if unable to separate FT/PT)	Job	Hourly Value of
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
ices than \$7,00	1				s
\$7.00 to \$8.99	<u> 6</u>				5
			-		5
\$9.00 to \$10.99	3				\$
\$9.00 to \$10.99 \$11,00 to \$12.99	411				
	14				1

Page 3 of 4

Section 5 Recipients Failing to Fulfill Obligations (Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.) 13. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Star. §116J.993 and §116J.994? (Mark one.) Tes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary,) (ALNo Name of recipient Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.) No (Stop here and submit form to DTED .) Yes (Complete the remainder of this section.) 35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.) 35. Information on recipient and agreement: Name of recipient in default Type of subsidy or assistance Initial value of subsidy or assistance City/ZIP code of recipient Street address of recipient Outstanding value of subsidy or assistance 36. Reason(s) for default (Mark all that apply.): I recipient relocated to a different community reciplent ceased operation Trecipient was unable to fill vacant positions other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) ☐ No, recipient has begun to repay the assistance. No, recipient has not begun to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) □Y⇔ □No 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place

St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

Page 4 of 4



Section 1 Information About Grantor

2000 Minnesota Business Assistance Form

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>August 1, 1999 through December 31, 1999</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Name of grantur (funding en City of Ramsey	ntry)	2. Name of person completing this form Sean Sullivan		
3. Street address 15153 Nowthen Blv	d. NW	4. City Ramsey	5. ZIP code 55303	
6, County Anoka	7. Phone number 763-427-1410	8. Fax number 763-427-5543	9. E-mail address scullivan@ ci.lamsey.mn.us	
10. Please indicate who in your	r organization should receive the 2	2001 MBAF if different from the	person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
cxample, a city EDA would City government County government Regional government State government Other (Please specify.) 13. Has your organization sign through December 31, 199	eare indicate affiliation. For check "City government.") ed any agreements to award a bus 9 that is required to be reported us plete the remainder of the form.)		ng business subsidies in L §1161.994? (Mark one.) 9-28-94 and altach criteria) Messays & UTE thave not yet adopted stal hearing	
14. Name of business or organ receiving subsidy or finance	ization	15. Address where business su will be used	ibsidy or financial assistance	
INTECH INDO	STRIES	TIBO SUMMOON BR NO Street address	City ZP code	
	parent corporation? (Mark one.)			
☐ Yes (Indicate name and add ♠ No	ress of parent corporation below.	If more than one, indicate ultime	nie owner.)	
Name of parent corporation		Street address City	Sinte ZIP code	

وبران والمراوي والمراوي والكرب والمتال المتالة المراوي والمراوي والمتالة المتالة والمتالة والمتالة والمتالة والمتالة				
17. Industry of recipient's facility (Mark one.);				
☐ Retail Trade ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)			
18. Did the recipient relocate as a result of signing this agreement	17 (Mark one.)			
A Yes (Indicate city and state of previous address and reason rec I No (Go to Question 19.)	iplent did not complete this project at that address.)			
MAPLE LACUE, MN SANCE City/State of previous address Reason project not completed at	previous address			
 Would the recipient have remained in previous location or rel financial assistance? (Mark one.) 	ocated elsewhere if not awarded this business subsidy or			
Remained at previous location Relocated to differe	nt Minnesota location			
Section 3 General Information About the Agreement				
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)			
\$ 164,360.00	11-22-99			
 22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) 23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) 				
H officers tilesing	a manchi describe			
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).			
☐ not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy			
☐ loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.)	☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost ☐ assistance for pollution control or ubatement ☐ assistance for a TIP soils condition district			
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Murk one.)			
not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)			
☐ redevelopment ☐ renewal and renovation	No.			
☐ soils condition				
© economic development ☐ mined underground space	Grantor(s) and value of the agreement(s):			
☐ hazardous substance subdistrict	Grantor Value (5)			
	Grantor Value (\$)			

8. Minn. Stat. §116J.994 r of the following public pu	equires that bus rposes were seat	ness subsidy and fine ed in the agreement?	incial assistance agreement (Murk all that apply.)	z ziate u bnplje bri	rpose. Which
Enhancing economic dive			dincressing tax base (ca	mnot be only purp	nee)
G Creating high-quality job	growth		O Other (please specify)		
☐ Job retention			Other (picuse specify)		
I Stabilizing the communit	У		Other (please specify)		
29. Indicate whether the ag at the time of this repor				reipient had attain	ed those goals
		•	Goals Tary	et altainment	All goals
			established? dates	(month & year)	atteined?
 Specific wage and job go 		d within 2 years	Yes CINo	2. 2007	☐ Yes ☐ No
 Other job-creation and/o 	r retention goals				□ Yes □ No
C) Other wage goals			□Yes □No		□ Yes □ No
Other goals other thus w	uge and job goa	ls	OYes ONo		☐Yes ☐ No
Please allach descriptions	of goals and pro	gress toward attains	ent if not documented in Q	uestion 30.)	
	age hourly value	of any employer-pro	reanon and/or retention gos rvided health insurance goa to separate goals by full- an FTE (only if goals not stated as FT/PT)	ls for those jobs. (
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance
no hourly wage-level goal					•—-
less than \$7.00	 _				•
\$7.00 to \$8.99	1				\$ \$
\$9.00 to \$10.99		 ·			•
\$11,00 to \$12.99					1
\$13,00 to \$14.99					3
\$15,00 and higher					.
	urly value of any You are unable	y employer-provided to separate job creat	health insurance for those ion into full-and part-time	jobs. (<i>Only indica</i>	
Uand. 11/a-a	Fall-time	Part-time/	FTE (only if unable to	Tab Bass at	77
Hourly Wage (excluding benefits)	Joh Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00		100 C(1200)			\$
\$7.00 to \$8.99	4			<u> </u>	- \$
\$9.00 to \$10.99	<u>.</u>		 .		5
\$11.00 to \$12.99	1				5
\$13.00 to \$14.99	a _				\$
\$15.00 and higher	10_				5 .
32. Has the recipient achi (Mark one.)	eved <u>all goals</u> (s	ee Questions 29, 30 a	nd 31) and fulfilled <u>all obli</u>	gations stipulated	in the agreement?

Section 5 Recipients Falling to Fulfill Obligations

33. During the period August 1 through December 31, 1999 required by Minn. Stat. §116J.993 and §116J.994? (Mark of		recipients who failed to report as
Tyes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or financ	cial assistance awarded to that
No		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
 Did your organization have any recipients who failed to agreement signed on or after August 1, 1999, that were re 		
Tyes (Complete the remainder of this section	on.) Soo (Stop here and sub	bmit form to DTED .)
35 39. Provide the following information for each recipies were to be attained by the time of reporting. (Attach of		her terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial vulue of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment obligat	ion? (Mark one.)	
☐ Yes ☐ No, recipient has begun to repay the assistance.	. O No, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the recipier	it's deadline for fulfilling its oblig	rations?(Mark one.)
	Yes D No	
39. Describe the steps being taken to bring recipient into co	empliance or recoup the subsidy	
\ \		

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trude and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

New Job Requirements for Business Subsidy Reporting

Number of Jobs Created	Date Created	Date Filled	Job Title	Wage	Benefits Health INS	Hourly Value Of Benefits	Employee Last Name
1	1-31-00	4-10-00	assistant Sales.	19.23	793.00	4.51	Durkot
_/	5-30-00	6-12-00	Toolmaker	20.15	112.00	4.11	Smith
1	8-30-00	9-18-00	Toolmaker	22.00	801.00	4 42	Mahowald
1	11-1-00	11-27.00	assistant Shipper	9.50	219.00	1.26	Hoff
1	5-1-00	5-30-00	assistant ac		219.00	1.26	Dellien
_/	2-38-01	4.3-01	Toolmaker	22.00	237.00	1.31	Douek
	4-1-00	5-7-01	Toolmakex	25.00	993.00	5.13	Bondhus.
/	4-1-00	5-39.01	Toolmaker	18.00	219.00	1.26	Mikkola
/	1-1-01	6-11-01	Proceeding Technician	31.25	598.00	3.45	Prakson
_ /	6-28-01	8-6-01	Toolmaker_	23.00	975.00	5.63	Nyara
/	9-1-01	10-22-01	Toolmaker	21.00	685.00	3.96	BIENUSA
	11-1-01	12-17-01	ac Supervisor	14.00	1000.00	6.11	Schacht
1	11-1-02	1-7-02	QC Asst Supervisor	13.00	841.00	4.86	Mittlestadt
1	11-1-02	12-13-01	Shipping Supervisor	11.00	279.00	1.61	KeifER
_/	12-15-01	1-21-02	RTD PROject Engineer	34.00	1131.00	6.53	Stevens.
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				<u> </u>		<u> </u>	<u> </u>



2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500, 2) all state government agencies authorized to provide business subsidies. If the local state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

A	-	_		
Section	1	Grantor	Inform	nation

ection 1 Grantor Inform	nation				 _	
1. Name of granter (funding en CITY OF RED WI	2. Name of person of ALAN HOLM	ompleting th	is form			
3. Street address 315 West 4th S	3. Street address 315 West 4th Street		_	5. ZIP code	55066	
6. County GOODHUE	7. Phone number 651-385-3600 Ex602	8. Fax number 651-385-5102		9. E-mail add FnInterné	ress ci.red-win	g.mn
	r organization should receive the 2 Fin.Dir. 651-385-51(
Name/Title	Phone number	Street address	(ity	ZIP code	
11. Classification of grantor (A created by gov't agency, p. example, a city EDA would che	lease indicate affiliation. For	12. Has your organ- adopted criteria compliance with	for awarding	business subs	idies in	
☼ City government		☐ Yes, in 2002 (ant) ☐ Yes, in 2002 but	have not yet :	adopted entena	1	
☐ County government		☐ Yes, prior to 2003	2			
☐ Regional government		If Yes: Hearing Date:	Year (Criteria Submit	ted:	
☐ State government		10 No				
☐ Other (Please specify.)		No ☐ Other (Please att	ach explanati	ion.)		
through December 31, 200	ned any agreements to award a husi of that is required to be reported un complete the remainder of the form.	der Minn, Stat. §116J.9	993 and §116	J.9942 (Mark e		
Section 2 Recipient Info	rmation					_
 Name of business or organ receiving subsidy or finan 		15. Address where will be used	business sub	sldy or financia	al assistance	
		Street address	City	State	ZIP code	
16. Does the recipient have a	parent corporation? (Mark one.)					
	lress of parent corporation below.	If more than one, indic	cate ultimate	owner.)		
Name of parent corporation		Street address	 C11v	State	ZIP code	

17. Industry of recipient's facility (Mark one	e.).		
☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)	
18. Did the recipient relocate as a result of s	igning this agreement?	Mark onc.)	
☐ Yes (Indicate city and state of previous and ☐ No (Go to Question 19.)	ldress and reason recipi	ient did not complete this project at that address.,	,
City/State of previous address Reason pro	ject not completed at pr	evious address	
19. Would the recipient have remained in pufinancial assistance? (Mark one.)	revious location or reloc	cated elsewhere if not awarded this business subsi	dy or
☐ Remained at previous location	☐ Relocated to differe	nt Minnesota location	innesota
Section 3 Agreement Information	_		
20. Total dollar value of business subsidy o assistance (Please separate value by typ and 25.)		21. Date agreement signed (In addition to the again, indicate any dates the agreement was	
·	• •	e business subsidy or financial assistance. For æ d into service, or the recipient occupied the prope	•
23. Does the agreement provide a business be reported? (Mark one.)	subsidy or one of the fo	ur types of financial assistance (see Question 25)	required to
		a maiciai assistance	
24. If the agreement provided a business sub indicate the type(s) and total dollar value	osidy, please e for each type.	 If the assistance was one of the four types of assistance, please indicate the type(s). 	of financial
not applicable, agreement provided finance	cial assistance	a not applicable, agreement provided a busines	s subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan)	s	assistance for property polluted by contaminants	\$
☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilitie.		U assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost	\$
☐ land contribution ☐ other (Specify subsidy type.)		☐ assistance for pollution control or abatement	S
		assistance for a TIF soils condition district	\$
26. If the assistance included tax increment indicate the type of TIF district? (Mark or in not applicable, assistance was not in the	π·.)	27. Are any other grantors providing a busines financial assistance to the same project? (Ma ☐ Yes (Specify each grantor and the value of the assistance below; attach an additional sheet ☐ No	rk one.) heir
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development		Grantoris) and value of the agreement(s):	
☐ mined underground space ☐ hazardous substance subdistrict		Grantor Value (\$)	
		Grantor Value (\$)	 -

8. Minn. Stat. §116J.994 reals of the following public purpo				state a public purpo	se. Which
D Enhancing economic diver Creating high-quality job g Dob retention Stabilizing the community	growth		☐ Increasing tax base (ca☐ Other (please specify)_		
29. Indicate whether the agree at the time of this report.				cipient had attained	those goals
A) Specific wage and job gos B) Other Job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals		established? dates I Yes I No Yes I No		All goals attained" D Yes D No D Yes D No D Yes D No D Yes D No
Please attach descriptions of attainment if not documented					
30. For each of the following agreement and the avera creation goals in full-time eq Hourly Wage (excluding benefits)	ge hourly value o	of any employer-prov	ided health insurancegoals	for those jobs. 10n	hy indicate job Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					\$ <u></u>
\$7.00 to \$8.99					s
\$9.00 to \$10,99					s
\$11.00 to \$12.99		- —	 .	<u></u>	s
\$13.00 to \$14.99					S
\$15.00 and higher					s
				 -	.h. h 61
full-time equivalents if	urly value of any you are unable to Full-time Job	employer-provided he o separate job creatio Part-time/ Seasonal/Temp.	ealth insurance for those jo on into full- and part-time p FTE (only if unable to separate FT/PT)	bs. (<u>Only</u> indicate j	ob creation in Hourly Value of
date and the actual hou full-time equivalents if Hourly Wage (excluding benefits)	uly value of any you are unable to Full-time	employer-provided he o separate job creatio Part-time/	ealth insurance for those jo on into full- and part-time p FTE (<u>only</u> if unable to	bs. (<u>Only</u> indicate j positions.)	ob creation in Hourly Value of Health Insurance
date and the actual hou full-time equivalents if Hourly Wage (excluding benefits) Jess than \$7.00	urly value of any you are unable to Full-time Job	employer-provided he o separate job creatio Part-time/ Seasonal/Temp.	ealth insurance for those jo on into full- and part-time p FTE (only if unable to separate FT/PT)	bs. (<u>Only</u> indicate j positions.)	ob creation in Hourly Value of
date and the actual hou full-time equivalents if Hourly Wage (excluding benefits) Jess than \$7.00 \$7.00 to \$8.99	urly value of any you are unable to Full-time Job	employer-provided he o separate job creatio Part-time/ Seasonal/Temp.	ealth insurance for those jo on into full- and part-time p FTE (only if unable to separate FT/PT)	bs. (<u>Only</u> indicate j positions.)	ob creation in Hourly Value of Health Insurance
date and the actual hou full-time equivalents if Hourly Wage (excluding benefits) Jess than \$7.00	urly value of any you are unable to Full-time Job	employer-provided he o separate job creatio Part-time/ Seasonal/Temp.	ealth insurance for those jo on into full- and part-time p FTE (only if unable to separate FT/PT)	bs. (<u>Only</u> indicate j positions.)	ob creation in Hourly Value of Health Insurance
date and the actual hou full-time equivalents if Hourly Wage (excluding benefits) Jess than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	urly value of any you are unable to Full-time Job	employer-provided he o separate job creatio Part-time/ Seasonal/Temp.	ealth insurance for those jo on into full- and part-time p FTE (only if unable to separate FT/PT)	bs. (<u>Only</u> indicate j positions.)	Hourly Value of Health Insurance S S S S S
date and the actual hou full-time equivalents if Hourly Wage (excluding benefits) Jess than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	urly value of any you are unable to Full-time Job	employer-provided he o separate job creatio Part-time/ Seasonal/Temp.	ealth insurance for those jo on into full- and part-time p FTE (only if unable to separate FT/PT)	bs. (<u>Only</u> indicate j positions.)	ob creation in Hourly Value of Health Insurance S S

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, report as required by Minn. Stat. §116J.993 and §116J.994? (A		any recipients who failed to
☐ Yes (Indicate the name of each recipient fuiling to report an recipient. Attach additional pages if necessary.)	id the value of subsidy or financia	l ussistance awarded to that
K №		
Name of recipient Type of subsidy or assistance (S	ee Questions 24 and 25.) Val	ue of subsidy or assistance
34. Did your organization have any recipients who failed to as agreement signed on or after January 1, 2001, that were re-		
☐ Yes (Complete the remainder of this secti	on.) TNo (Stop here and sub	mit form w DTED .)
35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach additional contents of the contents of th		r terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment obligation	on? (Mark one.)	
☐ Yes ☐ No, recipient has begun to repay the assistance.	O No, recipient has not begun to	to repay the assistance.
38. Has the agreement been amended to extend the recipient	's deadline for fulfilling its obligat	ions? (Mark onc.)
	Yes No	
39. Describe the steps being taken to bring recipient into con	npliance or recoup the subsidy	

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7²² Place St. Paul, MN 55101-2146



2002 Minnesota Business Assistance Form

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 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies of assistance to report, please answer questions 1 through 13 and questions 33 and 34.
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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

ection 1 Grantor Ini	formation				
1. Name of gractor (funding CITY OF RED	2. Name of person completing this form ALAN HOLM				
3. Street address 315 West 4th	4. City RED WING		5. ZIP code	55066	
6. County GOODHUE	7. Phone number 651-385-3600 Ex602	8. Fax number 651-385-510.	2	9. B-malle FnIntern	ddress n@ci.red-win
10. Please indicate who in Marshall Hallock	your organization should receive the 2	002 MBAF if differen 02 315 W 4 t	nt from the per h St. –	son in Questi Red Wing	, MN 55066
Name/Title	Phone number	Street addres	B	City	ZIP code
created by gov't ugen	ot (Mark one. If grantor is entity cy, please indicate affiliation. For d check "City government.")	12. Has your orga adopted criter, compliance w	e for awarding	business sub	osidies in
💆 City government		☐ Yes, in 2002 (a			ria
Cl County government		Yes, prior to 20			
☐ Regional government		If Yes: Hearing Date:	Year (Criteria Subm	utted:
State government		½ l No			
Other (Flease specify.)		Other (Please a	nach explanar	ion.)	
	n signed any agreements to sward a bus , 2001 that is required to be reported un				
Ŭ Ye	(Complete the remainder of the form.	No (Stop hen	go to section	5 on page 4.	<i>)</i>
Section 2 Recipient	nformation	- 			
14. Name of business or receiving subsidy or	•	15. Address when will be used	e business sub	sidy or financ	cial assistance
	-	Street address	City	State	ZIF code
16. Does the recipient ha	ve a parent corporation? (Mark onc.)				·- -
☐ Yes (Indicate name an	d address of parent corporation below.	If more than one, inc	licute ultimate	owner.)	
Name of purent corporati	on	Street address	City	Stare	ZTP code

2002 Minnesota Brasiness Assistance Form (1/23/02)

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Dept. of Trude & Economic Development

17. Industry of recipient's facility (Mark one.)	:		
	I Services I Wholessle Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please spec(f))	_
18. Did the recipient relocate as a result of sig	ning this agreement? ()	Mark onc.)	
'A Yes (Indicate city and state of previous add DNo (Go to Question 19.)	ress and reason reciple	ent did not complete this project at that address.)	
City/State of provious address Reason proje	et not completed at pre	rions surjuesa	
 Would the recipient have remained in pre- financial assistance? (Mark one.) 	vious location or reloca	sted elsewhere if not awarded this business subsid	ју от
☐ Remained at previous location □	Relocated to differen	: Minnesota location 🔠 🔾 Relocated outside Mi	ULG2O(R
ection 3 Agreement Information			
20. Total dollar value of business subsidy or esolutance (Please separate value by type and 25.)		21. Date agreement signed (In addition to the against date, indicate any dates the agreement was	
		business subsidy or financial assistance. For exit into service, or the recipient occupied the prope	
be reported? (Mark one.)	•	ur types of financial assistance (see Question 25)	required to
24. If the agreement provided a business subs indicate the type(s) and total dollar value f	idy, please for each type	25. If the assistance was one of the four types of assistance, please indicate the type(s).	f financial
☐ no: applicable, agreement provided financi	al assistance	O not applicable, agreement provided a busines	r supeidy
☐ loan (only principal) ☐ great (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or defental ☐ guarantee of payment	S S S S	 assistance for property polluted by contaminants assistance for renovaring building aluck or bringing it up to code, and assistance provided for designated 	z
O contribution of property or infrastructure O preferential use of governmental facilities	\$	historic preservation districts, when 50% or less of total cost	
Inad contribution Other (Specify substdy type.)	s	assistance for pullution control or abarement	2
Tomas (aprecy) 320369 type.)	- •	Unasistance for a TIF soils condition district	s
26. If the assistance included tax increment indicate the type of TIF district? (Mark one		27. Are any odier grantors providing a busines financial assistance to the same project? (Ma Cl Yes (Specify each grantor and the value of the same project).	rk onc.)
🗖 not applicable, assistance was not in the fo	ım of TIF	ussistance helmw; attach an additional sheet	
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ sorrowing descriptions		Grantor(s) and value of the agreement(s):	
☐ economic development ☐ mined underground space		Grantor Value (5)	
Li hazardous substance subdistrict		Grantor Value (\$)	

2002 Minnesota Business Assistance Form (1/23/02)

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Dept. of Trade & Economic Development

 Minn, Stat. §116J.994 re Tube following public purpo 			dal assistance agreements a ork all that apply.)	ere a public purpo:	se. Which
Indicate whether the agr at the time of this report			goals, and whether the reci	plent had attained	those gonls
Specific wage and job go Other job-creation and/or Other wage goals Other wage goals Other goals other than wage	retention goals		established? dates (O Yes O No O Yes O No		All goals attained? O Yes O No O Yes O No O Yes O No
Please attach descriptions (Itainment (f not documented					
agreement and the avera	ige hourly vulue quivalents if you	of any employer-provi are unable to separate	ation and/or retention goals ded health insurancegoals is goods by full- and part-rine	or those jobs. (On	<u>ly</u> indicate jub
Hourly Wage (excluding benefits)	Full-time Job Creation	l'art-time/ Seasonal/Temp. Job Creation	FIE (<u>anly</u> If guals not alated as FI/PT) Job Creation	Job Retention	Hourly Value of Health insurance
no hourly wage-level goal					\$
less than \$7 00					s
\$7,00 to \$8.99					\$
\$9.00 to \$10.99	*****				3
\$11.00 to \$12.99					i
\$13.00 to \$14.99					F
\$15.00 and higher					·
date and the actual hot full-time equivalents if Rourly Wage	urly value of any Jyou are unuble (Fall-(ime Job	employer-provided hi to separate job creatio Part-Ume/ Seasonal/Temp.	er of actual jobs created and cath insurance for those job n into full- and part-time po FIE (only IT unable to separate FT/PT)	s. (Only indicate J	ob creation in Hourly Value of
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance
1					\$
less than \$7.00					_
\$7.00 to \$8,99					\$
\$7.00 to \$8,99 \$9.00 to \$10.99					s
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99					\$ \$ \$
\$7.00 to \$8,99 \$9.00 to \$10.99					\$ \$ \$ \$

2002 Minnesota Rusinesa Assistance Form (1/23/02)

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Dept. of Trade & Economic Development

Section 5 Recipients Falling to Fulfill Obligations

Do not complete this section if you completed it on	another 2002 MBAF sub	nitted to DTED.)
 During the period January 1, 2001 through Docember 31, report as required by Minn. Stat. §116J.993 and §116J.9947 (I 	2001, did your organization has Mark one.)	ve any recipients who failed to
Yes Andicate the name of each recipient folling to report as recipient. Attach additional pages (f necessary)	nd the value of subsidy or financ	clul assistance awarded to that
ã No		
Name of recipient Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or smistance
34. Did your organization have any recipients who failed to a agreement signed on or after Impury 1, 2001, that were re-	chieve any goals or fulfill any of quired to be fulfilled by the un-	wher obligations under an se of this report? (Mark one.)
[4] Yes (Complete the remainder of this secu	ion.) QNo (Stop here and s	ubmit form to DTED .)
35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach additional actions of the control of th	t failing to fulfill goals or any ot tional pages if necessary.)	her letms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of aubaidy or assistance	Initial value of subsidy of assistance
Street address of recipient	City/ZIP code of recipient	Oustanding value of authory or senistance
36. Reason(s) for default (Mark all that apply.):		
Trecipient ceased operation If recipient was unable to fill vacant positions	Descripient relocated to a diffusion (Specify reason.)	ferent community
37. To date, has the recipient fulfilled its repayment obligation	m? (Mark onc.)	
Tyes No, tecipient has begun to repay the assistance.	□ No. recipient <u>has not best</u>	m to repay the assistance.
38. Has the agreement been amended to extend the recipient	's deadline for fulfilling its obli	gations? (Mark one.)
	JY¢s ⊇No	
39. Describe the steps being taken to bring recipient into cor	infliance or recoup the subsidy	
		

Return your completed MBAF(s) by <u>April 1, 2002</u>, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trado and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2002 Minnesota Business Assistance Form (1/23/02)

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Dopt. of Trade & Economic Development



Section 1 Grantor Information 1. Name of grantor (funding entity)

2002 Minnesota Business Assistance Form

2 Name of person completing this form

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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

3. Sureer address 12913 MAIN STREET	4. City	•	5. ZIP code	
	ROGERS		55 37	
6. County HENNEAN 7. Phone number 763-428-2253	8. Fax oumber 763-428	-4470	9. E-mail :	ukiress
10. Please indicate who in your organization should receive the 20 Nume/Title Plone nomber		at from the rea	Sun in Quey City	190 2. 7.19 unde
11. Classification of grantot (Mark one. If grantor is entity created by gov't agency, pleuse indicate affiliation. For example, a city EDA would check "City government.")		anization held ria for awardin vith Mion. Stat	g business su	bsidies in
City government	☐ Yes, in 2002 (d) Yes, in 2002 bid Yes, prior to 20	or have not yet		ńa
☐ Regional government	If Yes: Hearing Date: 6	-13-00 Your	Crueria Sulm	itted 2001
☐ State government ☐ Other (Please specify.)	U No □ Other (Please)	uttech explana	tion.)	
13. Has your organization signed any agreements to award a busing through December 31, 2001 that is required to be reported under the december of the form.)	der Muui, Stat. § 116	d.993 and 5116	53,994? (Mar	k one.)
Section 2 Recipient Information	· - · · · · · · · · · · · · · · · · · ·			
14. Name of business or organization receiving subsidy or financial assistance ML UMITED PARTNERSHIP	15. Address who will be used 22000 if Sirect address		·	ROGERS
16. Does the recipient have a patent corporation? (Mark one.) Yes (Indicate name and address of purent corporation below.)	If more than one, in	dicuie ultimate	owner)	
Name of parent corporation	Street address	City	State	XIP code

Manufacturing Retail Trade	☐ Services	☐ Figance, Insumi	nce, Real Estate	
Retail Trade	D Wholesale Trade	☐ Construction	U Other (please specify)	
8 Did the recipient reforme as a result of	signing this agreement!/	Mark one.)		· · · · · · · · · · · · · · · · · · ·
Yes (Indicate city and state of previous at No (Go to Question 19.)	ldress and reason recipi	ent did not complete s	his project at that address.	į
Dity/State of previous address Reason pre-	ject not completed at pre	evinus address	·	<u> </u>
(9) Would the recipient have remained in printed in a printed in a printed in a printed in printed in a print	revinus location or reloca	aied elsewhere it nor i	swarded this business subsi	dy or
Remainest at previous location	Relocated to differen	и Міппочон посисіон	☐ Relocated outside M	inneseta
ection 3 Agreement Information				
 Total dullar value of business subsidy of assistance (Pleane separate value by type and 25.) 			signed (In addition to the a y dates the agreement was	
#99,999		6-6-0)	
23. Does the agreement provide a business be reported? (Mark one.)	subsidy or one of the for			
24. If the agreement provided a business su indicate the type(s) and total dollar value	hsidy, please	25. If the assistance	was one of the four types of indicate the type(s).	of financial
unot applicable, agreement provided finan	cial assistance	not applicable, agi	reement provided a husines	s subsidy
🗅 loan (only principal) 🖸 grant (i.e., forgivable loan)	\$ <u> </u>	Lassistance for prop by contaminants	•	\$
☐ tax abatement ☐ ITF or other tax rechienon or deferral ☐ guarantee of payment ☐ contribution of property of infrastructure ☐ preferential use of governmental facilitie		□ assistance for rene stock or bringing assistance provide historic preservat 50% or less of total	it up to code, and od for designated ion districts, when	5
I land contribution On their (Specify subsidy type.)	S	assistance for poll abatement		s
26. If the assistance included too incremen	I financine please	27. Are any uther so	nations providing a busines	s subsidy or
indicate the type of TIF district? (Mark of	ne.)	financial assistance O Yes (Specify each	e to the same project? (Ma I grantor and the value of th	rk one.i heir
☐ not applicable, assistance was not in the	lorm of 7 7 F	gssistance below: No	uttach an additional sheet	if necessary.
U redevelopment U renewal and renovation U solls condition		Grantor(s) and value	of the agreement(s):	
economic development mined underground space		Ciruntur	Value (\$)	
Chazardous substitutes subdistrict		Grantor	Value (\$)	

-. **-**

28. Minn. Stat. \$116J.994 re of the following public purp	oquires that busin uses were stated i	ess subsidy and finance the agreement? (Ma	cial assistance agreements	state a public purpo	se. Which
Enhancing economic dive Creating high-quality job Job retention Stabilizing the community	rsuy growth		Uncreasing tax base (ca U Other (please specify)		se)
29 Indicate whether the agr at the time of this report				cipient had attained	those gods
A) Specific wage and job go B) Other job ereation and/or Other wage goals D) Other goals other than wage	uds to be attained recention goals	within 2 years	Goals Tay established? dates Yes JNo ± DYes No Tyes No ±	9-1-06	All guals attained? Yes O No Yes O No Yes O No Yes O No
(Please attach descriptions of attainment if not documented		ress toward Cor and 31.)	ntinue operation r at lawy 5 years	IN ROGERS S From BENE	nt Date.
30. For each of the followin agreement and the aver- creation goals in full-time of	ige hourly value	of any employer-provi	ided health insurance goots	for those johs (Qn	<u>ly</u> indicate job
Hourly Wage (excluding benefits)	Full-time Jub Creation	Part-time/ Seasonal/Temp. Joh Creation	FTE (unity if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
to burry wage-level goal					5
less than \$7.00					<u> </u>
			 -		5
\$7.00 to \$3.99					•
	<u>lo</u> _		·— -		
\$9.00 at \$18.99	<u>lo</u> _				<u> </u>
\$9.00 տ \$18 99 \$11.00 տ \$12.99	<u>lo</u>	 -			s ,
\$9.00 to \$18.99 \$11.00 to \$12.99 \$13.00 to \$14.99	<u>lo</u> .	 -			s.
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followi	ing wage categori				: \
\$2.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 34. For each of the following that and the actual hor	ing wage categori urly value of any	emplayer-provided he	er of actual jobs created an alth insurance for those jo n into full- and part-time p	bs. (<u>Only</u> indicate jo	: \
\$2.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 34. For each of the following the and the actual hor	ing wage categori urly value of any	emplayer-provided he	alth insurance for those jo	bs. (<u>Only</u> indicate jo	: \
\$2.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following that and the actual hor full-time equivalents if	ing wage categori urly value of any you are unable to Full-time Job	emplayer-provided he o separate job creation Part-linse/ Semousl/Teap.	alth insurance for those jo n into full- and part-time p FTF (only it anable to sequente FT/PT)	bs. (<u>Only</u> indicate positions.)	the benefit ob creation in Hourly Value of
\$2.00 to \$18.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following that and the actual has full-time equivalents if Hourty Wage (excluding benefits)	ing wage categori urly value of any you are unable to Full-time Job	employer-provided he o separate job creation Part-time/ Semons/Temp. Job Creation	alth insurance for those jo n into full- and part-time p FTF (only it anable to sequente FT/PT)	bs. (<u>Only</u> indicate positions.)	the benefit ob creation in Hourly Value of Health Insurance
\$2.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hose full-time equivalents if Hourly Wage (excluding benefits) has than \$7.00	ing wage categori urly value of any you are unable to Full-time Job	employer-provided he o separate job creation Part-time/ Semons/Temp. Job Creation	alth insurance for those jo n into full- and part-time p FTF (only it anable to sequente FT/PT)	bs. (<u>Only</u> indicate positions.)	the benefit ob creation in Hourly Value of Health Insurance
\$2.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following the actual hose full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ing wage categori urly value of any you are unable to Full-time Job	employer-provided he o separate job creation Part-time/ Semons/Temp. Job Creation	alth insurance for those jo n into full- and part-time p FTF (only it anable to sequente FT/PT)	bs. (<u>Only</u> indicate prositions.) Joh Retention	the benefit ob creation in Hourly Value of Health Insurance
\$2.00 to \$18.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual has full-time equivalents if Hourly Wage (excluding benefits) box than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ing wage categori urly value of any you are unable to Full-time Job	employer-provided he o separate job creation Part-time/ Semons/Temp. Job Creation	alth insurance for those jo n into full- and part-time p FTF (only it anable to sequente FT/PT)	bs. (<u>Only</u> indicate prositions.) Joh Retention	the benefit ob creation in Hourly Value of Health Insurance 1

2002 Minnesota Business Assistance Form (1/23/02)

Page 3 of 4 Dept. of Trade & Economic Development

FILED 7-16-02

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

Section 5 Recipients Falling to Fulfill Obligations

33. During the period January 1, 2001 through December 31, report as required by Minn. Stat. §1161 993 and §1161.994? ()		any recipients who failed to
U Yes (Indicate the name of each meipions failing to report as recipient. Attach additional pages if necessary.)	nd the value of subsidy or financi	ol assistance awarded to that
UNn		
Name of recipient Type of subsidy or assistance (See Questions 24 and 25.) V	alue of subsidy or assistance
34. Did your organization have any recipients who failed to a agreement signed on or after January 1, 2001, that were or		
UYes (Complete the remainder of this secu	lon.) 🔲 No (Stop here and su	bmit form to DTED .)
35. 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach additional)	failing to fulfill goals or any other	or terms of an agreement that
35 Information on recipient and agreement		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of aubsidy or assistance
36. Reason(5) for default (Mark all that apply.):		
☐ recipient crassed operation ☐ recipient was onable to fill vacant positions	O recipion relumned to a diffe. O other (Specify reason.)	-
37 To date, has the recipient fulfilled its repayment obligation	m?(Mark one.)	·
☐ Yes ☐ No, recipient has begun to repay the assistance	O No, recipient has not begun	to repay the assistance.
38. Has the agreement been amended to extend the recipient	's deadline for fulfitting its obligs Yes	ttions!(Mark one.)
39. Describe the steps being taken to bring recipient into con-		
		 _

Return your completed MBAF(s) by <u>April 1, 20012</u>, to: 2002 Minnesota Business Assistance Form

Minnesota Department of Trade and Economic Development - AEO

500 Metro Square, 121 Fast 7th Place St. Paul, MN 55101 2146

Or fax to: (651) 215-3841

2002 Minacrota Business Assistance Form (172'902)

Page 4 of 4

Dept. of Trade & Economic Development

Section 1 Information About Grantor

1. Name of grantor (funding entity)

CITY OF

12913

3. Street address

TIF 1

2. Name of person completing this form

ROGERS

GARY EITEL, CITY ADMINISTRATOR

5. ZIP code

55374

GRAYBAR



2000 Minnesota Business Assistance Form

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>August 1, 1999 through December 31, 1999:</u> 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

6. COUNTY HENNEPIN	7. Phone number 763-428-225	1 •	ax number 33-428-4470	9. E-mail eddre	222
10. Please indicate who in you	r organization should rec	eive the 2001	MBAF if different from	the posson in Quest	ion 2
Name/Title	Phone num	oct /	Street address	City	ZIP zode
11. Classification of grantor (N created by gov't agency, pl example, a city EDA would	lease indicate affiliation.	For	Has your organization hadopted criteria for awar compliance with Minn.	rding business subsi	dies in
City government County government Regional government State government Other (Please specify)		0 W	es (Indicate hearing da o c hold a public hearing riteria (Indicate date of ther (Please attach expli	DENT IN 3 but have not yet ado initial hearing	ا (راهو2
13. Has your organization sign through December 31, 199 Yes (Comp.		ported under N		nd §116J-994? (Mur	
Section 2 Information Al	bout Recipient				
14. Name of business or organ receiving subsidy or finance	1/48141	15.	Address where business will be used LOT 1, 1	Subsidy or financial BLK 1, ROSERS DITION, ROSE	assistance IND. PARK ES. MN
RYAN COMPANIE	=5, US 1NO.	13:	251 GEORGE WE	BBER DR. Ros City	ZIP code
16. Does the recipient have a p	arent corporation? (Mar.	k опе.)			
☐ Yes (Indicate name and add No	ress of parent corporation	n below. If mo	ore than one, indicate ui	timate owner.)	
Name of parent corporation		Street	t address City	, State	ZIP ccde
7/11/02 4# MEDIU 2000 Minnesota Business Assistan	æ Farm	Page 1 of 4	Departmen	t of Trade and Econom	tic Development

TIF-1 GRAYBAR

17. Industry of recipient's facility (Mark one.):	WAREHOUSE						
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Tra	DISTRIBUTION O Finance, Insurance, Real Estate FACILITY de O Construction Other (please specify)						
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)							
Yes (Indicate city and state of previous address and reason to No (Go to Question 19.)	ecipient did not complete this project at that address.)						
City/State of previous address City/State of previous address City/State of previous address City/State of previous address							
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)						
☐ Remained at previous location Relocated to differ	ent Minnesota location						
Section 3 General Information About the Agreem	ent						
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)						
#750,000	9-1-99						
whichever (coorling)	vas pluced into service, or the recipient occupied the property,						
BENEFIT DATE = DATE NO	ote 15 1550ED = 3-14-00						
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.) business subsidy	ne four types of financial assistance (see Question 25) required to I financial assistance						
24. If the agreement provided a business subsidy, please	25 If the assistance was one of the four types of financial						
indicate the type(s).	assistance, please indicate the type(s).						
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy						
☐ loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ATIF or other tax reduction or deferral #750,000	☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost ☐ assistance for pollution control or abatement						
☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ advantage of payment of the paymen	☐ assistance for a TIF soils condition district						
26. If the assistance included tax increment financing, please	27 Are any other contests available a hypiness subsidy of						
indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)						
not applicable, assistance was not in the form of TIF	Tes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)						
A redevelopment O renewal and renovation	≥ No						
☐ soils condition ☐ economic development ☐ mined underground space	Grantor(s) and value of the agreement(s):						
hazardous substance subdistrict	Grantor Value (\$)						
	Grantor Value (\$)						

Section 4 Goals and P	ublic Purpo:	se Identified i	n the Agreement		
28. Minn. Stat. §116J.994 r of the following public			financial assistance agreement? (Mark all that app		purpose. Which
Enhancing economic divi	risity growth		☐ Other (please spec	e (cannot be only pu	pose)
☐ Job retention			Other (please spec	(5)	
Stabilizing the communit	У		Other (please spec	(fy)	
29. Indicate whether the again at the time of this repor			pes of goals, and whether ont date(s) for each goal.)	the recipient had att	ained those goals
				Target attainment	All goals attained?
A) Specific wage and job go	hale to be attain.	ed within 2 years		lates (month & year) 3-14-2002-	■ Yes ① No
B) Other job-creation and/o			☐ Yes X.No		☐ Yes ☐ No
C) Other wage goals	Bom.	_	☐ Yes X No		□ Yes □ No
D) Other goals other than w	age and job gos	ıls	Yes □ No	3-14-2005	☐ Yes ■ No
(Please attach descriptions	of goals and pr	ogress toward	CONTINUE OPER	אד נאס מסדה	rE
attainment if not documente			DEVELOPMENT P	ROPERTY TOR	5 years Fra
	age nourly valu ll-time equivale	rats if you are und	ble to separate goals by f	ull- and part-time po	S. (Only malcale
Hamala Wasa	Full-time	Part-time/	FTE (only if goals no		Namelo Mator of
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-leyel goal					\$
6.50/HR less than \$7.00	2				s
\$7.00 to \$8.99			~		s
\$9.00 to \$10.99			· 		<u></u>
\$11,00 to \$12.99			 -	_	s
\$13.00 to \$14.99					5
\$15.00 and higher					
	utly value of an	y employer-provi to separate job c	ded health insurance for t reation into full- and part	hose jobs. (<u>Only</u> und i-time positions.)	
Hourly Wage	Job	Part-time/ Seasonal/Temp	FTE (only if unable separate FT/PT)	Job	Hourly Value of
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
less than \$7.00	_2_				s
\$7.00 to \$8.99					\$
\$9.00 to \$10.99		·			s
\$11.00 to \$12.99					5
\$13.00 to \$14.99					ş
\$15.00 and higher					<u> </u>
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (s	ee Questions 29,		BS MET - B	υT
		∐ Yes	■ No 57	YR GOAL PENT	2426
				J- CUAL 1 BAUL	//NG

Section 5 Recipients Failing to Fulfill Obligations (Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

 During the period August 1 through December 31, 1999 required by Minn. Stat. §116J.993 and §116J.994? (Mo. 	9, did your organization have any urk one.)	recipients who failed to report as
Tycs (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or finan	cial assistance awarded to that
□N₀		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
 Did your organization have any recipients who failed to agreement signed on or after August 1, 1999, that were 		
☐ Yes (Complete the remainder of this section	on.) 🔾 No (Stop here and subs	mit form to DTED .)
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Atta		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
recipient ceased operation recipient was unable to fill vacant positions	☐ recipient relocated to a differe ☐ other (Specify reason.)	nt community
37. To date, has the recipient fulfilled its repayment obliga	tion? (Mark one.)	
Tycs O No, recipient has begun to repay the assistance	. No, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the recipies	nt's deadline for fulfilling its oblig	stions? (Mark one.)
39. Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy:	
		

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146



2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from *January 1, 2001 through December 31, 2001* per Minn, Stat. §1163.993 to §1163.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period <u>January 1, 2001 through December 31, 2001</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Inform						
1. Name of grantor (funding enti- ROSEAU COUNTY	ity)		2. Name of person completing this form ANNE K. Granitz, AUDITOR			
3. Street address 606 5 AYENUL SW	1 Room 160	4. City Roseau	5. ZIP code 5675			
6. County ROSEAU	7. Phone mmber 218-463-1282	8. Pax number 218-463-4283	9. E-mail address			
10. Please indicate who in your	organization should receive the 20	02 MBAF if different from the pe	rson in Question 2.			
Name/Title	Phone number	Street address	City ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)				
☐ City government		☐ Yes, in 2002 (attach criteria)				
★County government		☐ Yes, in 2002 but have not yet adopted criteria ☐ Yes, prior to 2002				
C) Regional government		If Yes: Hearing Date: Year Criteria Submitted:				
Other (Please specify.)	seau County es not award usiness accistance	No Other (Please attach explana	tion.)			
		ness subsidy or financial assistance for Minn. Stat. §116J.993 and §11				
Ci Yes (Con	uplete the remainder of the form.)	No (Stop here, go to section	1 5 on page 4.)			
Section 2 Recipient Inform	mation					
14. Name of business or organic receiving subsidy or financi		15. Address where business sub will be used	osidy or financial assistance			
		Street address City	State ZIP code			
16. Does the recipient have a ps	ment corporation? (Mark one.)					
☐ Yes (Indicate name and addre	ess of parent corporation helow.	f more than one, indicate ultimute	uwner.)			

Name of parent corporation

City

Street address

Stute

ZIP code

17. Industry of recipient's facility (Mark one.):			
☐ Manufacturing ☐ Ser ☐ Retail Trade ☐ Wh	vices olesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify	i)
18. Did the recipient relocate as a result of signing the	his agreement? (1	Mark one.)	
DYes (Indicate city and state of previous address as DNo (Go to Question 19.)	nd reason recipie	ens did not complete this project at that address	s.)
City/State of previous address Reason project not	completed at pro	vious address	
19. Would the recipient have remained in previous I financial assistance? (Mark one.)	ocation or reloca	ated elsewhere if not awarded this business sub	sidy or
☐ Remained at previous location ☐ Relo	cased to different	t Minnesota Iouation 🔻 Relocated outside :	Minnesota
Section 3 Agreement Information			
20. Total dollar value of business subsidy or financi assistance (Please separate value by type in Quand 25.)		 Date agreement signed (In addition to the date, indicate any dates the agreement was 	- 1
22. Benefit date (Indicate the date the recipient will indicate the date improvaments were finished, equipment whichever is earlier.)			
23. Does the agreement provide a business subsidy be reported? (Mark one.)		r types of financial assistance (see Question 2:	S) required to
24. If the agreement provided a business subsidy, pli indicate the type(s) and (otal dollar value for each		25. If the assistance was one of the four types assistance, please indicate the type(s).	of financial
O not applicable, agreement provided financial assis	Lance	O not applicable, agreement provided a busine	ess subsidy
☐ loan (only principal) \$_ ☐ grant (i.e., forgivable loan) \$_		essistance for property polluted by contaminants	S
☐ TIF or other tax reduction or deferral \$_		☐ assistance for tenovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost	s
☐ land contribution \$_		assistance for pollution control or	s
ather (Specify subsidy type.)S		abatement assistance for a TIF soils condition district	š
26. If the assistance included tax increment financial indicate the type of TIF district? (Mark one.)	ng, please	 27. Are any other grantors providing a busine financial assistance to the same project? (https://doi.org/10.1001/j.j.com/press/sec.) 27. Are any other grantors providing a busine financial assistance to the same project? (https://doi.org/10.1001/j.j.) 27. Are any other grantors providing a busine financial assistance to the same project? (https://doi.org/10.1001/j.j.) 27. Are any other grantors providing a busine financial assistance to the same project? (https://doi.org/10.1001/j.j.) 28. Yes (Specify each grantor and the value of the same project?) 	fark one.)
not applicable, assistance was not in the form of	TUF	assistance below; attach an additional shee	
☐ redevelopment ☐ renewal and renovation ☐ soils condition		Grantor(s) and value of the agreement(s):	
Deconomic development Dimined underground space	1	Grantor Value (S)	
☐ hazardous substance subdistrict		Grantor Value (\$)	

28. Minn. Stat. §116J.994 re of the following public purpo	quires that busin ses were stated:	ess subsidy and linan in the agreement? (Mi	cial assistance agreements ark all that apply.)	state a public purp	ose. Which	
☐ Enhancing economic diversity ☐ Increasing tax base (cannot be only purpose) ☐ Creating high-quality job growth ☐ Job retention ☐ Stabilizing the community						
29. Indicate whether the agree at the time of this report.				cipient had attained	those goals	
Guals Target attainment All goals attained? A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals C) Other wage goals C) Other goals other than wage and job goals C) Other goals other than wage and job goals C) Other goals other than wage and job goals C) Other goals other than wage and job goals C) Other goals other than wage and job goals						
(Please attach descriptions of attainment if not documented						
30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)						
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Scasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Releation	Hourly Value of Health Insurance	
no hourly wage-level goal					5	
less than \$7.00					5	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99					š	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99					s	
\$15.00 and higher					<u> </u>	
31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.) Full-time Part-time/ PTE (only if unable to						
Hourly Wage (excluding benefits)	Job Creation	Seatonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00					s	
\$7.00 to \$8.99					tt	
\$9.00 to \$10.99					\$	
\$11.00 to \$12.99		_			·——	
\$13.00 to \$14.99			-	<u></u>	s	
\$15.00 and higher					\$	
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (see		131) and fulfilled all obligations of the obligation of the obliga	ni betaluqisa <u>anois</u> a	the agreement?	

Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you completed	it on another 2002 MBAF subm	itted to DTED.)
 During the period January 1, 2001 through Decemine port as required by Minn. Stat. §116J.993 and §116J. 	ber 31, 2001, did your organization have 9947 (Mark one.)	any recipients who failed to
Yes (Indicute the name of each recipient failing to re recipient. Attach additional pages if necessary.)	eport and the value of subsidy or financi	al assistance awarded to that
⋈ ∘		
Name of recipient Type of subsidy or assis	tance (See Questions 24 and 25.) V	alue of subsidy or assistance
 Did your organization have any recipients who fail agreement signed on or after January 1, 2001, that 	led to achieve any goals or fulfill any oth were required to be fulfilled by the time	her obligations under an cof this report? (Mark one.)
Yes (Complete the remainder of the second	hls section.) No (Stop here and su	bmis form to DTED .)
 35 39. Provide the following information for each rewere to be attained by the time of reporting. (Attains) 35. Information on recipient and agreement: 		er terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
Trecipient ceased operation recipient was unable to fill vacant positions	other (Specify reason.)	rent community
37. To date, has the recipient fulfilled its repayment of	bligation? (Mark one.)	
O Yes O No, recipient has beenn to repay the assist	tance. No, recipient has not begun	to repay the assistance.
38. Has the agreement been amended to extend the re-	cipient's deadline for fulfilling its obliga	dionn? (Mark one.)
	D Yes ÜNo	
39. Describe the steps being taken to bring recipient in	nto compliance or recoup the subside	
		·
	_	

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146



2002 Minnesota Business Assistance Form

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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a
 warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Inform	nation			
1. Name of grantor (funding entity) Sherburne County		2. Name of person completing this form Alex Wikstrom		
3. Street address 13880 Hwy 10		4. City Elk Piver	5. ZIP code 55330	
6. County Sherburne	7. Phone number 743-241-2744	8. Fax number 763-241-29	9. E-mail addre	53
10. Please indicate who in your	organization should receive the	2002 MBAF if different from	the person in Question 2	
Name/Title	Phone number	Street address	City 2	IP code
11. Classification of grantor (M created by gov't agency, pl example, a city EDA would chec	ease indicate affiliation. For	adopted criteria for	on held a public hearing o awarding business subsidi nn. Stat. §116J.994? (Mar	cs in
☐ City government County government		☐ Yes, in 2002 (attach criteria) ☐ Yes, in 2002 but have not yet adopted criteria (Yes, prior to 2002		
□ Regional government		If Yes: Hearing Date: 2000 Year Crueria Submitted: 2000		
Other (Please specify.)		□ No □ Other (Please attach explanation.)		
13. Has your organization signs through December 31, 200	ed any agreements to award a be I that is required to be reported			
☐ Yes (Col	implete the remainder of the for	n.) No (<u>Stop here,</u> go to	section 5 on page 4.)	
Section 2 Recipient Infor	mation			
14. Name of business or organization receiving subsidy or financial assistance		15. Address where busi will be used	ness subsidy or financial :	assistance
		Street address	City State	ZIP code
16. Does the recipient have a p	arent corporation7 (Mark one.)			
☐ Yes (Indicate name and add)☐ No	ress of parent corporation belov	v. If more than one, indicate t	ultimate owner.)	

17. Industry of recipient's facility (Mark one.):	
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreement?	(Mark one.)
☐ Yes (Indicate city and state of previous address and reason recipi ☐ No (Go to Question 19.)	iens did nos complete shis project at that address.)
City/State of previous address Reason project not completed at pro	evious address
19. Would the recipient have remained in previous location or relocifinancial assistance? (Mark one.)	ated elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ Relocated to differen	nt Minnesota location 🔲 Relocated outside Minnesota
Section 3 Agreement Information	
20. Total dollar value of business subsidy or financial assislance (Please separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was omended.)
22. Benefit date (Indicate the date the recipient will benefit from the indicate the date improvements were finished, equipment was placed whichever is earlier.)	e business subsidy or financial assistance. For example, d into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one of the fobe reported? (Mark one.)	ur types of financial assistance (see Question 25) required to Ginancial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
a not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy
□ loan (only principal) \$	□ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, and assistance provided for designated
☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.) ☐ S ☐ S	historic preservation districts, when 50% or less of total cost Ci assistance for pollution control or abatement abatement assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) Inot applicable, assistance was not in the form of TIF	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) Ü No
☐ redevelopment ☐ renewal and renovation	Grantor(s) and value of the agreement(s):
Soils condition conomic development mined underground space	Grantor Value (\$)
U hazardous substance subdistrict	Grantor Value (\$)

O No

(Mark one)

33. During the period Ja	nuary 1, 2001 through December 31 nn. Stat. §1161.993 and §1161.994?	. 2001, did your organization t		
Yes (Indicate the nam recipiens. Assach ac	e of each recipient failing to report of Additional pages if necessary.)	and the value of subsidy or find	incial assistance awarded to that	
N o				
Name of recipions	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance	
 Did your organization agreement signed or 	on have any recipients who failed to a or after January 1, 2001, that were r	schieve any goals or fulfill any equired to be fulfilled by the t	other obligations under an ime of this report?(Mark one.)	
☐ Yes	(Complete the remainder of this sect	tion.) KNO (Stop here and	i submit form to DTED .)	
	lowing information for each recipien by the time of reporting. (Attach add		other terms of an agreement that	
35. Information on recip	pient and agreement:			
Name of recipient in def	ault	Type of subsidy or assistance	Initial value of subsidy or assistance	
Street address of recipies	nt	City/ZIP code of recipient	Outstanding value of subsidy or assistance	
36. Reason(s) for defaul	t (Mark all that apply.):			
☐ recipient ceased opera ☐ recipient was unable t		☐ recipient relocated to a different community ☐ other (Specify reason.)		
37. To date, has the reci	pient fulfilled its repayment obligation	on?(Mark one)		
🗅 Yes 🔲 No, recipier	nt has begun to repay the assistance.	O No. recipient has not ber	run to repay the assistance.	
38. Has the agreement b	cen amended to extend the recipient	's deadline for fulfilling its ob	ligations?(Mark one.)	
		Yes 🗆 No		
39. Describe the steps b	eing taken to bring recipient into con	ppliance or recoup the subsidy		
-				

Return your completed MBAF(s) by April 1, 2002, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



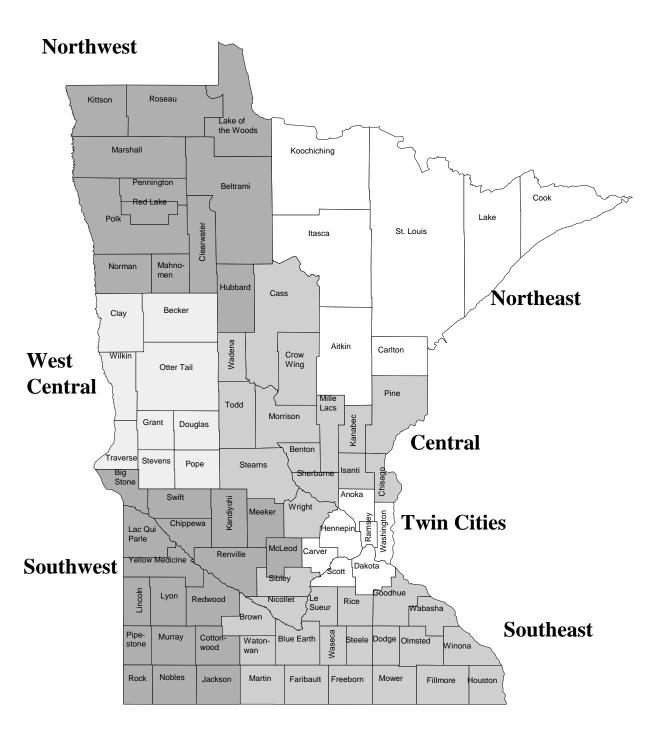
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. Name of business receiving	ASSISTANCE				,
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1. Type of assistance (e.g. los	un, TIF, gapat, indicatored			•	
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13. Date of business	14. Date assistance	rad 15. Date p	aject (building		hac of business
Maistaner servometa	provided		ety/old.) was	ASSISTANCE	_
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or assistance agreements sign perments signed during 199 17. Job creation goals for busi	and fature years, ple	easa complete Unos 31	through 24. chowly wage	te lines 17 through : level goals for busin	
7. Job creation goals for busi	ness receiving assistance	eann complete tings 31 te 18. Average ansister	through 24. c hourly wage	level goals for busin	ess techiving
recently signed during 199	g and fature years, planess receiving assistance business received assistance saintance: (Please Indian	ease complete times 31 te 18. Average estimate to Actual business the indicate m.	through 24. c hourly wage nos average boarty is received ass formance since	level goals for busing wage paid to employerance project placed in selections at each wage le	yes hired since
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This firm replaces all previous forms. Please complate one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each existance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to previde axistance to a business since July 1, 1995.

(over)

APPENDIX R: County Representation in DTED Economic Development Regions

APPENDIX R County Representation in DTED Economic Development Regions



APPENDIX S:

Minnesota Statutes §116J.991

"A business that receives state or local government assistance for economic development or job growth purposes must create a net increase in jobs in Minnesota within two years of receiving the assistance.

The government agency providing the assistance must establish wage level and job creation goals to be met by the business receiving the assistance. A business that fails to meet goals must repay the assistance to the government agency.

Each government agency must report the wage and job goals and the results for each project in achieving those goals to the Department of Trade and Economic Development. The department shall compile and publish the results of the reports for the previous calendar year by June 1 of each year. The reports of the agencies to the department and the compilation report of the department shall be made available to the public.

For the purposes of this section, 'assistance' means a grant or loan in excess of \$25,000, or tax increment financing."

APPENDIX T:

Business and Financial Assistance Forms
Submitted by State, County, City and Local
Government Agencies Provided between
July 1, 1995 through December 31, 2001
In Accordance with Minnesota Statutes § 116J.993
through § 116J.995

NOTE: If forms are not attached to the report readers may review copies at DTED's web site: (www.dted.state.mn.us, click on Communities, then Business Subsidies Reporting) and the Minnesota Legislature Reference Library