



## **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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January 2003

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## **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.<sup>1</sup>

### **Data Collection**

To facilitate the collection of report information, DTED created the MBAF (see DTED's web site [www.dted.state.mn.us](http://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

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<sup>1</sup> Resource constraints 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	Regional Development Board Members
Economic Development Association of MN	Regional Development Commission Chairs
Economic Development Authorities	Regional Development Commission Directors
Economic Development Commissions	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).<sup>2</sup>

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).

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<sup>2</sup> 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 statute<sup>3</sup>;
- 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.

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<sup>3</sup>Of 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

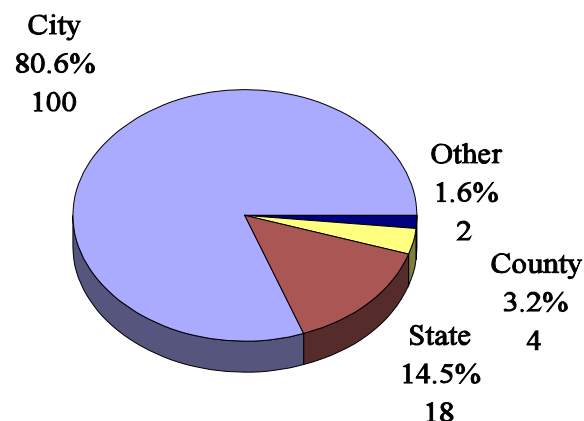
Forms summarized in this section of the report encompass business and financial assistance reached between January 1, 2001 and December 31, 2001. Under the business subsidy law, agencies are required to submit a 2002 MBAF form until all goals and obligations are fulfilled in agreements made between government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

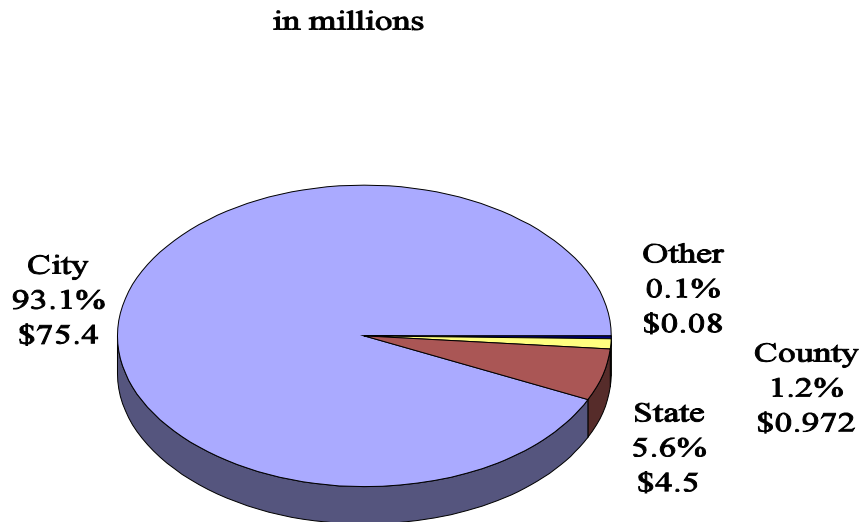
FIGURE 1  
Distribution of Business Assistance Agreements by Government Agency for  
Agreements Reached Between January 1, 2001 and December 31, 2001





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

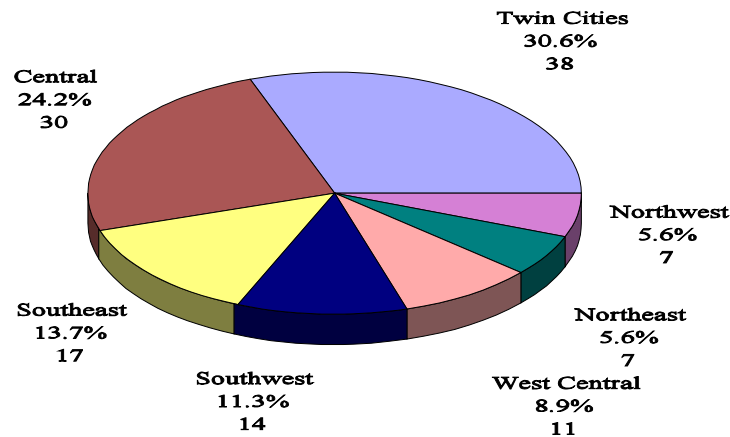


One city agency accounted for all of the financial assistance activity reported in 2002. The city agency reported four eligible agreements that had a total value of \$204,665.

### ***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).

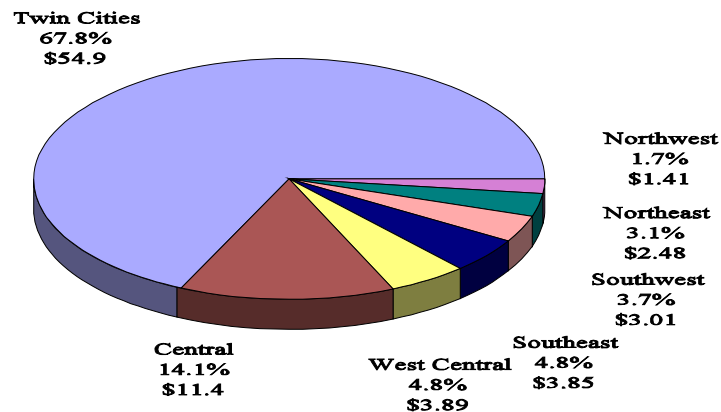
**FIGURE 3**  
Regional Distribution of Business Assistance Agreements Reached  
Between January 1, 2001 and December 31, 2001



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

**in millions**



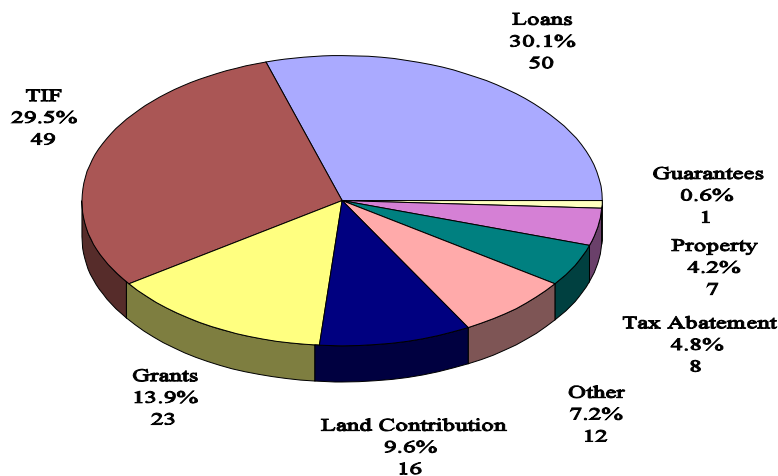
Of the four financial assistance agreements reported in 2002, the Southeast region accounted for all four agreements which provided \$204,665 in assistance.

### ***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.

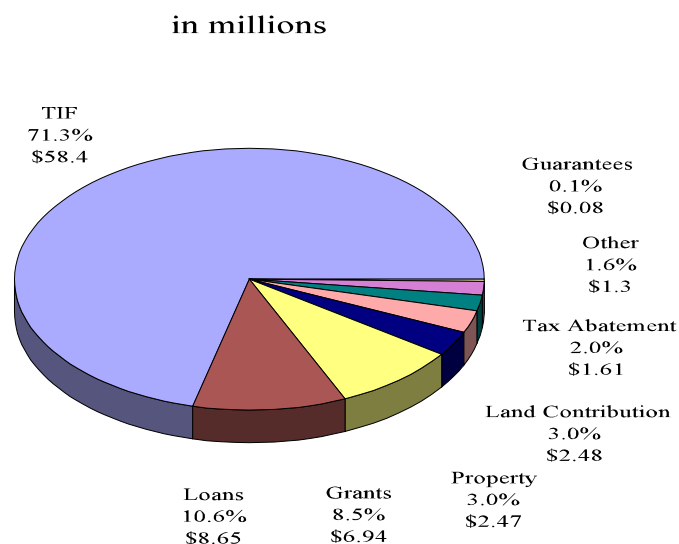
TIF and loans were the most common types of subsidies provided. Of the 124 business subsidies agreements reported by government agencies, there were 166 types of business subsidies reported because several agencies reported more than one type of assistance for each project. As Figure 5 illustrates, of 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.

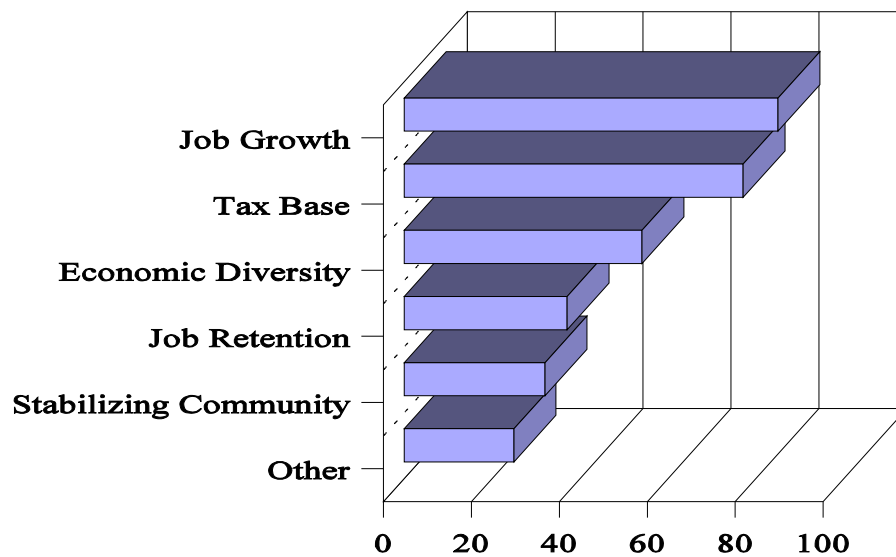
Of the \$80.9 million in business subsidies provided by government agencies in 2002, \$57.4 million consisted of tax increment financing. TIF redevelopment, 78.7 percent (\$45.2 million), accounted for the largest share of TIF district types, followed by TIF economic development, 21.3 percent (\$12.2 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)<sup>4</sup>, 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).<sup>5</sup>

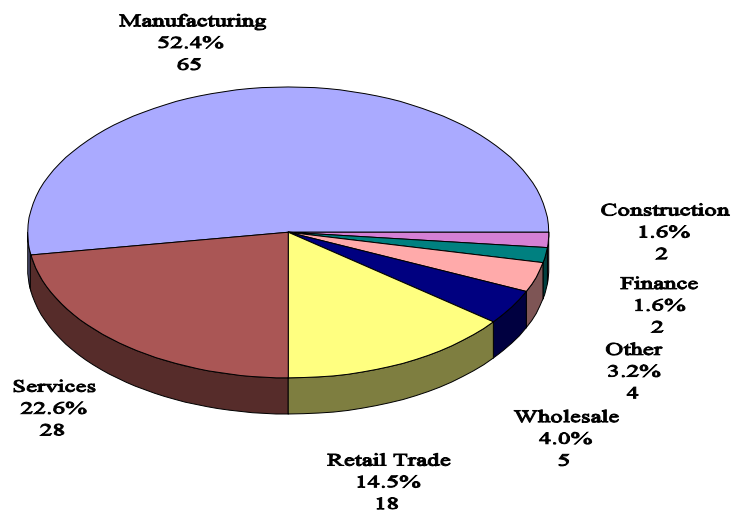
<sup>4</sup> Increasing the tax base was used by agencies in conjunction with other public purposes.

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

**Industry Sector of Assistance for Recipients**

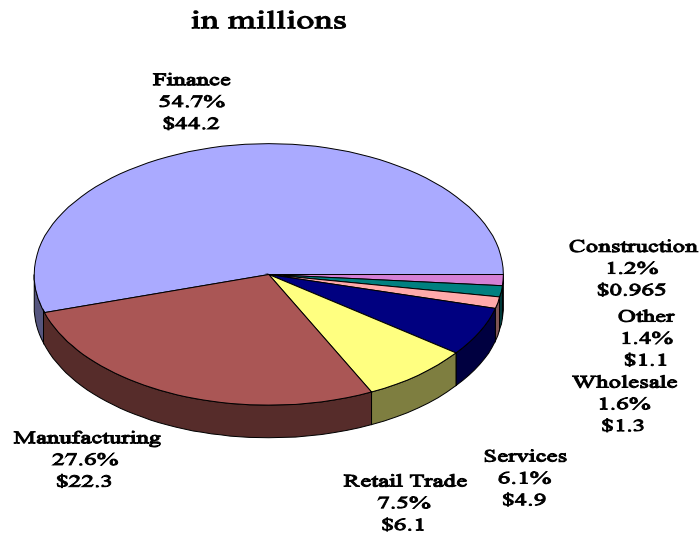
Of the 124 business assistance agreements reported by government agencies in 2002, the manufacturing sector accounted for 65 agreements (52.4 percent), services, 28 agreements (22.6 percent), retail trade, 18 agreements (14.5 percent), wholesale trade, five agreements (4.0 percent), other, four agreements (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.<sup>6</sup> 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:

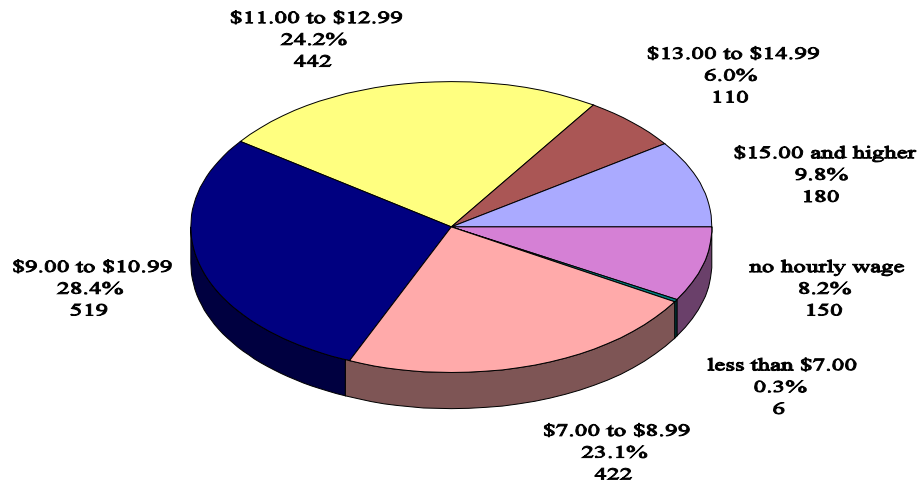
- 9.8 percent or 180 jobs were expected to pay an hourly wage of \$15.00 or higher;
- 6.0 percent or 110 jobs between \$13.00 and \$14.99;
- 24.2 percent or 442 jobs between \$11.00 and \$12.99;
- 28.4 percent or 519 jobs between \$9.00 and \$10.99;
- 23.1 percent or 422 jobs between \$7.00 and \$8.99;
- 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).

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<sup>6</sup>The 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.

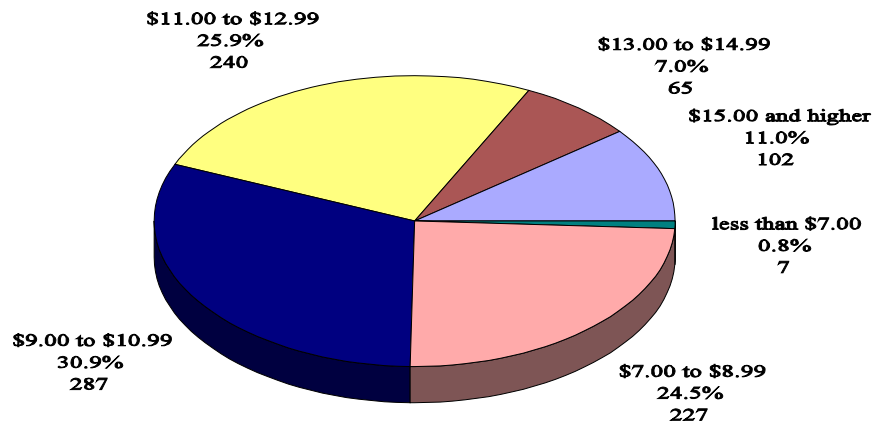
There were no full-time job creation goals for the four eligible financial assistance agreements.

#### *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.

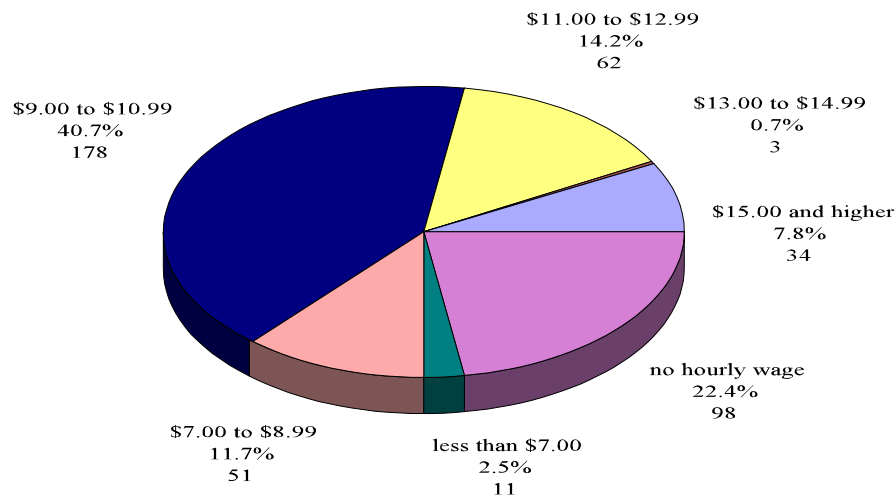
Agencies reported actual part-time hourly health insurance value in two business assistance agreements for a total of 5 jobs with an average hourly value of \$2.53.

*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



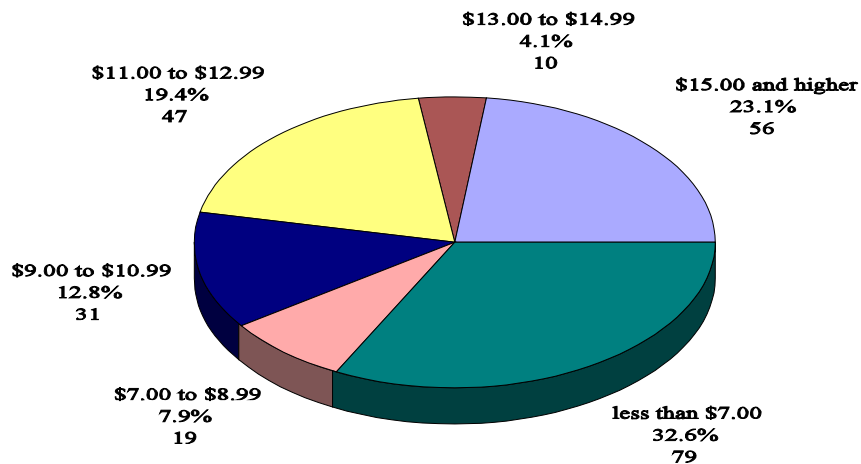
Agencies reported an hourly value of health insurance for jobs retained in six business assistance agreements for a total of 289 jobs for an average hourly value of \$1.40.

*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 submitted<sup>7</sup>

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.<sup>8</sup>

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.

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<sup>7</sup>The 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.

<sup>8</sup>Saint 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***

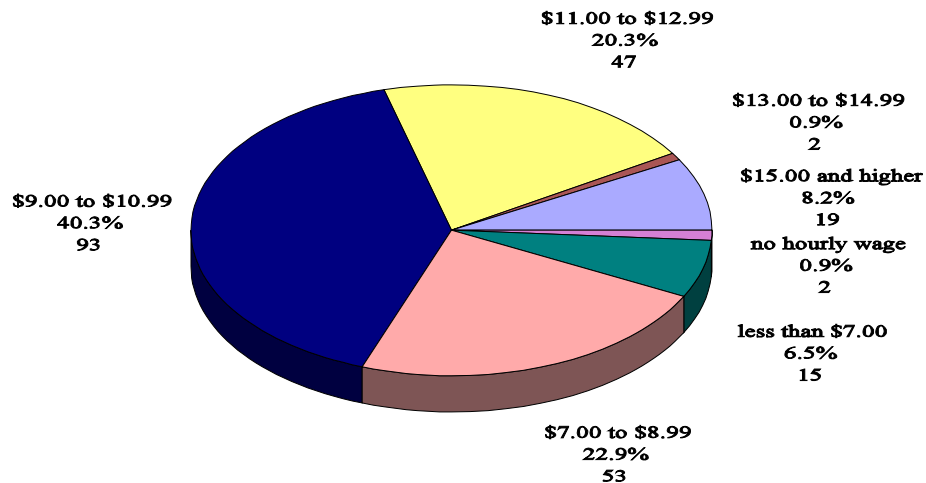
Under the business subsidy law, the assistance must include goals for the number of jobs created, which may include separate goals for the number of full-time or part-time jobs and wage goals for jobs created or retained. This section provides information about the job creation and wage goals for the 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**



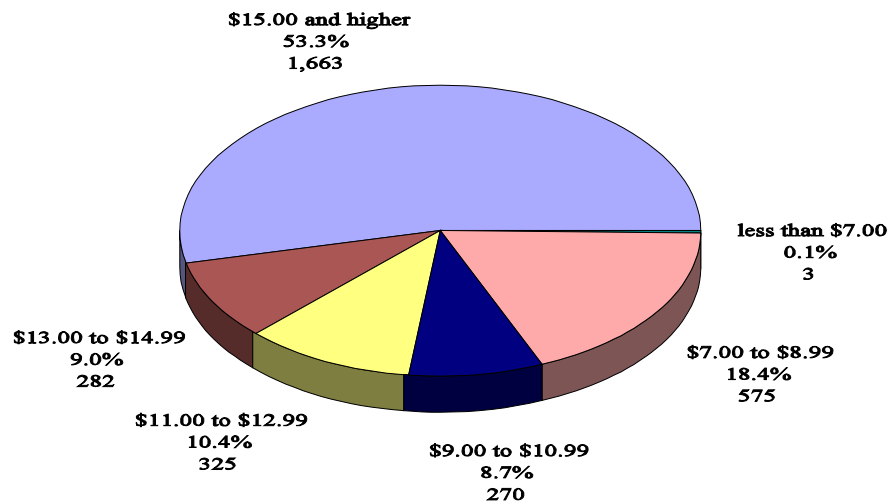
One agency reported a full-time hourly health insurance value in two business assistance agreements for a total of 58 jobs with an average hourly value of \$0.79.

#### *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.

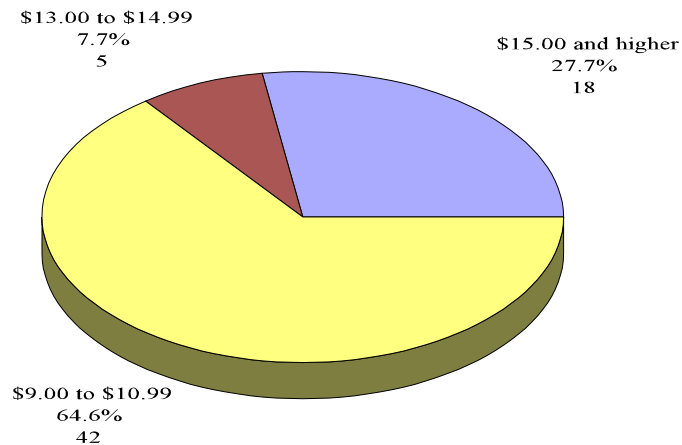
Agencies reported an actual part-time average hourly health value in nine business assistance agreements for a total of 54 jobs with an average hourly value of \$2.26.

### *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



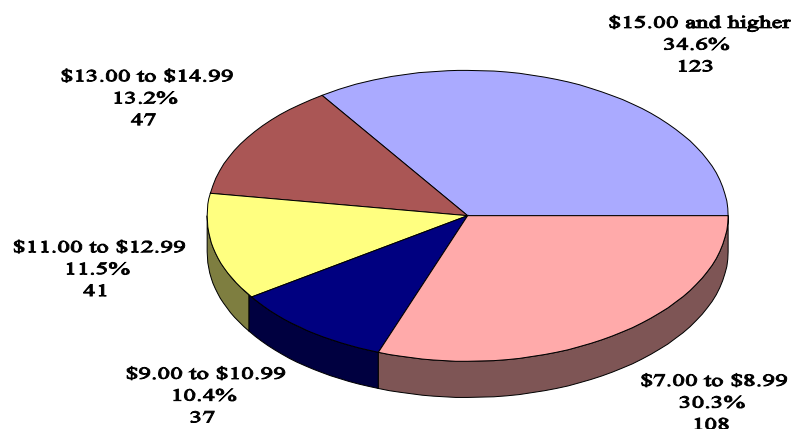
Agencies did not report an hourly value of health insurance for jobs retained for any of the business subsidy agreements.

### *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.<sup>9</sup>

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<sup>9</sup>Robbinsdale 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.

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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 terminated 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 made 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***

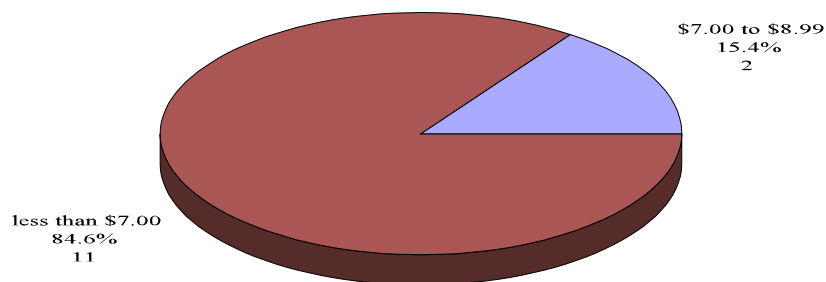
Under the business subsidy law, the assistance agreement must include goals for the number of jobs created, which may include separate goals for the number of full-time or part-time jobs and wage goals for jobs created or retained. This section provides information about the job creation and wage goals 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



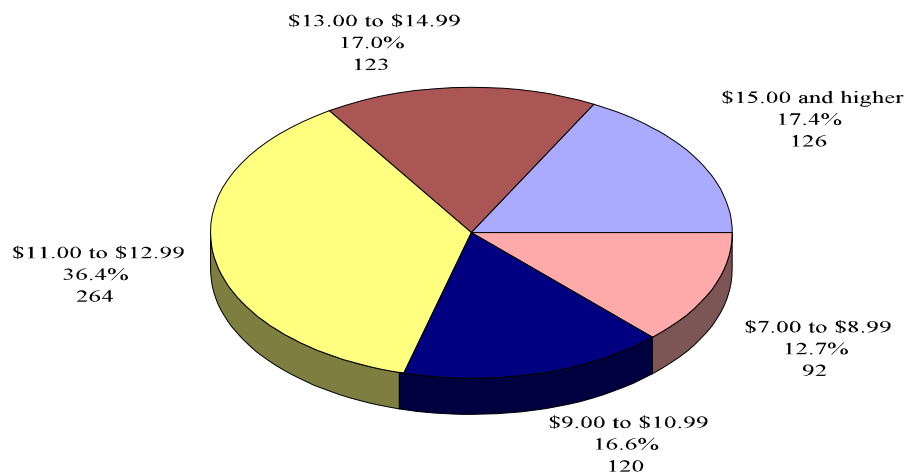
No agency reported any agreements with a full-time hourly health insurance value.

*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*

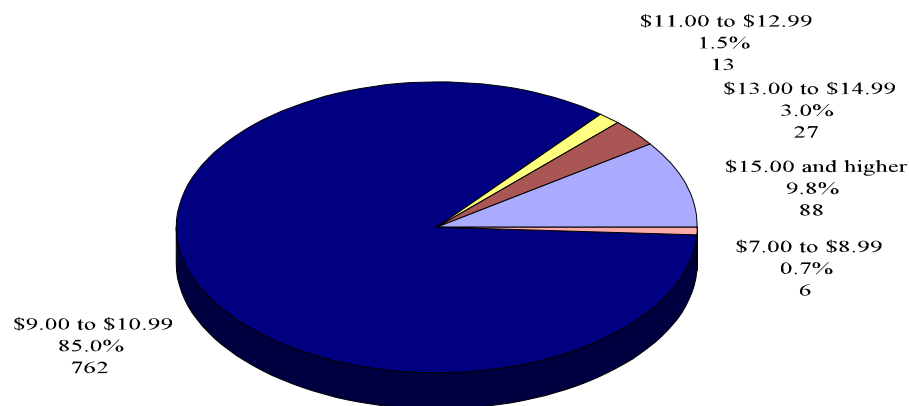
No agency reported job retention creation and wage goals in either of the two business assistance agreements reported for the first time in 2002.

*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.<sup>10</sup>

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.

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<sup>10</sup>City 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.

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.

**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.

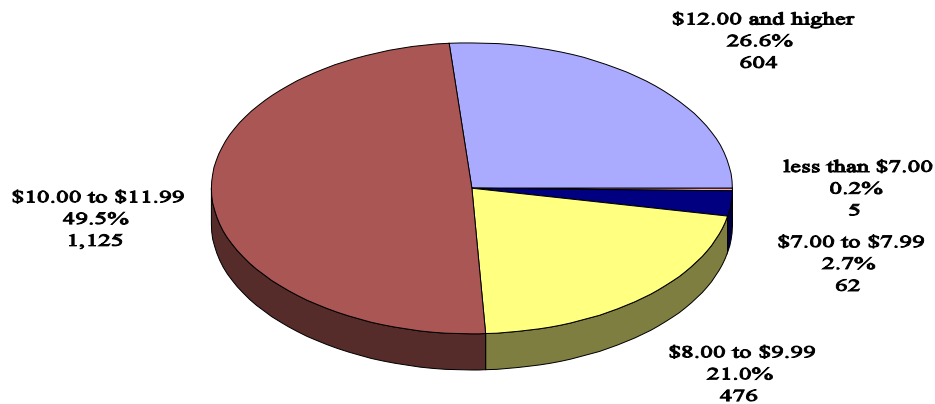
***Full-time Job Creation and Wage Goals***

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.

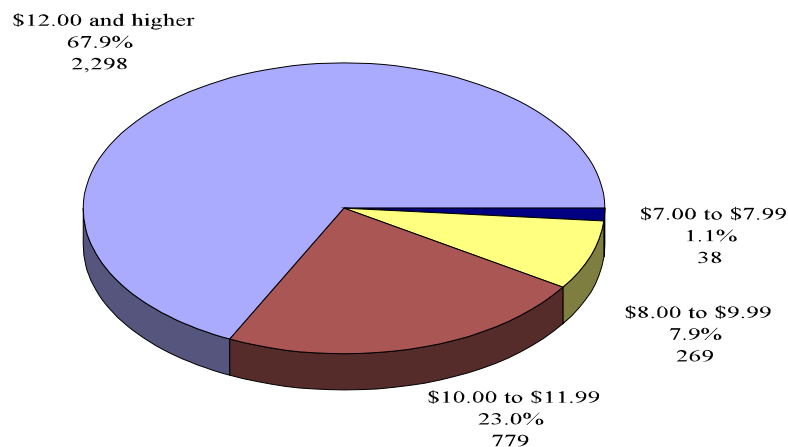
#### *Actual Full-time Job Creation and Wages*

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.

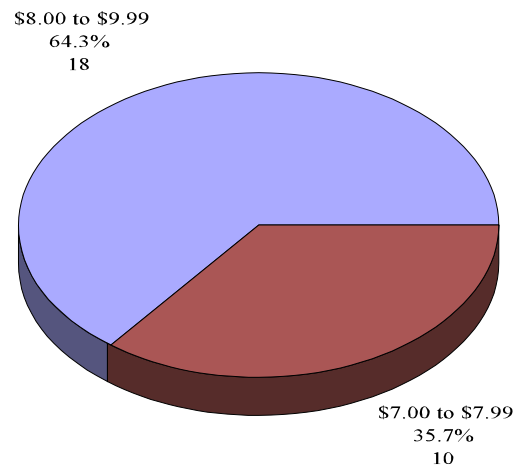
#### *Part-time Job Creation and Wage Goals*

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



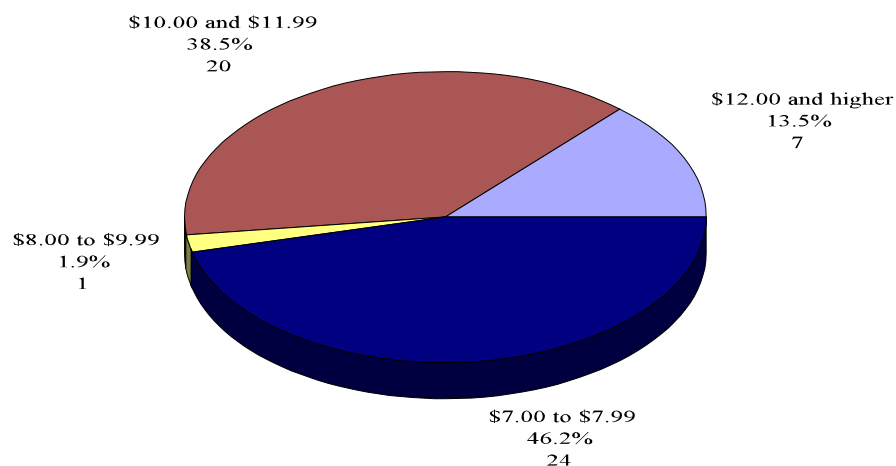
No agency reported a part-time hourly value of voluntary benefits for any business assistance agreement.

#### *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)**

## **116J.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 to 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



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

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](http://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



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

First Class  
US Postage  
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171

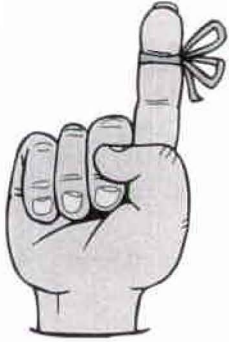
Minn. Stat. §116J.993 to §116J.995 requires that business subsidies and financial assistance provided by state and local government agencies be reported by April 1 of each year to the Department of Trade and Economic Development. The law also requires certain government agencies to submit a report even 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](http://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

## FINAL NOTICE

MINNESOTA STATUTES §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](http://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*

TEA-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**

# 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	Yes	Yes	No	Yes
Annandale EDA	Yes	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	No	Yes	No	No
Becker County, EDA	Yes	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	Yes	No	Yes	Yes
Big Lake (Township of)	Yes	No	No	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	Yes	Yes	Yes	Yes
Bradford (Township of)	Yes	No	No	No
Brainerd, City of	Yes	Yes	Yes	Yes
Brandon EDA	No	Yes	No	No
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***
Broton, 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	Yes	No	Yes
Buffalo Lake, City of	No	Yes	No	No
Buhl, City of	No	Yes	No	Yes
Burns (Township of)	Yes	No	No	Yes

# 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	No	Yes	No	No
Cannon Falls, City of	Yes	Yes	No	No
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	Yes	Yes	No	Yes
Chatfield, City of	No	Yes	No	No
Chippewa County	Yes	No	No	No
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	Yes	Yes	No	No
Columbus (Township of)	Yes	No	No	No
Cook County	Yes	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	Yes	No	No	No
Dawson	No	No	Yes	Yes
Dayton, City of	Yes	No	No	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

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Agency Name	Pop >2500	PriorActivity*	2001 Activity ****	Rec'd Report **
Dundas, City of	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	Yes	No	No
Edina, City of	Yes	No	No	No
Edina HRA	Yes	Yes	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	No	No
Faribault County	Yes	No	No	Yes
Faribault County Local Redevelopment Agency	Yes	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	No	Yes	No	Yes
Franklin (Township of)	Yes	No	No	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
Goodhue County	Yes	No	No	No
Goodview, City of	Yes	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	No	No
Grey Eagle, City of	Yes	Yes	No	Yes
Grygla, City of	No	Yes	No	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	No	No
Hopkins, City of	Yes	Yes	No	No

# Listing of Agencies Required to Submit a 2002 MBAF

Agency Name	Pop >2500	PriorActivity*	2001 Activity ****	Rec'd Report **
Hopkins HRA	Yes	Yes	No	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	Yes
Koochiching Development Authority	Yes	No	Yes	Yes
Lac qui Parle County	Yes	No	No	No
La Crescent, City of	Yes	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

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Agency Name	Pop >2500	PriorActivity*	2001 Activity ****	Rec'd Report **
Maple Lake, City of	No	Yes	No	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	No	Yes	No	No
MEDA	Yes	Yes	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	Yes	No	No	Yes
Minneapolis, City of	Yes	No	No	No
Minneapolis Community Development Agency	Yes	Yes	Yes	Yes
Minneapolis Consortium of Community Developers	Yes	No	No	Yes
Minneapolis Foundation	Yes	Yes	No	No
Minneapolis Foundation's Entrepreneurs 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	Yes	Yes	Yes	Yes
MN Office of Environmental Assistance	Yes	No	No	No
MN Rural Finance Authority	Yes	Yes	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	Yes	Yes	Yes	Yes
Moose Lake, City of	No	Yes	No	Yes
Mora, City of	Yes	Yes	No	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	No	Yes	No	No
Mower County	Yes	Yes	No	Yes
Mower County Housing Authority	Yes	No	No	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	Yes	No	Yes
Nicollet County	Yes	No	No	No

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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	Yes	Yes	No	Yes
Northfield EDA	Yes	Yes	No	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	Yes	No	Yes
Olmstead County	Yes	No	No	No
Onamia, City of	No	Yes	No	Yes
Orono, City of	Yes	No	No	No
Osakis, City of	No	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	No	Yes	No	No
Perham, City of	No	Yes	Yes	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	No	No
Princeton, City of	Yes	No	No	No
Princeton HRA	Yes	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	Yes	No	Yes	Yes
Red Wing Port Authority	Yes	Yes	Yes	Yes
Redwood County	Yes	No	No	No
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

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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	Yes	Yes	No	Yes
Sacred Heart, City of	No	Yes	No	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	Yes	No	No	Yes
Saint Louis Park, City of	Yes	No	No	No
Saint Louis Park EDA	Yes	No	Yes	Yes
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	Yes	No	No	Yes
Sauk Rapids HRA	Yes	Yes	Yes	Yes
Savage, City of	Yes	No	No	Yes
Savage EDA	Yes	Yes	No	No
Scott County	Yes	No	No	Yes
Sebek, 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	Yes	No	No	No
South St. Paul HRA	Yes	Yes	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	No	Yes	No	Yes
Spring Valley EDA	No	Yes	No	Yes
Staples, City of	Yes	Yes	No	No
Staples EDA	Yes	No	No	No
Stearns County	Yes	Yes	No	Yes
Stearns 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	Yes	No	No	No
Thomson (Township of)	Yes	No	No	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
Welcome, City of	No	Yes	No	Yes
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	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**

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

<b>Grantor Name</b>	<b>Recipient Name</b>	<b>Total Amount</b>
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 & Rehabilitation 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 & Rehabilitation 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	Diversified Manufacturing	\$290,000
MN Department of Trade and Economic Development	Entronix International	\$290,000
Big Lake EDA	Whirl-Air-Flow	\$271,203
East Grand Forks EDHA	Eagle's Erie #350	\$270,000
Sauk Rapids HRA	Benton Business Park Partnership LLP	\$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 Gadiant	\$175,474
Annandale Economic Development Authority	Coro LLC	\$175,000

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

<b>Grantor Name</b>	<b>Recipient Name</b>	<b>Total Amount</b>
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 Communications	\$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
<b>Total</b>		<b>\$80,894,184</b>
<b>Median</b>		<b>\$177,160</b>

## **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**

<b>Grantor Name</b>	<b>Recipient Name</b>	<b>Total Amount</b>
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
<b>Total</b>		<b>\$204,665.00</b>
<b>Median</b>		<b>\$42,387.00</b>

## **APPENDIX F:**

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

**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
Aitkin, City of	Aitkin County Growth Inc	Yes	No	\$42,369
Annandale EDA	Reichel's Catering Service	Yes	Yes	\$96,853
Annandale EDA	Market Properties, LLC	Yes	Yes	\$65,000
Austin, City of	Cooperative Response Center Inc.	Yes	Yes	\$237,978
Belle Plaine, City of	HealthPostures Inc.	Yes	No	\$110,157
Benton County	Crystal Cabinets Inc.	Yes	No	\$482,000
Big Lake EDA	Big Lake Commerce Centers LLP	Yes	No	\$66,185
Big Lake EDA	Ataboy Manufacturing & A-Boy LLP	Yes	No	\$47,055
Blaine Area Development Corporation	Forman Properties	Yes	No	\$100,000
Blaine Area Development Corporation	Pneu-Motion Inc.	Yes	No	\$84,197
Blue Earth EDA	Nuvex Ingredients Inc	Yes	No	\$1,248,934
Brooklyn Park EDA	Unisource Worldwide Inc.	Yes	Yes	\$629,000
Brooklyn Park EDA	Brooklyn Blvd Investors	Yes	Yes	\$336,000
Brooklyn Park EDA	Duke Realty Investments Inc. Crossroads North 4	Yes	Yes	\$286,000
Brooklyn Park EDA	Gildon LLC	Yes	Yes	\$255,000
Burnsville EDA	Southcross Commerce Center II	Yes	Yes	\$1,177,797
Burnsville EDA	Southcross Drive-42 LLP	Yes	Yes	\$1,175,672
Burnsville EDA	US Federal Credit Union	Yes	Yes	\$294,000
Burnsville EDA	Gila LLC	Yes	Yes	\$149,037
Chaska EDA	Update Properties LLC	Yes	Yes	\$147,963
Chisago County HRA-EDA	Selvig Family LLC	Yes	Yes	\$150,808
Cottage Grove, City of	CCE Technologies Inc.	Yes	No	\$99,723
Cottonwood, City of	Cottonwood Welding and Manufacturing	Yes	Yes	\$108,000
Detroit Lakes, City of	Friesens Inc	Yes	No	\$450,000
Detroit Lakes, City of	BTD Manufacturing	Yes	No	\$60,000
Duluth EDA	Duke Construction Limited Partnership	Yes	Yes	\$1,650,000
Duluth, City of	United HealthCare Services Inc	Yes	No	\$500,000
Edina HRA	Grandview Square LLC	Yes	Yes	\$3,950,000
Elk River EDA	Track of the Wolf Inc.	Yes	No	\$129,050
Elk River, City of	SoftPac Industries Inc	Yes	No	\$700,000
Hastings, City of	Greenlawn Underground Sprinklers Inc.	Yes	Yes	\$51,999
Hastings, City of	Miller Electric Inc.	Yes	Yes	\$29,899
Howard Lake, City of	Stellar Health Care Inc.	Yes	Yes	\$99,000
Hugo, City of	Schwieters Properties	Yes	No***	\$261,000
Iron Range Resources & Rehabilitation Agency	Accelerated Payments Inc	Yes	Yes	\$550,000
Iron Range Resources & Rehabilitation Board	Larex Inc.	Yes	Yes	\$350,000
Lake City, City of	Hearth Technologies Inc.	Yes	No	\$483,075
Lakeville, City of	DR Horton Inc. - Minnesota	Yes	Yes	\$336,288
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	\$77,185
Little Falls, City of	DJ Holding LLC	Yes	Yes	\$37,500
Long Lake EDA	VB Properties LLC	Yes	Yes	\$465,000
Long Lake EDA	James Loosen	Yes	Yes	\$150,000
Maple Grove, City of	Data Recognition Corp	Yes	Yes	\$466,000
Milaca, City of	MLVC Partnership	Yes	No	\$32,000
Minneapolis Community Development Agency	Graco Inc.	Yes	Yes	\$1,175,000
Minneapolis Community Development Agency	Ryan GB2000	Yes	Yes	\$965,000
MN Agriculture & Economic Development Board	Fairview Health Services	Yes	Yes	\$180,315,000
MN Department of Agriculture	MN Soybean Processors	Yes	No	\$27,500
MN Department of Trade and Economic Development	Genmar Holding/Lund Boats	Yes	Yes	\$500,000
MN Department of Trade and Economic Development	AAF-McQuay Inc	Yes	Yes	\$500,000
MN Department of Trade and Economic Development	United Structural Components	Yes	Yes	\$470,000
MN Department of Trade and Economic Development	Systematic Refrigeration Inc	Yes	No***	\$300,000
MN Department of Trade and Economic Development	Alphagraphics Group Inc	Yes	Yes	\$285,000
MN Department of Trade and Economic Development	Resale World.com	Yes	Yes	\$250,000
MN Department of Trade and Economic Development	Schwans Sales Enterprises	Yes	Yes	\$233,300
MN Department of Trade and Economic Development	European Roasterie Inc.	Yes	Yes	\$225,000
MN Department of Trade and Economic Development	Harfel LLC	Yes	Yes	\$200,000
MN Department of Trade and Economic Development	Shark Industries	Yes	Yes	\$200,000
MN Department of Trade and Economic Development	Bedford Technology LLC	Yes	Yes	\$199,000
MN Department of Trade and Economic Development	Impact Plastics	Yes	Yes	\$198,000
MN Department of Trade and Economic Development	Larex Inc.	Yes	Yes	\$175,000
MN Department of Trade and Economic Development	Cooperative Response Center Inc.	Yes	Yes	\$150,000
MN Department of Trade and Economic Development	LaCrosse McCormick	Yes	Yes	\$142,000
MN Department of Trade and Economic Development	Regal Machine	Yes	Yes	\$120,000
MN Department of Trade and Economic Development	Accelerated Payments Inc	Yes	Yes	\$116,000
MN Department of Trade and Economic Development	Dycast Specialities Corp	Yes	Yes	\$100,000
MN Department of Trade and Economic Development	Alexandria Extrusion	Yes	Yes	\$100,000
MN Department of Trade and Economic Development	Central Marble Products	Yes	Yes	\$100,000
MN Department of Trade and Economic Development	Hill Wood Products Inc.	Yes	Yes	\$96,000
MN Department of Trade and Economic Development	Voyager Supply & Fabrication	Yes	Yes	\$90,000
MN Department of Trade and Economic Development	Gold'N Plump Poultry	Yes	Yes	\$71,000
MN Department of Trade and Economic Development	Tracy Mintronix Corp	Yes	Yes	\$150,000
Montevideo Community Development Corporation	Micro-Dynamics Corporation	Yes	Yes	\$150,000
Monticello City of	Twin City Die Castings Co.	Yes	Yes	\$500,000
Monticello EDA	Twin City Die Castings Co	Yes	Yes	\$100,000
Moorhead, City of	United Structural Components LLC	Yes	Yes	\$139,400



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

<b>Agency Name</b>	<b>Recipient Name</b>	<b>Prior Activity*</b>	<b>Rec'd Report**</b>	<b>Total Amount</b>
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 Economic 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
<b>Totals</b>		<b>115</b>	<b>Yes - 74.8% (86) No - 25.2% (29)</b>	<b>\$571,225,561</b>

\* 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**

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

<b>Agency Name</b>	<b>Recipient Name</b>	<b>Total Amount</b>
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
<b>Totals</b>	<b>24</b>	<b>\$12,537,271</b>

## **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**

<b>Agency Name</b>	<b>Recipient Name</b>	<b>Prior Activity*</b>	<b>Rec'd Report**</b>	<b>Total Amount</b>
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
<b>Totals</b>		<b>10</b>	<b>Yes - 20% (2) No - 80% (8)</b>	<b>\$11,406,212</b>

\* 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**

**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	Kidspace/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
MN Department of Trade and Economic Development	Siglo Sunplant Inc.	Yes	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
<b>Totals</b>		<b>60</b>	<b>Yes - 55.0% (33) No - 45.0% (27)</b>	<b>\$16,944,173</b>

\* 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**

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

## **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**

<b>Agency Name</b>	<b>Recipient Name</b>	<b>Total Amount</b>
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**

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

<b>Agency Name</b>	<b>Recipient Name</b>	<b>Prior Activity*</b>	<b>Rec'd Report**</b>	<b>Total Amount</b>
Austin, City of	Palleton On MN Inc.	Yes	No	\$66,200
Breezy Point, City of	Breezy Point LLC	Yes	No	\$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	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	Leaanndee 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/Kidspace	Yes	Yes	\$293,000
MN Department of Trade and Economic Development	Air Tec-Acquisition (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

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

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 Norgren 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
<b>Totals</b>		<b>105</b>	<b>Yes - 57.1% (60) No - 42.9% (45)</b>	<b>\$49,808,522</b>

\* 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**

<b>Agency Name</b>	<b>Recipient Name</b>	<b>Total Amount</b>
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
<b>Totals</b>	<b>25</b>	<b>\$7,898,150</b>



## **APPENDIX N:**

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

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

Agency Name	Recipient Name	Total Amount	Goals Achieved
Austin, City of	Palleton of MN Inc.	\$48,000	No
Brooklyn Park EDA	Waterford II	\$688,000	No
Brooklyn Park EDA	Duke Realty Investments Inc. Crossroads North Business Center 7	\$598,000	Yes
Brooklyn Park EDA	Duke Realty Investments Inc. Crossroads North Business Center 5	\$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	Paul F. Gonyea	\$267,328	Yes
Burnsville EDA	Burnsville Showcase LLP	\$240,690	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	Leeanddee 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	MN Valley YMCA	\$50,000	Yes
Burnsville EDA	Eastling Family Partnership	\$44,000	Yes
Burnsville EDA	Al's Cabinets	\$42,960	Yes
Chisago County HRA-EDA	County Line Iron Inc.	\$132,000	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
MN Department of Trade and Economic Development	Media One (St. Paul)	\$500,000	Yes
MN Department of Trade and Economic Development	Electric Machinery Co. (Mpls)	\$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	Corn-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	No
MN Department of Trade and Economic Development	Aaron Carlson Woodworking	\$100,000	No
MN Department of Trade and Economic Development	Diamond Tool & Eng	\$90,000	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	Crossroads Motel	\$167,000	Yes
Pelican Rapids EDA	Precision Machining	\$152,000	Yes
Perham, City of	Perham Grain & Feed Inc.	\$135,000	No
Red Wing Port Authority	Knudsen Enterprises	\$425,000	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	Borgert Products	\$145,000	Yes
St. Paul Port Authority	Aries Precision Sheet Metal Co	\$692,604	n/a
St. Paul Port Authority	Addco Inc. (3N Properties)	\$609,840	Yes
St. Paul Port Authority	The Norgren Group, LLC	\$463,478	Yes
St. Paul Port Authority	G & K Services Inc.	\$405,979	Yes
St. Paul Port Authority	Summit Brewing Company	\$366,667	No
St. Paul Port Authority	EMC Corp	\$240,000	No
St. Paul Port Authority	Guinee Family Limited Partnership	\$237,837	No
Stillwater, City of	Schoonover Real Estate Co LLP	\$143,000	No
Watkins, City of	Barrier Technology	\$85,500	No
Welcome, City of	Easy Systems	\$250,000	Yes

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

Welcome, City of	Easy Systems	\$150,000	n/a
Windom EDA	JR & R Partnership	\$450,000	Yes
<b>Totals</b>		<b>85</b>	<b>\$40,197,490</b>

Yes	42	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%
	\$40,197,490	100.0%

## **APPENDIX O:**

**Listing of Agencies that Held a Public Hearing and Adopted  
Criteria Per M.S. § 116J.993 - § 116J.995**

**Listing of Agencies that Held a Public Hearing and Adopted Criteria Per M.S.116J.993 - M.S.116J.995**

<b>Agency Name</b>	<b>Public Hearing Held</b>	<b>Criteria Submitted</b>
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
Bayport, City of	No	No
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
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

**Listing of Agencies that Held a Public Hearing and Adopted Criteria Per M.S.116J.993 - M.S.116J.995**

<b>Agency Name</b>	<b>Public Hearing Held</b>	<b>Criteria Submitted</b>
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	No
Cambridge, City of	Yes	Yes/2000
Cambridge HRA	No	No
Canby, City of	No	No
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	Yes/2000
Chisago Lake (Township of)	No	No
Chisholm, City of	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

**Listing of Agencies that Held a Public Hearing and Adopted Criteria Per M.S.116J.993 - M.S.116J.995**

<b>Agency Name</b>	<b>Public Hearing Held</b>	<b>Criteria Submitted</b>
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
Duluth Seaway Port Authority	Yes	Yes/2000
Dundas, City of	No	No
Dunnell, City of	No	No
Eagan, City of	Yes	Yes/2000
East Bethel, City of	No	No
East Central Regional Dev. Commission	No	No
East Grand Forks, City of	No	No
East Grand Forks EDHA	Yes	No
Eden Prairie, City of	Yes	Yes/2001
Eden Valley, City of	Yes	Yes/2001
Edina, City of	No	No
Edina HRA	Yes	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

**Listing of Agencies that Held a Public Hearing and Adopted Criteria Per M.S.116J.993 - M.S.116J.995**

<b>Agency Name</b>	<b>Public Hearing Held</b>	<b>Criteria Submitted</b>
Grand Lake (Township of)	No	No
Grand Rapids, City of	Yes	No
Grand Rapids EDA	Yes	Yes/2001
Grand Rapids Township	No	No
Granite Falls, City of	Yes	No
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
Jenkins, City of	Yes	No/TIF Plan
Joint Economic Development Commission	No	No
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



**Listing of Agencies that Held a Public Hearing and Adopted Criteria Per M.S.116J.993 - M.S.116J.995**

<b>Agency Name</b>	<b>Public Hearing Held</b>	<b>Criteria Submitted</b>
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
Marshall, City of	Yes	Yes/2000
Marshall EDA	Yes	Yes/2000
Marshall HRA	Yes	Yes/2000
May (Township of)	No	No
Maynard, City of	No	No
MEDA	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 Agency	Yes	Yes/2001
Minneapolis Consortium of Community Developers	Other	No
Minneapolis Foundation	No	No
Minneapolis Foundation's Entrepreneurs Fund	No	No
Minneapolis Public Housing Authority	No	No
Minnesota Planning	No	No
Minnesota Pollution Control Agency	No	No
Minnetonka, City of	No	No
Minnetrissa, City of	No	No

**Listing of Agencies that Held a Public Hearing and Adopted Criteria Per M.S.116J.993 - M.S.116J.995**

<b>Agency Name</b>	<b>Public Hearing Held</b>	<b>Criteria Submitted</b>
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	Yes	Yes/2000
Mountain Iron HRA	Yes	Yes/2000
Mountain Lake EDA	Yes	Yes/2000
Mower County	No	No
Mower County Housing Authority	No	No
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
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

**Listing of Agencies that Held a Public Hearing and Adopted Criteria Per M.S.116J.993 - M.S.116J.995**

<b>Agency Name</b>	<b>Public Hearing Held</b>	<b>Criteria Submitted</b>
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
Pierz, City of	Yes	Yes/2000
Pine City, City of	No	No
Pine Island, City of	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	No	No
Ramsey County HRA	No	No
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
Roseau, City of	Yes	Yes/2002
Roseau County	No	No
Rosemount, City of	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

**Listing of Agencies that Held a Public Hearing and Adopted Criteria Per M.S.116J.993 - M.S.116J.995**

<b>Agency Name</b>	<b>Public Hearing Held</b>	<b>Criteria Submitted</b>
Saint James, City of	No	No
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
Sebek, 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	No	No
Southwest Minnesota Initiative Fund	No	No
Southwest Regional Development Commission	Yes	Yes/2000
Spicer, City of	Yes	Yes/2000
Spring Grove, City of	Yes	Yes/2001
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

## Listing of Agencies that Held a Public Hearing and Adopted Criteria Per M.S.116J.993 - M.S.116J.995

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
RLF = Revolving Loan Fund	Yes - 48.0% (268)	Yes - 39.8% (222)
	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](http://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. DEFINITIONS**

**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.  
or
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,
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 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 statutes 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 printed-paper 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.
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 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: 5  
 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  
 ( $5-3=2 \times \$20,000 = \$40,000$ )

- 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. **BUSINESS SUBSIDY AGREEMENT**

- 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.
  9. 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. Definitions:

1. Clause 4 – Redevelopment property polluted by contaminants as defined in State Statute 116J.552, Subdivision 3,
2. 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
4. 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.
5. 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.

Exemptions: 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 five years.

2. Grantor Report Contents: 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.

2002 SEP 17  
RECEIVED

**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<sup>th</sup> 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 determine 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 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.
  - 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 be able to demonstrate past successful general development capability as well as specific capability in the type and size of development proposed.

- 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.

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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 be 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**

- 4.01 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

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.
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 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 \$ 9.00 per hour, ~~and~~ including \$ 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 18<sup>th</sup> day of November, 1999.

Attest

Dallas Larson  
Dallas Larson, City Administrator

Leon Hanson  
Leon Hanson, Mayor

RECEIVED APR 22 2002

# 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. But-for Test. 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. Redevelopment. 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. Encourage New / Existing Business. 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. Highest and Best Land Use. 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. Needed Services. The project will provide a needed service in the community, including Health care, convenience and social services which are not currently available.
- F. Economic Feasibility. 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. Impact on County Services and Infrastructure. The project will not significantly and adversely increase the demands for service needs in the County.
- H. Job & Wage Goals. 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.
  - 1. 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. Tax Base. 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:
 

1. Acquisition of Land	20 year financing terms
2. Acquisition of Building	20 year financing terms
3. New Construction	20 year financing terms
4. Machinery and Equipment	7 year financing terms
5. Building Renovation	15 year financing terms
6. Working Capital (Inventory)	1-5 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.
- 2. 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**

DATE OF PUBLIC HEARING: March 26, 2002

Recommended by the Houston County Economic Development Authority, this \_\_\_\_ day of \_\_\_\_\_, 2002.

BY: \_\_\_\_\_  
(Houston County EDA President)

ATTEST: \_\_\_\_\_  
(Houston County EDA Secretary)

Adoption by the Houston County Board of Commissioners, this \_\_\_\_ day of \_\_\_\_\_, 2002.

BY: \_\_\_\_\_  
(Houston County Board Chair)

ATTEST: \_\_\_\_\_  
(Houston County Auditor)

### Business Subsidy Policy

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 criteria of this Policy.

Adopted by: Isanti City Council

Date of adoption: 11-3-99

Date of public hearing: November 3, 1999

## RESOLUTION NO. 99-135

RESOLUTION ADOPTING A BUSINESS SUBSIDY POLICY  
FOR THE CITY OF ISANTI

WHEREAS, this past legislative 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 116J.993 through 116J.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:

1. 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 Isanti City Council this 3rd day of November, 1999.

Attest:

Mayor

City Administrator

(SEAL)



## **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 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 EDA shall document the information used to determine 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 firm, 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 be 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**

- 4.01 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: Board of Commissioner of the Osseo Economic Development Authority, Minnesota

Date of adoption: October 9, 2000

Date of public hearing: October 9, 2000

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

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,

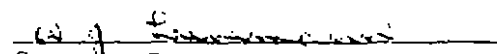
WHEREAS, the EDA has performed all actions required by law to be performed prior to the adoption and approval of the proposed business subsidies, including the holding of a public hearing upon published notice as required by law on October 9, 2000.

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

  
~~Secretary~~ President

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## **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.

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### 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 2<sup>nd</sup> 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.
- 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) <u>Blue Earth County</u>		2. Name of person completing this form <u>Lisa Lyons</u>	
3. Street address <u>204 South Fifth Street</u>		4. City <u>Mankato</u>	5. ZIP code <u>56001</u>
6. County <u>Blue Earth</u>	7. Phone number <u>(507) 389-8182</u>	8. Fax number <u>(507) 389-8819</u>	9. E-mail address <u>lisa.lyons@co.blue-earth.mn.us</u>
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 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.)	
<input type="checkbox"/> City government		<input type="checkbox"/> Yes, in 2002 (attach criteria)	
<input checked="" type="checkbox"/> County government		<input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria	
<input type="checkbox"/> Regional government		<input checked="" type="checkbox"/> Yes, prior to 2002	
<input type="checkbox"/> State government		If Yes: Hearing Date: <u>1/4/00</u> Year Criteria Submitted: <u>2001</u>	
<input type="checkbox"/> Other (Please specify: _____)		<input type="checkbox"/> No	
		<input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance		15. Address where business subsidy or financial assistance will be used	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)			
<input type="checkbox"/> No			
Name of parent corporation	Street address	City	State ZIP code

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D. Lyons 1. 17. 23. 02



<b>17. Industry of recipient's facility (Mark one.):</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input type="checkbox"/> Services  <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other (please specify) _____         </div> </div>	
<b>18. Did the recipient relocate as a result of signing this agreement? (Mark one.)</b> <input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) <input type="checkbox"/> No (Go to Question 19.) <div style="border-top: 1px solid black; margin-top: 5px; display: flex; justify-content: space-between;"> <span>City/State of previous address</span> <span>Reason project not completed at previous address</span> </div>	
<b>19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Remained at previous location         <input type="checkbox"/> Relocated to different Minnesota location         <input type="checkbox"/> Relocated outside Minnesota       </div>	

### Section 3 Agreement Information

<b>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</b>	<b>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</b>
<b>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.)</b>	
<b>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.)</b> <div style="display: flex; justify-content: center; margin-top: 5px;"> <input type="checkbox"/> business subsidy         <input type="checkbox"/> financial assistance       </div>	
<b>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</b> <input type="checkbox"/> not applicable, agreement provided financial assistance <div style="margin-top: 5px;"> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </div>	<b>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</b> <input type="checkbox"/> not applicable, agreement provided a business subsidy <div style="margin-top: 5px;"> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> 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 \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </div>
<b>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</b> <input type="checkbox"/> not applicable, assistance was not in the form of TIF <div style="margin-top: 5px;"> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </div>	<b>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</b> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No <div style="margin-top: 5px;">           Grantor(s) and value of the agreement(s):  <div style="border-top: 1px solid black; margin-top: 5px; display: flex; justify-content: space-between;"> <span>Grantor</span> <span>Value (\$)</span> </div> <div style="border-top: 1px solid black; margin-top: 5px; display: flex; justify-content: space-between;"> <span>Grantor</span> <span>Value (\$)</span> </div> </div>

## 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  
☐ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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)

☐ Yes ☐ No

## 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, 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.)

☒ 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 1, 2001, 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other (Specify reason.) \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



## 2002 Minnesota Business Assistance Form

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- 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.

### Section 1 Grantor Information

1. Name of grantor (funding entity) <u>City of Brooks</u>		2. Name of person completing this form <u>Joyce Morinville, City Clerk</u>	
3. Street address <u>204 Hwy 59 S. PO Box 98</u>		4. City <u>Brooks</u>	5. ZIP code <u>56715-0098</u>
6. County <u>Red Lake</u>	7. Phone number <u>218-698-4220</u>	8. Fax number <u>218-698-4320</u>	9. E-mail address <u>bcfou@gvtel.com</u>
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 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.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date <u>10-25-95</u> Year Criteria Submitted: _____ <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 3 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>Paradis BROS. LLP</u>		15. Address where business subsidy or financial assistance will be used <u>PO Box 97 Brooks MN 56715</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.)	
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail Trade	<input type="checkbox"/> Services <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Other (please specify) <u>Warehouse</u>
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)	
<input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) <input checked="" type="checkbox"/> No (Go to Question 19.)	
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.)

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

### Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)

\$390867.00

21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)

11-6-1995

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.)

October 1997

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.)

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☐ 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.) \$

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ 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.)

☐ not applicable, assistance was not in the form of TIF

☒ redevelopment  
☐ renewal and renovation  
☐ soils condition  
☐ economic development  
☐ mined underground space  
☐ hazardous substance subdistrict

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.)  
☒ No

Grantor(s) and value of the agreement(s):

Grantor Value (\$)

Grantor Value (\$)

2002 Minnesota Business Assistance Form (1/23/97)

Page 2 of 4

Dept. of Trade & Economic Development

### 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  
☒ Creating high-quality job growth  
☐ Job retention  
☒ Stabilizing the community

☐ Increasing tax base (cannot be only purpose)  
☐ Other (please specify):

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.)

Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3/99	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> 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 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	Full-time Job	Part-time/Seasonal/Temp.	FTE (only if goals not stated as FT/PT)	Job Retention	Hourly Value of
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**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  
☒ Creating high-quality job growth  
☐ Job retention  
☒ Stabilizing the community

- ☐ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>3/99</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	<u>2</u>	_____	_____	_____	\$ <u>1.15</u>
\$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.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	<u>2</u>	_____	_____	_____	\$ <u>1.15</u>
\$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.) ☒ Yes ☐ No

# 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, 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.)

☒ No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
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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.)

☐ 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other (Specify reason.) \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



## 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 Information

1. Name of grantor (funding entity) <u>City of Chanhassen</u>		2. Name of person completing this form <u>Justin Miller</u>	
3. Street address <u>7700 Market Blvd. PO Box 147</u>		4. City <u>Chanhassen</u>	5. ZIP code <u>55317</u>
6. County <u>Carver</u>	7. Phone number <u>(952) 227-1118</u>	8. Fax number <u>(952) 227-1110</u>	9. E-mail address <u>jmiller@ci.chanhassen.mn.us</u>
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 ZIP code
11. Classification of grantor (Mark one. If grantor is controlled 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.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify): _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date: <u>10/10/99</u> Year Criteria Set/Adopted: <u>1999</u> <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation): _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>Chanhassen Properties, LLC</u>		15. Address where business subsidy or financial assistance will be used <u>570 Holly Dr. Chanhassen MN 55317</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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 Dept. of Trade & Economic Development



17. Industry of recipient's facility (Mark one.):

☐ Manufacturing    ☒ Services    ☐ Finance, Insurance, Real Estate  
☐ Retail Trade    ☐ Wholesale Trade    ☐ 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 recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

\_\_\_\_\_  
 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.)

☒ Remained at previous location    ☐ Relocated to different Minnesota location    ☐ Relocated outside Minnesota

### Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) <b>\$ 540,000</b>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <b>8/8/1997</b>								
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.) <b>8/1/1996</b>									
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.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance									
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <b>\$540,000</b> <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____								
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)	_____	_____
Grantor	Value (\$)								
_____	_____								
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.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community  
☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>8/1999</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	<u>3</u>	—	—	\$ —
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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	<u>2</u>	—	<u>9</u>	\$ —
\$7.00 to \$8.99	—	<u>2</u>	—	<u>5</u>	\$ —
\$9.00 to \$10.99	<u>1</u>	—	—	<u>5</u>	\$ —
\$11.00 to \$12.99	—	—	—	<u>2</u>	\$ —
\$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.) ☒ Yes ☐ No

### 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, 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.)

☒ 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 1, 2001, 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other (Specify reason) \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



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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

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Postmarked 8/26/02

### Section 1 Grantor Information

1. Name of grantor (funding entity) <u>City of Chanhassen</u>		2. Name of person completing this form <u>Justin Miller</u>	
3. Street address <u>7700 Market Blvd. PO Box 147</u>		4. City <u>Chanhassen</u>	5. ZIP code <u>55317</u>
6. County <u>Carver</u>	7. Phone number <u>(952) 227-1118</u>	8. Fax number <u>(952) 227-1110</u>	9. E-mail address <u>jmiller@ci.chanhassen.mn.us</u>
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 ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city ED would check "City government".) <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> 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.) <input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002  If Yes: Effective Date <u>10/11/99</u> Year Criteria Submitted <u>1999</u> <input type="checkbox"/> No <input type="checkbox"/> Other (I have attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>Chaska Gateway Limited Partnership</u>		15. Address where business subsidy or financial assistance will be used <u>8085 Century</u> <u>Chanhassen</u> <u>MN</u> <u>55317</u> Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	

17. Industry of recipient's facility (Mark one.):

☐ Manufacturing ☒ Services ☐ Finance, Insurance, Real Estate  
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☒ Other (please specify) Other (please specify) 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 recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

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.)

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

### Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) <u>\$ 267,075</u>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <u>10/6/97</u>				
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.) <u>8/1/2000</u>					
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.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance					
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <u>\$ 267,075</u> <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
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.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>10/6/99</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	<u>50</u>	—	\$ —
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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	<u>125</u>	<u>77</u>	—	—	\$ —
\$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.)

☒ Yes ☐ No

## 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, 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.)*

☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	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.)*

☐ 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions                      ☐ other *(Specify reason.)*

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes    ☐ 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 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 7<sup>th</sup> 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. §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.

RECEIVED AUG 27 2002

Post Marked 8/26/02

### Section 1 Grantor Information

1. Name of grantor (funding entity) <u>City of Chanhassen</u>		2. Name of person completing this form <u>Justin Miller</u>	
3. Street address <u>7700 Market Blvd. PO Box 147</u>		4. City <u>Chanhassen</u>	5. ZIP code <u>55317</u>
6. County <u>Carver</u>	7. Phone number <u>(952) 227-1118</u>	8. Fax number <u>(952) 227-1110</u>	9. E-mail address <u>gmiller@ci.chanhassen.mn.us</u>
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 ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDC 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.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date <u>10/11/99</u> Year Criteria Submitted <u>1/99</u> <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (See here, go to section 5 on page 4)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>Century 2000 Partners, LLP</u>		15. Address where business subsidy or financial assistance will be used <u>7900 Century</u> <u>Chanhassen</u> <u>MN</u> <u>55317</u> Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	





#### 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  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12/9/00</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as F1/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	<u>50</u>	—	\$ —
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 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 (only if unable to separate F1/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	—	—	—	—	\$ —
\$9.00 to \$10.99	<u>94</u>	<u>21</u>	—	—	\$ —
\$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)

☒ Yes ☐ No

## 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, 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.)

☒ 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 1, 2001, 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other (Specify reason) \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



## 2002 Minnesota Business Assistance Form

RECEIVED AUG 27 2002

Post Marked 8/26/02

- 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.

### Section 1 Grantor Information

1. Name of grantor (funding entity) <u>City of Chanhassen</u>		2. Name of person completing this form <u>Justin Miller</u>	
3. Street address <u>7700 Market Blvd. PO Box 147</u>		4. City <u>Chanhassen</u>	5. ZIP code <u>55317</u>
6. County <u>Carver</u>	7. Phone number <u>(952) 227-1118</u>	8. Fax number <u>(952) 227-1110</u>	9. E-mail address <u>gmiller@ci.chanhassen.mn.us</u>
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 ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city IDPA 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.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date <u>10/1/99</u> Year Criteria Adopted <u>1999</u> <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>Bloomberg Companies Inc.</u>		15. Address where business subsidy or financial assistance will be used <u>550 Parkway Dr. Chanhassen MN 55317</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

☐ Manufacturing      ☐ Services      ☐ Finance, Insurance, Real Estate  
☒ Retail Trade      ☐ Wholesale Trade      ☐ 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 recipient did not complete this project at that address.)  
☐ No (Go to Question 19.)

\_\_\_\_\_  
 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.)

☒ Remained at previous location      ☐ Relocated to different Minnesota location      ☐ Relocated outside Minnesota

### Section 3 Agreement Information

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.)
\$ 360,000	12/31/98

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.)

8/1/99

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.)

☒ 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).
<input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 360,000 <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> 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.)
<input type="checkbox"/> not applicable, assistance was not in the form of TIF <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below, attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): _____ Grantor Value (\$) _____ 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.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community  
☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12/10/00</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	<u>2</u>	—	\$ —
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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	<u>3</u>	—	—	—	\$ —
\$9.00 to \$10.99	<u>2</u>	—	—	—	\$ —
\$11.00 to \$12.99	—	—	—	—	\$ —
\$13.00 to \$14.99	—	—	—	—	\$ —
\$15.00 and higher	<u>3</u>	—	—	<u>5</u>	\$ —

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

## 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, 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.)*

☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	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.)*

☐ 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 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 relocated to a different community

☐ recipient was unable to fill vacant positions

☐ other *(Specify reason.)* \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes    ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

**Or fax to:** (651) 215-3841



## 2002 Minnesota Business Assistance Form

RECEIVED AUG 27 2002  
Post Marked 8/26/02

- 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.

### Section 1 Grantor Information

1. Name of grantor (funding entity) <u>City of Chanhassen</u>		2. Name of person completing this form <u>Justin Miller</u>	
3. Street address <u>7700 Market Blvd. PO Box 147</u>		4. City <u>Chanhassen</u>	5. ZIP code <u>55317</u>
6. County <u>Carver</u>	7. Phone number <u>(952) 227-1118</u>	8. Fax number <u>(952) 227-1110</u>	9. E-mail address <u>jmiller@ci.chanhassen.mn.us</u>
10. Please list any other who in your organization should receive the 2002 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 entire created by gov't agency, please indicate affiliation. For example, a city EDC 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.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes, the date <u>10/11/99</u> Year Criteria Successful <u>1999</u> <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Simply go to section 5 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>Quantum Controls, Inc.</u>		15. Address where business subsidy or financial assistance will be used <u>1691 Lake Dr. W Chanhassen MN 55317</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code



17. Industry of recipient's facility (Mark one.)

☒ Manufacturing  
☐ Retail Trade  
☒ Services  
☐ Wholesale Trade  
☐ Finance, Insurance, Real Estate  
☐ Construction  
☒ Other (please specify: Manufacturing)

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

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.)

☐ Remained at previous location  
☒ Relocated to different Minnesota location  
☐ Relocated outside Minnesota

### Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) <u>\$ 24,798.65</u>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <u>6/14/99</u>				
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.) <u>7/31/2000</u>					
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.)					
<input checked="" type="checkbox"/> Business subsidy <input type="checkbox"/> 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).				
<input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <u>\$ 24,798.65</u> <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> 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.)				
<input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No				
	Grantor(s) and value of the agreement(s):				
	<table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

## Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §1161.994 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  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>7/2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	<u>4</u>	—	\$ —
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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	—	<u>1</u>	—	—	\$ —
\$9.00 to \$10.99	<u>7</u>	—	—	—	\$ —
\$11.00 to \$12.99	<u>1</u>	<u>1</u>	—	—	\$ —
\$13.00 to \$14.99	<u>1</u>	<u>1</u>	—	—	\$ —
\$15.00 and higher	<u>10</u>	—	—	—	\$ —

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

## 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, 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.)

☒ 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 1, 2001, 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other (Specify reason) \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



## 2002 Minnesota Business Assistance Form

RECEIVED AUG 27 2002

Post Marked 8/26/02

- 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

### Section 1 Grantor Information

1. Name of grantor (funding entity) <u>City of Chanhassen</u>		2. Name of person completing this form <u>Justin Miller</u>	
3. Street address <u>7700 Market Blvd. PO Box 147</u>		4. City <u>Chanhassen</u>	5. ZIP code <u>55317</u>
6. County <u>Carver</u>	7. Phone number <u>(952) 227-1118</u>	8. Fax number <u>(952) 227-1110</u>	9. E-mail address <u>gmiller@ci.chanhassen.mn.us</u>
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 ZIP code	
11. Classification of grantor (Mark one. If grantor is entirely created by gov't agency, please indicate affiliation. For example, a city EDPA 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.)	
<input checked="" type="checkbox"/> City government		<input type="checkbox"/> Yes, in 2002 (attach criteria)	
<input type="checkbox"/> County government		<input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria	
<input type="checkbox"/> Regional government		<input checked="" type="checkbox"/> Yes, prior to 2002	
<input type="checkbox"/> State government		If Yes, If award date <u>10/1/99</u> Year Criteria Submittal <u>1999</u>	
<input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> No	
		<input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Skip here, go to section 3 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>Chanhassen Business Center, LLP</u>		15. Address where business subsidy or financial assistance will be used <u>1711 Lakeview</u> <u>Chanhassen</u> <u>MN</u> <u>55317</u>	
Street address		City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)			
<input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	

17. Industry of recipient's facility (Mark one.)

☐ Manufacturing    ☒ Services    ☐ Finance, Insurance, Real Estate  
☐ Retail Trade    ☐ Wholesale Trade    ☐ Construction    ☒ Other (please specify) offshore reverse

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

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.)

☐ Remained at previous location    ☒ Relocated to different Minnesota location    ☐ Relocated outside Minnesota

### Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) <u>\$ 64,637.49</u>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <u>6/14/99</u>
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.) <u>8/1/2000</u>	
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.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <u>\$64,637.49</u> <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): _____ Grantor _____ Value (\$) _____ _____ 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.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>8/01 8/01</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	<u>2</u>	_____	\$_____
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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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	<u>5</u>	_____	_____	_____	\$_____

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

## 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, 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.)

☐ 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 1, 2001, 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 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 relocated to a different community

☐ recipient was unable to fill vacant positions

☐ other (Specify reason.) \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



## 2002 Minnesota Business Assistance Form

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Post Marked 8/26/02

- 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.

### Section 1 Grantor Information

1. Name of grantor (funding entity) <u>City of Chanhassen</u>		2. Name of person completing this form <u>Justin Miller</u>	
3. Street address <u>7700 Market Blvd. PO Box 147</u>		4. City <u>Chanhassen</u>	5. ZIP code <u>55317</u>
6. County <u>Carver</u>	7. Phone number <u>(952) 227-1118</u>	8. Fax number <u>(952) 227-1110</u>	9. E-mail address <u>gmiller@ci.chanhassen.mn.us</u>
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 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.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes, Hearing Date: <u>10/11/99</u> Year Criteria Submitted: <u>1999</u> <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>Demusa, LLC</u>		15. Address where business subsidy or financial assistance will be used <u>1610 Lake Dr. W Chanhassen MN 55317</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code



17. Industry of recipient's facility (Mark one.):

☒ Manufacturing    ☐ Services    ☐ Finance, Insurance, Real Estate  
☐ Retail Trade    ☐ Wholesale Trade    ☐ Construction    ☒ Other (please specify) other house

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)  
☒ No (Go to Question 19)

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.)

☐ Remained at previous location    ☒ Relocated to different Minnesota location    ☐ Relocated outside Minnesota

### Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) <u>\$ 67,260.38</u>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <u>12/30/99</u>
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.) <u>7/31/2001</u>	
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.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <u>\$ 67,260.38</u> <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below, attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): _____ Grantor _____ Value (\$) _____ 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.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12/2021</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	<u>20</u>	_____	\$ _____
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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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	_____	_____	<u>90</u>	_____	\$ _____

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

## 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, 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.)*

☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
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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.)*

☐ 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other *(Specify reason.)*

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



## 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 Information

1. Name of grantor (funding entity) <u>City of Chanhassen</u>		2. Name of person completing this form <u>Justin Miller</u>	
3. Street address <u>7700 Market Blvd. PO Box 147</u>		4. City <u>Chanhassen</u>	5. ZIP code <u>55317</u>
6. County <u>Carver</u>	7. Phone number <u>(952) 227-1118</u>	8. Fax number <u>(952) 227-1110</u>	9. E-mail address <u>jmillersci@chanhassen.mn.us</u>
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 ZIP code	
11. Classification of grantor (Mark one. If grantor is owned by gov't agency, please indicate affiliation. For example, a city ED 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.)	
<input checked="" type="checkbox"/> City government		<input type="checkbox"/> Yes, in 2002 (attach criteria)	
<input type="checkbox"/> County government		<input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria	
<input type="checkbox"/> Regional government		<input checked="" type="checkbox"/> Yes, prior to 2002	
<input type="checkbox"/> State government		If Yes Issuing Date <u>10/1/99</u> Year Criteria Started <u>1999</u>	
<input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> No	
		<input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>Eden Trace, Corp.</u>		15. Address where business subsidy or financial assistance will be used <u>1400 Lake Dr. W</u> <u>Chanhassen</u> <u>MN</u> <u>55317</u> Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)			
<input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	

17. Industry of recipient's facility (Mark one.):

☐ Manufacturing    ☒ Services    ☐ Finance, Insurance, Real Estate  
☐ Retail Trade    ☐ Wholesale Trade    ☐ Construction    ☐ Other (please specify) Office/warehouse

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)  
☒ No (Go to Question 19)

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.)

☐ Remained at previous location    ☒ Relocated to different Minnesota location    ☐ Relocated outside Minnesota

### Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) <u>45,072.56</u>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <u>12/17/99</u>				
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.) <u>8/1/2001</u>					
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.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance					
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <u>\$45,072.56</u> <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
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.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community  
☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12/2021	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	2	—	\$ —
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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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	3	—	—	—	\$ —

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

## 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, 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.)

☒ 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 1, 2001, 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other (Specify reason.) \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 subsidy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

1. Name of grantor (funding entity) <u>City of Chanhassen</u>		2. Name of person completing this form <u>Justin Miller</u>	
3. Street address <u>7700 Market Blvd. PO Box 147</u>		4. City <u>Chanhassen</u>	5. ZIP code <u>55317</u>
6. County <u>Carver</u>	7. Phone number <u>(952) 227-1118</u>	8. Fax number <u>(952) 227-1110</u>	9. E-mail address <u>jmiller@ci.chanhassen.mn.us</u>
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 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.992? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes, Having Date <u>10/1/99</u> Year Criteria Submitted <u>1999</u> <input type="checkbox"/> No <input type="checkbox"/> Other (if base attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>Monk Properties, LLC</u>		15. Address where business subsidy or financial assistance will be used <u>1596 Lake Dr. W. Chanhassen MN 55317</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	



17. Industry of recipient's facility (Mark one.):

☐ Manufacturing    ☒ Services    ☐ Finance, Insurance, Real Estate  
☐ Retail Trade    ☐ Wholesale Trade    ☐ Construction    ☒ Other (please specify) Other

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)  
☐ No (Go to Question 19.)

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.)

☐ Remained at previous location    ☐ Relocated to different Minnesota location    ☐ Relocated outside Minnesota

### Section 3 Agreement Information

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.)
1 94,652.38	12/17/99
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.)	
8/1/2001	
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.)	
<input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> 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).
<input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 94,652.38 <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> 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.)
<input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): _____ Grantor _____ Value (\$) _____ 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.)

- ☐ Enhancing economic diversity  
☒ Increasing tax base (cannot be only purpose)  
☒ 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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12/16/01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	4	—	\$—
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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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	4	—	—	—	\$46.50

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

### 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, 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.)

☒ 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 1, 2001, 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other (Specify reason.) \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



## 2002 Minnesota Business Assistance Form

RECEIVED AUG 27 2002

Postmarked 8/26/02

- 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.

### Section 1 Grantor Information

1. Name of grantor (funding entity) <u>City of Chanhassen</u>		2. Name of person completing this form <u>Justin Miller</u>	
3. Street address <u>7700 Market Blvd. PO Box 147</u>		4. City <u>Chanhassen</u>	5. ZIP code <u>55317</u>
6. County <u>Carver</u>	7. Phone number <u>(952) 227-1118</u>	8. Fax number <u>(952) 227-1110</u>	9. E-mail address <u>gmiller@ci.chanhassen.mn.us</u>
10. Please indicate who in your organization would receive the 2002 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 ED 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.)	
<input checked="" type="checkbox"/> City government		<input type="checkbox"/> Yes, in 2002 (attach criteria)	
<input type="checkbox"/> County government		<input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria	
<input type="checkbox"/> Regional government		<input checked="" type="checkbox"/> Yes, prior to 2002	
<input type="checkbox"/> State government		If Yes, Effective Date <u>10/11/99</u> Year Criteria Submitted <u>1999</u>	
<input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> No	
		<input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>Chanhassen Lakes Business Park 3, LLP</u>		15. Address where business subsidy or financial assistance will be used <u>1460 Chanhassen Lakes Blvd Chanhassen MN 55317</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)			
<input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

☐ Manufacturing    ☒ Services    ☐ Finance, Insurance, Real Estate  
☐ Retail Trade    ☐ Wholesale Trade    ☐ Construction    ☒ Other (please specify) Other

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

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.)

☐ Remained at previous location    ☒ Relocated to different Minnesota location    ☐ Relocated outside Minnesota

### Section 3 Agreement Information

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p><u>\$ 77,624.96</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>12/17/99</u></p>								
<p>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.)</p> <p><u>8/1/2001</u></p>									
<p>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.)</p> <p> <input checked="" type="checkbox"/> business subsidy    <input type="checkbox"/> financial assistance         </p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <u>\$ 77,624.96</u>  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> 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 \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p> <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input checked="" type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below: attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)	_____	_____
Grantor	Value (\$)								
_____	_____								
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.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community  
☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify): \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12/17/01	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	2	—	\$ —
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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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	3	—	—	—	\$ —

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

## 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, 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.)

☒ 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 1, 2001, 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 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 relocated to a different community

☐ recipient was unable to fill vacant positions

☐ other (Specify reason.)

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



## 2002 Minnesota Business Assistance Form

RECEIVED AUG 27 2002  
Post Marked 8/26/02

- 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.

### Section 1 Grantor Information

1. Name of grantor (funding entity) <u>City of Chanhassen</u>		2. Name of person completing this form <u>Justin Miller</u>	
3. Street address <u>7700 Market Blvd. PO Box 147</u>		4. City <u>Chanhassen</u>	5. ZIP code <u>55317</u>
6. County <u>Carver</u>	7. Phone number <u>(952) 227-1118</u>	8. Fax number <u>(952) 227-1110</u>	9. E-mail address <u>j.miller@ci.chanhassen.mn.us</u>
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 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.)	
<input checked="" type="checkbox"/> City government		<input type="checkbox"/> Yes, in 2002 (attach criteria)	
<input type="checkbox"/> County government		<input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria	
<input type="checkbox"/> Regional government		<input checked="" type="checkbox"/> Yes, prior to 2002	
<input type="checkbox"/> State government		If Yes: Hearing Date <u>10/11/99</u> Year Criteria Submitted <u>1999</u>	
<input type="checkbox"/> Other (Please specify): _____		<input type="checkbox"/> No	
		<input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>Micro, LLP</u>		15. Address where business subsidy or financial assistance will be used <u>8140 4162 Lakeview Chanhassen MN 55317</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)			
<input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	



17. Industry of recipient's facility (Mark one.):

☐ Manufacturing      ☒ Services      ☐ Finance, Insurance, Real Estate  
☐ Retail Trade      ☐ Wholesale Trade      ☐ Construction      ☒ Other (please specify) 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 recipient did not complete this project at that address.)  
☐ No (Go to Question 19.)

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.)

☐ Remained at previous location      ☒ Relocated to different Minnesota location      ☐ Relocated outside Minnesota

### Section 3 Agreement Information

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p><u>\$ 53,461.00</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>6/1/2001</u></p>								
<p>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.)</p> <p><u>8/1/2002</u></p>									
<p>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.)</p> <p> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>53,461</u>  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> 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 \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input checked="" type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <u>None</u> </p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	_____	_____	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)
_____	_____								
Grantor	Value (\$)								
_____	_____								
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.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community  
☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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 dates) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/03	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	2	—	\$ —
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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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	1	—	—	—	\$ —

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 Has until 6/03

### 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, 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.)*

☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	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.)*

☐ 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 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 relocated to a different community

☐ recipient was unable to fill vacant positions

☐ other *(Specify reason.)* \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes    ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

**Or fax to: (651) 215-3841**



## 2002 Minnesota Business Assistance Form

RECEIVED AUG 27 2002

2/26/08  
Jest Mark 8/26/02

- 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.

### Section 1 Grantor Information

1. Name of grantor (funding entity) <u>City of Chanhassen</u>		2. Name of person completing this form <u>Justin Miller</u>	
3. Street address <u>7700 Market Blvd. PO Box 147</u>		4. City <u>Chanhassen</u>	5. ZIP code <u>55317</u>
6. County <u>Carver</u>	7. Phone number <u>(952) 227-1118</u>	8. Fax number <u>(952) 227-1110</u>	9. E-mail address <u>jmiller@ci.chanhassen.mn.us</u>
10. Please indicate whom your organization should receive the 2002 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 PD 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.993? (Mark one.)	
<input checked="" type="checkbox"/> City government		<input type="checkbox"/> Yes, in 2002 (attach criteria)	
<input type="checkbox"/> County government		<input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria	
<input type="checkbox"/> Regional government		<input checked="" type="checkbox"/> Yes, prior to 2002	
<input type="checkbox"/> State government		If Yes: Issuing Date <u>10/11/99</u> Year Criteria Reborn <u>1999</u>	
<input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> No	
		<input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001, that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>L39, LLP</u>		15. Address where business subsidy or financial assistance will be used <u>8110 Mallory Ct - Chanhassen MN 55317</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)			
<input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.)

☐ Manufacturing    ☒ Services    ☐ Finance, Insurance, Real Estate  
☐ Retail Trade    ☐ Wholesale Trade    ☐ Construction    ☒ Other (please specify) Aluminum

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

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.)

☐ Remained at previous location    ☒ Relocated to different Minnesota location    ☐ Relocated outside Minnesota

### Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) <u>\$ 51,270.06</u>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <u>6/15/2001</u>				
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.) <u>8/1/2002</u>					
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.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance					
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <u>\$ 51,270.06</u> <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input checked="" type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below, attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s): <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
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.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>6/2023</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage level goal	— —	— —	<u>2</u>	— —	\$ — —
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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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	<u>2</u>	— —	— —	— —	\$ — —

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

## 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, 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.)

☒ 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 1, 2001, 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 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 relocated to a different community

☐ recipient was unable to fill vacant positions

☐ other (Specify reason.)

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



## 2002 Minnesota Business Assistance Form

RECEIVED AUG 27 2002  
Post Market 8/26/02

- 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.

### Section 1 Grantor Information

1. Name of grantor (funding entity) <u>City of Chanhassen</u>		2. Name of person completing this form <u>Justin Miller</u>	
3. Street address <u>7700 Market Blvd. PO Box 147</u>		4. City <u>Chanhassen</u>	5. ZIP code <u>55317</u>
6. County <u>Crowder</u>	7. Phone number <u>(952) 227-1118</u>	8. Fax number <u>(952) 227-1110</u>	9. E-mail address <u>jmiller@ci.chanhassen.mn.us</u>
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 ZIP code
11. Classification of grantor (Mark one if grantor is owner created by gov't agency, please mark an affiliation. For example, a city PDA 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)	
<input checked="" type="checkbox"/> City government		<input type="checkbox"/> Yes, in 2002 (attach criteria)	
<input type="checkbox"/> County government		<input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria	
<input type="checkbox"/> Regional government		<input checked="" type="checkbox"/> Yes, prior to 2002	
<input type="checkbox"/> State government		If Yes, in what year? <u>1999</u> Year Criteria Adopted: <u>1999</u>	
<input type="checkbox"/> Other (Please specify):		<input type="checkbox"/> No	
		<input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one)			
<input checked="" type="checkbox"/> Yes (Complete remainder of this form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>Arboretum III Realty Partners, LLP</u>		15. Address where business subsidy or financial assistance will be used <u>7480 - 3030 Century Chanhassen, MN 55317</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one)			
<input checked="" type="checkbox"/> Yes (Indicate name and address 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.):

☐ Manufacturing    ☒ Services    ☐ Finance, Insurance, Real Estate  
☐ Retail Trade    ☐ Wholesale Trade    ☐ Construction    ☒ Other (please specify) Other

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

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.)

☐ Remained at previous location    ☒ Relocated to different Minnesota location    ☐ Relocated outside Minnesota

### Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) <u>\$53,144.76</u>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <u>7/31/2001</u>
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.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <u>\$53,144.76</u> <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s):  Grantor _____ Value (\$) _____ 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.)

- ☐ Enhancing economic diversity  
☒ Increasing tax base (cannot be only purpose)  
☒ 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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2003	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as F1/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	2	—	\$ —
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 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 (only if unable to separate F1/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	—	—	—	—	\$ —
\$9.00 to \$10.99	2.5	—	—	—	\$ —
\$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.)

☒ Yes ☐ No

**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, 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.)*

☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25 )</i>	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.)*

☐ 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 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 relocated to a different community

☐ recipient was unable to fill vacant positions

☐ other *(Specify reason.)* \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes    ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

**Or fax to: (651) 215-3841**



## 2002 Minnesota Business Assistance Form

RECEIVED AUG 27 2002  
Postmarked 8/26/02

- 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.

### Section 1 Grantor Information

1. Name of grantor (funding entity) <u>City of Chanhassen</u>		2. Name of person completing this form <u>Justin Miller</u>	
3. Street address <u>7700 Market Blvd. PO Box 147</u>		4. City <u>Chanhassen</u>	5. ZIP code <u>55317</u>
6. County <u>Carver</u>	7. Phone number <u>(952) 227-1118</u>	8. Fax number <u>(952) 227-1110</u>	9. E-mail address <u>gmiller@ci.chanhassen.mn.us</u>
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 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.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here; go to section 5 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>Parker Hannifin Corp.</u>		15. Address where business subsidy or financial assistance will be used <u>2860 Waverly Ave. Chanhassen, MN 55317</u>	
Street address		City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

☒ Manufacturing      ☐ Services      ☐ Finance, Insurance, Real Estate  
☐ Retail Trade      ☐ Wholesale Trade      ☐ Construction      ☒ Other (please specify) other hardware

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

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.)

☐ Remained at previous location      ☒ Relocated to different Minnesota location      ☐ Relocated outside Minnesota

### Section 3 Agreement Information

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="font-size: 1.2em; text-align: center;">\$ 84,399</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="font-size: 1.2em; text-align: center;">8/22/2021</p>						
<p>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.)</p> <p style="font-size: 1.2em; text-align: center;">7/31/2023</p>							
<p>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.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <u>\$84,399</u>  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> 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 \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input checked="" type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;"></td> </tr> </table>		Value (\$)				
	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.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify): \_\_\_\_\_

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.)

Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>8/2003</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	<u>2</u>	—	\$ —
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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	—	—	—	—	\$ —
\$9.00 to \$10.99	—	—	—	—	\$ —
\$11.00 to \$12.99	<u>5</u>	—	—	—	\$ —
\$13.00 to \$14.99	—	—	—	—	\$ —
\$15.00 and higher	<u>6</u>	<u>1</u>	—	—	\$ —

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

## 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, 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.)

☒ 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 1, 2001, 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 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 relocated to a different community

☐ recipient was unable to fill vacant positions

☐ other (Specify reason, )

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 subsidy:

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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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



## 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 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 through 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 January 1, 2000 through December 31, 2000: 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 About Grantor

1. Name of grantor (funding entity) <u>City of Cokato</u>		2. Name of person completing this form <u>DON LEVINS</u>	
3. Street address <u>255 Brumley PO Box 1030</u>		4. City <u>COKATO</u>	5. ZIP code <u>55821</u>
6. County <u>Wadena</u>	7. Phone number <u>(320) 286-5525</u>	8. Fax number <u>(320) 286-5525</u>	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>N/A</u>			
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.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		<input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input checked="" type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance		15. Address where business subsidy or financial assistance will be used	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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Postmarked 7/9/02



17. Industry of recipient's facility (Mark one):	
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Services
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Finance, Insurance, Real Estate	<input type="checkbox"/> Construction
<input type="checkbox"/> Other (please specify) _____	
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)	
<input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)	
<input type="checkbox"/> No (Go to Question 19.)	
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.)	
<input type="checkbox"/> Remained at previous location	
<input type="checkbox"/> Relocated to different Minnesota location	
<input type="checkbox"/> Relocated outside Minnesota	

### Section 3 General Information About the Agreement

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 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.)	
<input type="checkbox"/> business subsidy <input type="checkbox"/> 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).
<input type="checkbox"/> not applicable, agreement provided financial assistance	<input type="checkbox"/> not applicable, agreement provided a business subsidy
<input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	<input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> 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.)
<input type="checkbox"/> not applicable, assistance was not in the form of TIF	<input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below: attach an additional sheet if necessary.)
<input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> No
	Grantor(s) and value of the agreement(s):
	Grantor _____ Value (\$) _____
	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.)

- ☐ Enhancing economic diversity  
☐ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☐ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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.)

☐ Yes ☐ No

**Section 5 Recipients Failing to Fulfill Obligations***(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.)*

☐ 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 <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
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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.)*

☐ 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other *(Specify reason.)* \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ 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 subsidy:

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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 7<sup>th</sup> 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. §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 Grantor Information

1. Name of grantor (funding entity) <u>Dakota County</u>		2. Name of person completing this form <u>W. Paul Hopfinger</u>	
3. Street address <u>1550 Hwy 55</u>		4. City <u>HASTINGS</u>	5. ZIP code <u>55033</u>
6. County <u>Dakota</u>	7. Phone number <u>651-438-4416</u>	8. Fax number <u>651-438-4405</u>	9. E-mail address <u>Paul.Hopfinger@Co.Dakota.mn</u>
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 ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EMA 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.)	
<input type="checkbox"/> City government <input checked="" type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date: _____ Year Criteria Submitted: _____ <input checked="" type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No (Stop here, go to section 3 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance		15. Address where business subsidy or financial assistance will be used			
		Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)					
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No					
Name of parent corporation		Street address	City	State	ZIP code

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17. Industry of recipient's facility (Mark one.):	
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Services
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Finance, Insurance, Real Estate	<input type="checkbox"/> Construction
<input type="checkbox"/> Other (please specify) _____	
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)	
<input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)	
<input type="checkbox"/> No (Go to Question 19.)	
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.)	
<input type="checkbox"/> Remained at previous location	
<input type="checkbox"/> Relocated to different Minnesota location	
<input type="checkbox"/> Relocated outside Minnesota	

## Section 3 Agreement Information

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 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.)	
<input type="checkbox"/> business subsidy <input type="checkbox"/> 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).
<input type="checkbox"/> not applicable, agreement provided financial assistance	<input type="checkbox"/> not applicable, agreement provided a business subsidy
<input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) \$ _____	<input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> 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.)
<input type="checkbox"/> not applicable, assistance was not in the form of TIF	<input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> No
	Grantor(s) and value of the agreement(s):
	Grantor _____ Value (\$) _____
	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.)

- ☐ Enhancing economic diversity  
☐ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☐ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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.)  
☐ Yes ☐ No

**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, 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.)*☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	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.)*☐ 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 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.):*

<input type="checkbox"/> recipient ceased operation	<input type="checkbox"/> recipient relocated to a different community
<input type="checkbox"/> recipient was unable to fill vacant positions	<input type="checkbox"/> other <i>(Specify reason.)</i> _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*☐ Yes ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

# 2002 Minnesota Business Assistance Form

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10/21/02

- 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.

## Section 1 Grantor Information

1. Name of grantor (funding entity) <u>CITY OF DEXTER</u>		2. Name of person completing this form <u>MICHELE HARTMAN 952-593-1990</u>	
3. Street address <u>P.O. BOX 208</u>		4. City <u>DEXTER, MN</u>	5. ZIP code <u>55926-0208</u>
6. County <u>MOWER</u>	7. Phone number <u>507-584-6821</u>	8. Fax number <u>507-584-6316</u>	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>NATALIE SHAWBACK</u> <u>507-584-6821</u> <u>P.O. BOX 208</u> <u>DEXTER, MN</u> <u>55926</u> 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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> 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.) <input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: <u>5/7/01</u> Year Criteria Submitted: <u>2002</u> Hearing Date (ATTACHED) <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>FARMERS STATE BANK OF ELKTON</u>	15. Address where business subsidy or financial assistance will be used <u>235 MAIN ST., DEXTER, MN 55926</u> Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No <u>ELKTON BANKSHARES INC.</u> <u>P.O. BOX 84</u> <u>ELKTON, MN</u> <u>55933</u> Name of parent corporation Street address City State ZIP code	

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17. Industry of recipient's facility (Mark one.):

☐ Manufacturing    ☐ Services    ☒ Finance, Insurance, Real Estate  
☐ Retail Trade    ☐ Wholesale Trade    ☐ 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 recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

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.)

☒ Remained at previous location    ☐ Relocated to different Minnesota location    ☐ Relocated outside Minnesota

### Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) <b>\$30,000</b>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <b>7-23-01</b>
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.) <b>OCTOBER 1, 2001 (PAYMENT MADE UPFRONT)</b>	
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.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. <input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <b>\$30,000</b> <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): _____ Grantor Value (\$) _____ Grantor Value (\$) _____

SUBMITTED 10/21/02

## 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  
☐ Creating high-quality job growth  
☒ Job retention  
☐ Stabilizing the community

- ☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>10-1-2003</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>10-1-2003</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

MAINTAIN BUSINESS OPERATION ON SITE FOR MINIMUM OF 2 YEARS

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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	<u>8</u>	\$ _____
less than \$7.00	<u>1</u>	---	---	---	\$ _____
\$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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	<u>8</u>	\$ _____
\$7.00 to \$8.99	<u>1</u>	---	---	---	\$ _____
\$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.)

☐ Yes ☒ No

SUBMITTED 10/26/02

## 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, 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.)

☒ 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 1, 2001, 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other (Specify reason.)

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

SUBMITTED 10/21/02



## 2002 Minnesota Business Assistance Form

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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.
- 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) <u>CITY OF FARMINGTON HRA</u>		2. Name of person completing this form <u>KEVIN CARROLL</u>	
3. Street address <u>325 OAK STREET</u>		4. City <u>FARMINGTON</u>	5. ZIP code <u>55024</u>
6. County <u>DAKOTA</u>	7. Phone number <u>651-463-1860</u>	8. Fax number <u>651-463-2591</u>	9. E-mail address <u>KCARROLL@CI.FARMINGTON.MN.U.</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>N/A</u>			
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.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date: <u>2/7/00</u> Year Criteria Submitted: <u>2001</u> <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance		15. Address where business subsidy or financial assistance will be used	
Street address		City	State
ZIP code			
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No			
Name of parent corporation		Street address	
		City	
		State	
		ZIP code	

RECEIVED JUL 31 2002

17. Industry of recipient's facility (Mark one.):	
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Services
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Finance, Insurance, Real Estate	<input type="checkbox"/> Construction
<input type="checkbox"/> Other (please specify) _____	
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)	
<input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)	
<input type="checkbox"/> No (Go to Question 19.)	
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.)	
<input type="checkbox"/> Remained at previous location	
<input type="checkbox"/> Relocated to different Minnesota location	
<input type="checkbox"/> Relocated outside Minnesota	

## Section 3 Agreement Information

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 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.)	
<input type="checkbox"/> business subsidy <input type="checkbox"/> 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).
<input type="checkbox"/> not applicable, agreement provided financial assistance	<input type="checkbox"/> not applicable, agreement provided a business subsidy
<input type="checkbox"/> loan (only principal) \$ _____	<input type="checkbox"/> assistance for property polluted by contaminants \$ _____
<input type="checkbox"/> grant (i.e., forgivable loan) \$ _____	<input type="checkbox"/> 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
<input type="checkbox"/> tax abatement \$ _____	<input type="checkbox"/> assistance for pollution control or abatement \$ _____
<input type="checkbox"/> TIF or other tax reduction or deferral \$ _____	<input type="checkbox"/> assistance for a TIF soils condition district \$ _____
<input type="checkbox"/> guarantee of payment \$ _____	
<input type="checkbox"/> contribution of property or infrastructure \$ _____	
<input type="checkbox"/> preferential use of governmental facilities \$ _____	
<input type="checkbox"/> land contribution \$ _____	
<input type="checkbox"/> other (Specify subsidy type) \$ _____	
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.)
<input type="checkbox"/> not applicable, assistance was not in the form of TIF	<input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<input type="checkbox"/> redevelopment	<input type="checkbox"/> No
<input type="checkbox"/> renewal and renovation	Grantor(s) and value of the agreement(s):
<input type="checkbox"/> soils condition	
<input type="checkbox"/> economic development	Grantor _____ Value (\$) _____
<input type="checkbox"/> mined underground space	Grantor _____ Value (\$) _____
<input type="checkbox"/> hazardous substance subdistrict	

### 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  
☐ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☐ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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.)

- ☐ Yes ☐ No

**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, 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.)*☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	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.)*☐ 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 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 different community  
☐ other *(Specify reason.)*37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*☐ Yes ☐ 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 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 7<sup>th</sup> Place  
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <u>City of Folev</u>		2. Contact name <u>Rich Zimmer</u>	
3. Agency street address <u>251 4th Ave</u>		4. City <u>Folev, MN</u>	
5. Zip code <u>56329</u>	6. Phone number (area code) <u>(320) 968-7620</u>	3. Type of government agency <u>X</u> City <u>  </u> County <u>  </u> Regional <u>  </u> State <u>  </u> Other (Please indicate)	
	7. Fax number (area code) <u>(320) 968-6325</u>		
9. Name of business receiving assistance <u>GOR-FOL</u>		10. Industry of recipient (SIC code) <u>Special Manufacturing</u>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <u>Tax Increment Financing</u>		12. Name of TIF district (if applicable) <u>District #1-7 GOR-FOL</u>	
13. Date of business assistance agreement <u>10/21/97</u>	14. Date assistance first provided <u>10/21/97</u>	15. Date project (building/machinery/etc.) was placed in service <u>1998</u>	16. Dollar value of business assistance <u>\$72,000</u>

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 <u>3</u>		18. Average hourly wage level goals for business receiving assistance <u>\$8.00</u>																																																									
19. Actual jobs created since business received assistance <u>3</u>		20. Actual average hourly wage paid to employees hired since business received assistance <u>\$8.50</u>																																																									
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)																																																									
<table border="1"> <thead> <tr> <th colspan="2">21. Job Creation</th> <th>Hourly Wage Level</th> <th>22. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <th>Full-time</th> <th>Part-time</th> <th>(excl. benefits)</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>less than \$7.00</td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$7.00 to \$7.99</td> <td></td> </tr> <tr> <td><u>3</u></td> <td></td> <td>\$8.00 to \$9.99</td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$10.00 to \$11.99</td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$12.00 and higher</td> <td></td> </tr> </tbody> </table>		21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)				less than \$7.00				\$7.00 to \$7.99		<u>3</u>		\$8.00 to \$9.99				\$10.00 to \$11.99				\$12.00 and higher		<table border="1"> <thead> <tr> <th colspan="2">23. Job Creation</th> <th>Hourly Wage Level</th> <th>24. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <th>Full-time</th> <th>Part-time</th> <th>(excl. benefits)</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>less than \$7.00</td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$7.00 to \$7.99</td> <td></td> </tr> <tr> <td><u>3</u></td> <td></td> <td>\$8.00 to \$9.99</td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$10.00 to \$11.99</td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$12.00 and higher</td> <td></td> </tr> </tbody> </table>		23. Job Creation		Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)				less than \$7.00				\$7.00 to \$7.99		<u>3</u>		\$8.00 to \$9.99				\$10.00 to \$11.99				\$12.00 and higher	
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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 <u>7/19/02</u>	26. Date this Minnesota Business Assistance Form completed <u>7/22/02</u>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <u>  </u> No — please 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.

RECEIVED JUL 31 2002  
Dist Marked 7/29/02



# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Foley		2. Contact name Rich Zimmer	
3. Agency street address 251 4th Avenue		4. City Foley	
5. Zip code 56329	6. Phone number (area code) 320/968-7620	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code)		
9. Name of business receiving assistance Lehman Farms		10. Industry of recipient (SIC code) Food Processing	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan and TIF		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 8/4/97	14. Date assistance first provided 8/4/97	15. Date project (building/machinery/etc.) was placed in service 1997	16. Dollar value of business assistance \$100,000 Loan \$100,000 TIF

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 28		18. Average hourly wage level goals for business receiving assistance \$10.51	
19. Actual jobs created since business received assistance 0		20. Actual average hourly wage paid to employees hired since business received assistance N/A	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time			
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
_____	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	
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 10/99	26. Date this Minnesota Business Assistance Form completed 3/99
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

\* note below

*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)

\* The company has dissolved, so no future reporting is required.

# 2002 Minnesota Business Assistance Form

RECEIVED JUN 26 2002  
D. J. M. H. D. 1 25-02

- 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.

## Section 1 Grantor Information

1. Name of grantor (funding entity) <b>CITY OF GLENCOE</b>		2. Name of person completing this form <b>MARK D. LARSON</b>	
3. Street address <b>630 10<sup>TH</sup> ST. EAST</b>		4. City <b>GLENCOE</b>	5. ZIP code <b>55336</b>
6. County <b>McLeod</b>	7. Phone number <b>320-864-5586</b>	8. Fax number <b>320-864-6405</b>	9. E-mail address <b>m.larson@huttel.net</b>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <b>N/A</b>			
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 FDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> 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.) <input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date: <b>7/26/00</b> Year Criteria Submitted: _____ <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance		15. Address where business subsidy or financial assistance will be used	
		Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	

**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, 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.)*

☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	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.)*

☐ 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 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 relocated to a different community

☐ recipient was unable to fill vacant positions

☐ other *(Specify reason.)* \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes    ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

**Or fax to: (651) 215-3841**

## 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  
☐ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☐ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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.)

☐ Yes ☐ No

17. Industry of recipient's facility (Mark one.):

- ☐ Manufacturing      ☐ Services      ☐ Finance, Insurance, Real Estate  
☐ Retail Trade      ☐ Wholesale Trade      ☐ 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 recipient did not complete this project at that address.)  
☐ No (Go to Question 19.)

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.)

- ☐ Remained at previous location      ☐ Relocated to different Minnesota location      ☐ Relocated outside Minnesota

### Section 3 Agreement Information

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 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.)

- ☐ business subsidy      ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

- ☐ not applicable, agreement provided financial assistance
- ☐ 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.) \_\_\_\_\_ \$ \_\_\_\_\_

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

- ☐ not applicable, agreement provided a business subsidy
- ☐ 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.)

- ☐ not applicable, assistance was not in the form of TIF
- ☐ redevelopment  
☐ renewal and renovation  
☐ soils condition  
☐ economic development  
☐ mined underground space  
☐ hazardous substance subdistrict

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.)  
☐ No

Grantor(s) and value of the agreement(s):

Grantor      Value (\$)

Grantor      Value (\$)



## 2002 Minnesota Business Assistance Form

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- 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.

### Section 1 Grantor Information

1. Name of grantor (funding entity) <u>City of Grant</u>		2. Name of person completing this form <u>Lynne Saxton</u>											
3. Street address <u>111 Wildwood Road</u>		4. City <u>Willernie</u>	5. ZIP code <u>55090</u>										
6. County <u>WASHINGTON</u>	7. Phone number <u>651. 426. 3383</u>	8. Fax number <u>651. 429. 1998</u>	9. E-mail address <u>cityclerks@visi.com</u>										
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <table border="1"> <tr> <td><u>Lynne Saxton, Treasurer</u></td> <td><u>651. 426. 3383</u></td> <td><u>111 Wildwood Road</u></td> <td><u>Willernie, MN</u></td> <td><u>55090</u></td> </tr> <tr> <td>Name/Title</td> <td>Phone number</td> <td>Street address</td> <td>City</td> <td>ZIP code</td> </tr> </table>				<u>Lynne Saxton, Treasurer</u>	<u>651. 426. 3383</u>	<u>111 Wildwood Road</u>	<u>Willernie, MN</u>	<u>55090</u>	Name/Title	Phone number	Street address	City	ZIP code
<u>Lynne Saxton, Treasurer</u>	<u>651. 426. 3383</u>	<u>111 Wildwood Road</u>	<u>Willernie, MN</u>	<u>55090</u>									
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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> 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.) <input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date: _____ Year Criteria Submitted: _____ <input checked="" type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.) _____											
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No (Stop here, go to section 5 on page 4)													

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used			
	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No				
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Services
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Finance, Insurance, Real Estate	<input type="checkbox"/> Construction
<input type="checkbox"/> Other (please specify) _____	
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)	
<input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)	
<input type="checkbox"/> No (Go to Question 19.)	
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.)	
<input type="checkbox"/> Remained at previous location	
<input type="checkbox"/> Relocated to different Minnesota location	
<input type="checkbox"/> Relocated outside Minnesota	

### Section 3 Agreement Information

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 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.)	
<input type="checkbox"/> business subsidy <input type="checkbox"/> 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).
<input type="checkbox"/> not applicable, agreement provided financial assistance	<input type="checkbox"/> not applicable, agreement provided a business subsidy
<input type="checkbox"/> loan (only principal) \$ _____	<input type="checkbox"/> assistance for property polluted by contaminants \$ _____
<input type="checkbox"/> grant (i.e., forgivable loan) \$ _____	<input type="checkbox"/> 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
<input type="checkbox"/> tax abatement \$ _____	<input type="checkbox"/> assistance for pollution control or abatement \$ _____
<input type="checkbox"/> TIF or other tax reduction or deferral \$ _____	<input type="checkbox"/> assistance for a TIF soils condition district \$ _____
<input type="checkbox"/> guarantee of payment \$ _____	
<input type="checkbox"/> contribution of property or infrastructure \$ _____	
<input type="checkbox"/> preferential use of governmental facilities \$ _____	
<input type="checkbox"/> land contribution \$ _____	
<input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	
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.)
<input type="checkbox"/> not applicable, assistance was not in the form of TIF	<input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below: attach an additional sheet if necessary.)
<input type="checkbox"/> redevelopment	<input type="checkbox"/> No
<input type="checkbox"/> renewal and renovation	Grantor(s) and value of the agreement(s):
<input type="checkbox"/> soils condition	_____
<input type="checkbox"/> economic development	Grantor Value (\$)
<input type="checkbox"/> mined underground space	_____
<input type="checkbox"/> hazardous substance subdistrict	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.)

- ☐ Enhancing economic diversity  
☐ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☐ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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.)

☐ Yes ☐ No



**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, 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.)*

☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	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.)*

☐ 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions                      ☐ other *(Specify reason.)* \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes    ☐ 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 subsidy:

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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 7<sup>th</sup> 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. §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

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D. J. M. L. 11 15 12

### Section 1 Grantor Information

1. Name of grantor (funding entity) <u>City of Hugo</u>		2. Name of person completing this form <u>Ronald J. Otkin</u>	
3. Street address <u>14669 Fitzgerald Ave N</u>		4. City <u>Hugo</u>	5. ZIP code <u>55038</u>
6. County <u>Washington</u>	7. Phone number <u>651 762-6314</u>	8. Fax number <u>651 426-2859</u>	9. E-mail address <u>rotkin@ci.hugo.mn.us</u>
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 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)	
<input checked="" type="checkbox"/> City government		<input type="checkbox"/> Yes, in 2002 (attach criteria)	
<input type="checkbox"/> County government		<input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria	
<input type="checkbox"/> Regional government		<input checked="" type="checkbox"/> Yes, prior to 2002	
<input type="checkbox"/> State government		If Yes: <u>10/04/99</u>	
<input type="checkbox"/> Other (Please specify: _____)		Hearing Date: _____ Year Criteria Submitted: <u>1999</u>	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>Northrop Development LLC</u>	15. Address where business subsidy or financial assistance will be used <u>13525 Fenway Blvd, Hugo, MN 55038</u>
	Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)	
<input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

17. Industry of recipient's facility (Mark one.):

☒ Manufacturing      ☐ Services      ☐ Finance, Insurance, Real Estate  
☐ Retail Trade      ☐ Wholesale Trade      ☐ 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 recipient did not complete this project at that address.)  
☐ No (Go to Question 19.)

Bloomington, MN      Lease expired  
 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.)

☐ Remained at previous location      ☒ Relocated to different Minnesota location      ☐ Relocated outside Minnesota

### Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)  <p style="text-align: right;">\$271,969</p>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended)  <p style="text-align: center;">04/30/01</p>						
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.)      04/30/01							
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.)  <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance</p>							
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> loan (only principal)  <input type="checkbox"/> grant (i.e., forgivable loan)  <input type="checkbox"/> tax abatement  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral  <input type="checkbox"/> guarantee of payment  <input type="checkbox"/> contribution of property or infrastructure  <input type="checkbox"/> preferential use of governmental facilities  <input type="checkbox"/> land contribution  <input type="checkbox"/> other (Specify subsidy type.) _____           </div> <div style="text-align: right;">             \$ _____              \$ _____              \$ _____  <u>\$ 271,969</u>              \$ _____              \$ _____              \$ _____              \$ _____           </div> </div>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s)  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> assistance for property polluted by contaminants  <input type="checkbox"/> 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  <input type="checkbox"/> assistance for pollution control or abatement  <input type="checkbox"/> assistance for a TIF soils condition district           </div> <div style="text-align: right;">             \$ _____              \$ _____              \$ _____              \$ _____           </div> </div>						
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <table style="width: 100%;"> <tr> <td style="width: 50%;">Grantor</td> <td style="width: 50%;">Value (\$)</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	Grantor	Value (\$)			Grantor	Value (\$)
Grantor	Value (\$)						
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.)

- ☐ Enhancing economic diversity  
☐ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community  
☐ Increasing tax base (cannot be only purpose)  
☒ Other (please specify) Construct public imp  
and develop manufacturing facilities in city

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>04/03</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	—	—	\$ —
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	<u>5</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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	—	—	—	—	\$ —
\$9.00 to \$10.99	<u>1</u>	—	—	—	\$ —
\$11.00 to \$12.99	—	—	—	—	\$ —
\$13.00 to \$14.99	—	—	—	—	\$ —
\$15.00 and higher	<u>8</u>	—	—	—	\$ —

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



## 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 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 through 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 January 1, 2000 through December 31, 2000: 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 About Grantor

1. Name of grantor (funding entity) City of Hugo		2. 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	9. E-mail address rotkin@ci.hugo.mn.us
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 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") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> 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.) 10/04/99 <input checked="" type="checkbox"/> Yes (Indicate hearing date - and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  Schwilters Properties	15. Address where business subsidy or financial assistance will be used  13875 Fenway Blvd, Hugo, MN 55038 Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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2001 Minnesota Business Assistance Form

17. Industry of recipient's facility (Mark one.):

☒ Manufacturing      ☐ Services      ☐ Finance, Insurance, Real Estate  
☐ Retail Trade      ☐ Wholesale Trade      ☐ 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 recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

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.)

☒ Remained at previous location      ☐ Relocated to different Minnesota location      ☐ Relocated outside Minnesota

### Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$261,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">10/02/00</p>				
<p>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.) 10/02/00</p>					
<p>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.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 261,000  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> 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 \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below: attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
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.)

- ☐ Enhancing economic diversity      ☐ Increasing tax base (cannot be only purpose)  
☐ Creating high-quality job growth      ☒ Other (please specify) Construct public imps  
☐ Job retention      and develop manufacturing facilities in city  
☐ 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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>10/02</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	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	<u>1</u>	—	—	—	\$ —
\$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.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	—	—	—	—	\$ —
\$9.00 to \$10.99	—	—	—	—	\$ —
\$11.00 to \$12.99	<u>2</u>	—	—	—	\$ —
\$13.00 to \$14.99	<u>5</u>	—	—	—	\$ —
\$15.00 and higher	<u>1</u>	—	—	—	\$ —

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

### Section 5 Recipients Failing to Fulfill Obligations

(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.)

☐ 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 January 1, 2000, 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 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 relocated to a different community

☐ recipient was unable to fill vacant positions

☐ other (Specify reason.)

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841





## 2002 Minnesota Business Assistance Form

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- 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.

### Section 1 Grantor Information

1. Name of grantor (funding entity) <u>City of Hugo</u>		2. Name of person completing this form <u>Ronald J. Otkin</u>	
3. Street address <u>14669 Fitzgerald Ave N</u>		4. City <u>Hugo</u>	5. ZIP code <u>55038</u>
6. County <u>Washington</u>	7. Phone number <u>651 762-6314</u>	8. Fax number <u>651 426-2859</u>	9. E-mail address <u>rotkin@ci.hugo.mn.us</u>
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 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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> 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.) <input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: <u>10/04/99</u> Hearing Date: _____ Year Criteria Submitted: <u>1999</u> <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>Schwieters Properties</u>	15. Address where business subsidy or financial assistance will be used <u>13825 Fenway Blvd, Hugo, MN 55038</u> Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____	

Post-Market 1001

17. Industry of recipient's facility (Mark one):

☒ Manufacturing      ☐ Services      ☐ Finance, Insurance, Real Estate  
☐ Retail Trade      ☐ Wholesale Trade      ☐ 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 recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

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.)

☒ Remained at previous location      ☐ Relocated to different Minnesota location      ☐ Relocated outside Minnesota

### Section 3 Agreement Information

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center; font-size: 1.2em;">\$185,536</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center; font-size: 1.2em;">10/16/01</p>						
<p>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.) 10/16/01</p>							
<p>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.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>185,536</u>  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> 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 \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s).</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Grantor</td> <td style="width: 40%; border-bottom: 1px solid black;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grantor</td> <td style="border-bottom: 1px solid black;">Value (\$)</td> </tr> </table>	Grantor	Value (\$)			Grantor	Value (\$)
Grantor	Value (\$)						
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.)

- ☐ Enhancing economic diversity  
☐ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community  
☐ Increasing tax base (cannot be only purpose)  
☒ Other (please specify) Construct public imps  
and develop manufacturing facilities in city

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>10/16/03</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	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	<u>1</u>	—	—	—	\$ —
\$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.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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)

☐ Yes ☒ No

## 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, 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.)

☒ 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 1, 2001, 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other (Specify reason.) \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 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 7<sup>th</sup> 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. §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.

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D... + M... 8/2/02

### Section 1 Grantor Information

1. Name of grantor (funding entity) <u>City of Madelia</u>		2. Name of person completing this form <u>Joe McCabe</u>	
3. Street address <u>116 West Main</u>		4. City <u>Madelia</u>	5. ZIP code <u>56062</u>
6. County <u>Watsonwan</u>	7. Phone number <u>507 642 3245</u>	8. Fax number <u>507 642 8556</u>	9. E-mail address <u>cityhall@medeliam.com</u>
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 ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city FDA 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.)	
<input checked="" type="checkbox"/> City government		<input type="checkbox"/> Yes, in 2002 (attach criteria)	
<input type="checkbox"/> County government		<input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria	
<input type="checkbox"/> Regional government		<input checked="" type="checkbox"/> Yes, prior to 2002	
<input type="checkbox"/> State government		If Yes: <u>6/26/2000</u> Hearing Date, _____ Year Criteria Submitted: <u>2000</u>	
<input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> No	
		<input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input type="checkbox"/> Yes (Complete the remainder of the form) <input checked="" type="checkbox"/> No (Stop here, go to section 5 on page 4)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance		15. Address where business subsidy or financial assistance will be used	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)			
<input type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

<b>17. Industry of recipient's facility (Mark one):</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div style="width: 30%;"> <input type="checkbox"/> Services  <input type="checkbox"/> Wholesale Trade         </div> <div style="width: 30%;"> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction    <input type="checkbox"/> Other (please specify) _____         </div> </div>	
<b>18. Did the recipient relocate as a result of signing this agreement? (Mark one.)</b> <input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) <input type="checkbox"/> No (Go to Question 19.) <div style="margin-top: 10px;"> <div style="width: 30%; border-bottom: 1px solid black; margin-bottom: 5px;">City/State of previous address</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Reason project not completed at previous address</div> </div>	
<b>19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Remained at previous location            <input type="checkbox"/> Relocated to different Minnesota location            <input type="checkbox"/> Relocated outside Minnesota       </div>	

### Section 3 Agreement Information

<b>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</b>	<b>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</b>				
<b>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.)</b>					
<b>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.)</b> <div style="display: flex; justify-content: center; margin-top: 5px;"> <input type="checkbox"/> business subsidy    <input type="checkbox"/> financial assistance     </div>					
<b>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</b>  <input type="checkbox"/> not applicable, agreement provided financial assistance  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> loan (only principal)  <input type="checkbox"/> grant (i.e., forgivable loan)  <input type="checkbox"/> tax abatement  <input type="checkbox"/> TIF or other tax reduction or deferral  <input type="checkbox"/> guarantee of payment  <input type="checkbox"/> contribution of property or infrastructure  <input type="checkbox"/> preferential use of governmental facilities  <input type="checkbox"/> land contribution  <input type="checkbox"/> other (Specify subsidy type.) _____         </div> <div style="width: 50%;"> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> </div> </div>	<b>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</b>  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> assistance for property polluted by contaminants  <input type="checkbox"/> 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  <input type="checkbox"/> assistance for pollution control or abatement  <input type="checkbox"/> assistance for a TIF soils condition district         </div> <div style="width: 50%;"> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> </div> </div>				
<b>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</b>  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <div style="display: flex; flex-direction: column; margin-top: 5px;"> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict     </div>	<b>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</b> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No  <b>Grantor(s) and value of the agreement(s):</b>  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black; margin-bottom: 5px;"></td> <td style="width: 40%; text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black; margin-bottom: 5px;"></td> <td style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">Value (\$)</td> </tr> </table>		Value (\$)		Value (\$)
	Value (\$)				
	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.)

- ☐ Enhancing economic diversity  
☐ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☐ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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.)

☐ Yes ☐ No

**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, 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.)*

☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	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.)*

☐ 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other *(Specify reason.)*

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

**Or fax to: (651) 215-3841**



# 2001 Minnesota Business Assistance Form

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements 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.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 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 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 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address <a href="mailto:paul.a.moe@state.mn.us">paul.a.moe@state.mn.us</a>
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 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.")  <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> 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.)  * Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)  * Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  SYSTEMATIC REFRIGERATION, INC	15. Address where business subsidy or financial assistance will be used  6151 NORTH AVE NW RAMSEY MN 55303 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one.)  <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) * No	

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility (Mark one.):				
<input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Retail Trade <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Construction <input type="checkbox"/> Other (please specify)				
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)				
<input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) <input checked="" type="checkbox"/> No (Go to Question 19.)				
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.)				
<input checked="" type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

### 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.)						
\$300,000	MAY 1, 2000						
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.)							
MAY 1, 2000							
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.)							
<input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial 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).						
<input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.)	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> 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 <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> 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.)						
<input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No Grantor(s) and value of the agreement(s) <table> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>CITY OF RAMSEY</td> <td>\$540,000</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	Grantor	Value (\$)	CITY OF RAMSEY	\$540,000	Grantor	Value (\$)
Grantor	Value (\$)						
CITY OF RAMSEY	\$540,000						
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.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- \* Increasing tax base (cannot be only purpose)  
☐ Other (please specify)

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	<u>MAY 2002</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

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 (only if goals not stated as FT/PT) Job Creation	Job Retention	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	45				\$3.33
\$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.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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	45				\$4.81

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

## Section 5 Recipients Failing to Fulfill Obligations

(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.)

☐ 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 January 1, 2000, 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 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 relocated to a different community

☐ recipient was unable to fill vacant positions ☐ other (Specify reason.) \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
 St. Paul, MN 55101-2146

**Or fax to: (651) 215-3841**

# 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 August 1, 1999 through December 31, 1999 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 August 1, 1999 through December 31, 1999: 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) <u>DTE D (Minnesota Investment Fund)</u>		2. Name of person completing this form <u>Paul A. Moe</u>	
3. Street address <u>500 Metro Sq., 121 7th Place E.</u>		4. City <u>Saint Paul</u>	5. ZIP code <u>55101</u>
6. County <u>Ramsey</u>	7. Phone number <u>651-297-1391</u>	8. Fax number <u>651-296-5287</u>	9. E-mail address <u>paul.a.moe@state.mn.us</u>
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.")		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.)	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>7-27-00</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Aitkin Iron Works</u>		15. Address where business subsidy or financial assistance will be used <u>117-1st St. N.W., Aitkin</u> <u>56431</u>	
		Street address	City
			ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City
			State
			ZIP code



17. Industry of recipient's facility (Mark one.):

☒ Manufacturing      ☐ Services      ☐ Finance, Insurance, Real Estate  
☐ Retail Trade      ☐ Wholesale Trade      ☐ 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 recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

\_\_\_\_\_  
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.)

☐ Remained at previous location      ☐ Relocated to different Minnesota location      ☐ Relocated outside Minnesota

### 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.)  \$ 187,500	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  11/1/99
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.)  <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No Grantor(s) and value of the agreement(s): IRRBB      \$ 900,000 Grantor      Value (\$) City      \$ 102,113 (TIF) Grantor      Value (\$)

EDA

\$1,023,169

Northland  
Foundation

\$500,000

## 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  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community  
☒ Increasing tax base (cannot be only purpose)  
☒ Other (please specify) Levitating private  
☐ Other (please specify) investment  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>10/02</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>9</u>	_____	_____	_____	\$ <u>2.80</u>
\$11.00 to \$12.99	<u>18</u>	_____	_____	_____	\$ <u>2.80</u>
\$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.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>27</u>	_____	_____	_____	\$ <u>2.88</u>
\$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.)

☒ Yes ☐ No

## Section 5 Recipients Failing to Fulfill Obligations

(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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other (Specify reason.) \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146  
Or fax to: (651) 215-3841



# 2002 Minnesota Business Assistance Form

RECEIVED JUL 22 2002  
Dept. of Trade & 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. §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 Grantor Information

1. Name of grantor (funding entity) <b>Mora Housing Authority</b>		2. Name of person completing this form <b>Laura Howell</b>	
3. Street address <b>420 Bean Avenue</b>		4. City <b>Mora</b>	5. ZIP code <b>55051</b>
6. County <b>Kanabec</b>	7. Phone number <b>320-679-4789</b>	8. Fax number <b>same</b>	9. E-mail address <b>pinecrest@ncis.com</b>
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
			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.)	
<input type="checkbox"/> City government		<input type="checkbox"/> Yes, in 2002 (attach criteria)	
<input type="checkbox"/> County government		<input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria	
<input type="checkbox"/> Regional government		<input type="checkbox"/> Yes, prior to 2002	
<input type="checkbox"/> State government		If Yes: Hearing Date: _____ Year Criteria Submitted: _____	
<input type="checkbox"/> Other (Please specify): <u>under City</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance		15. Address where business subsidy or financial assistance will be used	
		Street address	City
		State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)			
<input type="checkbox"/> No			
Name of parent corporation		Street address	City
		State	ZIP code

17. Industry of recipient's facility <i>(Mark one.)</i> : <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Manufacturing</span> <span><input type="checkbox"/> Services</span> <span><input type="checkbox"/> Finance, Insurance, Real Estate</span> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Retail Trade</span> <span><input type="checkbox"/> Wholesale Trade</span> <span><input type="checkbox"/> Construction</span> <span><input type="checkbox"/> Other <i>(please specify)</i> _____</span> </div>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input type="checkbox"/> No <i>(Go to Question 19.)</i> <div style="border-top: 1px solid black; margin-top: 5px; display: flex; justify-content: space-between;"> <span>City/State of previous address</span> <span>Reason project not completed at previous address</span> </div>	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Remained at previous location</span> <span><input type="checkbox"/> Relocated to different Minnesota location</span> <span><input type="checkbox"/> Relocated outside Minnesota</span> </div>	

### Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance <i>(Please separate value by type in Questions 24 and 25.)</i>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>
22. Benefit date <i>(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.)</i>	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? <i>(Mark one.)</i> <div style="display: flex; justify-content: center; margin-top: 5px;"> <span><input type="checkbox"/> business subsidy</span> <span><input type="checkbox"/> financial assistance</span> </div>	
24. If the agreement provided a business subsidy, please indicate the <b>type(s)</b> and <b>total dollar value for each type</b> .  <input type="checkbox"/> not applicable, agreement provided financial assistance  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> loan (only principal)  <input type="checkbox"/> grant (i.e., forgivable loan)  <input type="checkbox"/> tax abatement  <input type="checkbox"/> TIF or other tax reduction or deferral  <input type="checkbox"/> guarantee of payment  <input type="checkbox"/> contribution of property or infrastructure  <input type="checkbox"/> preferential use of governmental facilities  <input type="checkbox"/> land contribution  <input type="checkbox"/> other <i>(Specify subsidy type.)</i> _____             </div> <div style="width: 40%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> </div> </div>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> assistance for property polluted by contaminants  <input type="checkbox"/> 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  <input type="checkbox"/> assistance for pollution control or abatement  <input type="checkbox"/> assistance for a TIF soils condition district             </div> <div style="width: 40%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> </div> </div>
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict             </div> <div style="width: 40%;"></div> </div>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <div style="border-bottom: 1px solid black; margin-bottom: 5px; display: flex; justify-content: space-between;"> <span>Grantor</span> <span>Value (\$)</span> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; display: flex; justify-content: space-between;"> <span>Grantor</span> <span>Value (\$)</span> </div>

## 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  
☐ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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.)

☐ Yes ☐ No

## 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, 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.)

☐ No      Not Applicable

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.)

☐ 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions      ☐ other (Specify reason.) \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes      ☐ 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 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 7<sup>th</sup> 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. §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.

RECEIVED AUG 26 2002

Post Marked 8/23/02

### Section 1 Grantor Information

1. Name of grantor (funding entity) City of Motley		2. Name of person completing this form Patricia Crawford			
3. Street address 316 Hwy 10 S. . P.O. Box 66		4. City Motley	5. ZIP code 56466		
6. County Morrison	7. Phone number 218-352-6200	8. Fax number 218-352-6092	9. E-mail address pcrawford@scicable.net		
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	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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> 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.) <input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date: <u>7/10/01</u> Year Criteria Submitted: <u>Attached</u> <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation)			
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input type="checkbox"/> Yes (Complete the remainder of the form) <input checked="" type="checkbox"/> No (Stop here, go to section 5 on page 4.)					

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance		15. Address where business subsidy or financial assistance will be used			
		Street address City State ZIP code			
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No					
Name of parent corporation		Street address City State ZIP code			

17. Industry of recipient's facility (Mark one):

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Services	<input type="checkbox"/> Finance, Insurance, Real Estate
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> 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 recipient did not complete this project at that address.)

☐ No (Go to Question 19.)

\_\_\_\_\_  
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.)

☐ Remained at previous location    ☐ Relocated to different Minnesota location    ☐ Relocated outside Minnesota

### Section 3 Agreement Information

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 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.)									
<input type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance									
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____								
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)	_____	_____
Grantor	Value (\$)								
_____	_____								
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)

- ☐ Enhancing economic diversity  
☐ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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.)

☐ Yes ☐ No

**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, 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.)*

☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	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.)*

☐ 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other *(Specify reason)* \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ 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 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 7<sup>th</sup> 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. §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 Grantor Information

2.1 H. 7/22/02

1. Name of grantor (funding entity) <u>New Market Trust</u>		2. Name of person completing this form <u>Albert J. Clark</u>	
3. Street address <u>23765 Texas Avenue</u>		4. City <u>Lakewood, MN</u>	5. ZIP code <u>55044</u>
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 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.")		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.)	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input checked="" type="checkbox"/> Other (Please specify) <u>TWENTY-ONE</u>		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date: _____ Year Criteria Submitted: _____ <input checked="" type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input type="checkbox"/> Yes (Complete the remainder of the form) <input checked="" type="checkbox"/> No (Stop here, go to section 5 on page 4)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance		15. Address where business subsidy or financial assistance will be used	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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Ans + Marked 7-19-02

17. Industry of recipient's facility <i>(Mark one.)</i> : <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Manufacturing</span> <span><input type="checkbox"/> Services</span> <span><input type="checkbox"/> Finance, Insurance, Real Estate</span> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Retail Trade</span> <span><input type="checkbox"/> Wholesale Trade</span> <span><input type="checkbox"/> Construction</span> <span><input type="checkbox"/> Other <i>(please specify)</i> _____</span> </div>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input type="checkbox"/> No <i>(Go to Question 19.)</i> <div style="border-top: 1px solid black; margin-top: 5px; display: flex; justify-content: space-between;"> <span>City/State of previous address</span> <span>Reason project not completed at previous address</span> </div>	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Remained at previous location         <input type="checkbox"/> Relocated to different Minnesota location         <input type="checkbox"/> Relocated outside Minnesota       </div>	

### Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance <i>(Please separate value by type in Questions 24 and 25.)</i>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>
22. Benefit date <i>(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.)</i>	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? <i>(Mark one.)</i> <div style="display: flex; justify-content: center; margin-top: 5px;"> <input type="checkbox"/> business subsidy         <input type="checkbox"/> financial assistance       </div>	
24. If the agreement provided a business subsidy, please indicate the <b>type(s)</b> and <b>total dollar value for each type</b> .  <input type="checkbox"/> not applicable, agreement provided financial assistance  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> loan (only principal)           <input type="checkbox"/> grant (i.e., forgivable loan)           <input type="checkbox"/> tax abatement           <input type="checkbox"/> TIF or other tax reduction or deferral           <input type="checkbox"/> guarantee of payment           <input type="checkbox"/> contribution of property or infrastructure           <input type="checkbox"/> preferential use of governmental facilities           <input type="checkbox"/> land contribution           <input type="checkbox"/> other <i>(Specify subsidy type.)</i> _____         </div> <div style="width: 50%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> </div> </div>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> assistance for property polluted by contaminants           <input type="checkbox"/> 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           <input type="checkbox"/> assistance for pollution control or abatement           <input type="checkbox"/> assistance for a TIF soils condition district         </div> <div style="width: 50%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;">\$ _____</div> </div> </div>
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <div style="display: flex; flex-direction: column; margin-top: 5px;"> <input type="checkbox"/> redevelopment         <input type="checkbox"/> renewal and renovation         <input type="checkbox"/> soils condition         <input type="checkbox"/> economic development         <input type="checkbox"/> mined underground space         <input type="checkbox"/> hazardous substance subdistrict       </div>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Grantor</span> <span>Value (\$)</span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span>Grantor</span> <span>Value (\$)</span> </div>

## Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.954 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  
☐ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☐ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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.)

☐ Yes ☐ No

## 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, 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.)

☒ 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 1, 2001, 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other (Specify reason.)

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



## 2001 Minnesota Business Assistance Form

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D. A. M. 11-1

- # 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 through 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 January 1, 2000 through December 31, 2000: 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 About Grantor

1. Name of grantor (funding entity) City of Pequot Lakes		2. Name of person completing this form DAN SCHAFFAN, DRW PARTNERSHIP	
3. Street address 31108 Government Dr. (P.O. Box 361)		4. City Pequot Lakes	5. ZIP code 56472
6. County Crow Wing	7. Phone number (218) 568-5222	8. Fax number (218) 568-5860	9. E-mail address cityhall@uslink.net
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 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.)	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		<input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  DRW Partnership, L.L.P.		15. Address where business subsidy or financial assistance will be used 4744 Morehouse Drive Street address Pequot Lakes, MN 56472	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

☐ Manufacturing      ☐ Services      ☐ Finance, Insurance, Real Estate  
☒ Retail Trade      ☐ Wholesale Trade      ☐ 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 recipient did not complete this project at that address.)  
☐ No (Go to Question 19.)

NESSA, MN      TIF NOT AVAILABLE/BEHIND LOCATION  
 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.)

☐ Remained at previous location      ☐ Relocated to different Minnesota location      ☐ Relocated outside Minnesota

### Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center; font-size: 1.2em;">\$222,594.</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center; font-size: 1.2em;">8/1/2000</p>				
<p>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.)</p> <p style="text-align: center; font-size: 1.2em;">11/1/2000</p>					
<p>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.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral      \$ <u>222,594</u>  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> 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      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input checked="" type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;">Value (\$)</td> </tr> </table>		Value (\$)		Value (\$)
	Value (\$)				
	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.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community  
☐ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	100	_____	_____	_____	\$ _____
\$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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	100	_____	_____	_____	\$ _____
\$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.)

☒ Yes ☐ No

### Section 5 Recipients Failing to Fulfill Obligations

(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.)

☐ 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 January 1, 2000, 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 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 relocated to a different community

☐ recipient was unable to fill vacant positions

☐ other (Specify reason.)

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade &  
Economic  
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Pipestone Economic Development Authority		2. Contact name Joan Schroeder, City Clerk	
3. Agency street address 119 2nd Ave SW		4. City Pipestone	
5. Zip code 56164	6. Phone number (area code) 507-825-3324	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 507-825-5353		
9. Name of business receiving assistance Historic Calumet Inn		10. Industry of recipient (SIC code) Hotel	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Direct Loan		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement July 8, 1996	14. Date assistance first provided August 6, 1996	15. Date project (building/ machinery/etc.) was placed in service Immediately	16. Dollar value of business assistance \$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 3 full-time		18. Average hourly wage level goals for business receiving assistance \$5.15 per hour																																											
19. Actual jobs created since business received assistance 5 full-time/7 part-time		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 the corresponding benefit level.) N/A		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)																																											
<table border="1"> <thead> <tr> <th>21. Job Creation</th> <th>Hourly Wage Level</th> <th>22. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <th>Full-time</th> <th>Part-time</th> <th>(excl. benefits)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>less than \$7.00</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$7.00 to \$7.99</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$8.00 to \$9.99</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$10.00 to \$11.99</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$12.00 and higher</td> </tr> </tbody> </table>		21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)	_____	_____	less than \$7.00	_____	_____	\$7.00 to \$7.99	_____	_____	\$8.00 to \$9.99	_____	_____	\$10.00 to \$11.99	_____	_____	\$12.00 and higher	<table border="1"> <thead> <tr> <th>23. Job Creation</th> <th>Hourly Wage Level</th> <th>24. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <th>Full-time</th> <th>Part-time</th> <th>(excl. benefits)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>7</td> <td>less than \$7.00</td> </tr> <tr> <td>3</td> <td>_____</td> <td>\$7.00 to \$7.99</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$8.00 to \$9.99</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$10.00 to \$11.99</td> </tr> <tr> <td>2</td> <td>_____</td> <td>\$12.00 and higher</td> </tr> </tbody> </table>		23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)	_____	7	less than \$7.00	3	_____	\$7.00 to \$7.99	_____	_____	\$8.00 to \$9.99	_____	_____	\$10.00 to \$11.99	2	_____	\$12.00 and higher
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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 July 30, 1996	26. Date this Minnesota Business Assistance Form completed July 24, 2002
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please 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)

RECEIVED JUL 25 2002

Dist. no. 10.0 7-20017

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <b>Pipestone Economic Dev. Authority</b>		2. Contact name <b>Joan Schroeder, City Clerk</b>	
3. Agency street address <b>119 2nd Ave SW</b>		4. City <b>Pipestone</b>	
5. Zip code <b>56164</b>	6. Phone number (area code) <b>507-825-3324</b>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
7. Fax number (area code) <b>507-825-5353</b>			
9. Name of business receiving assistance <b>GOW Industries, Inc.</b>		10. Industry of recipient (SIC code) <b>Emergency Lighting</b>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <b>Contract for Deed</b>		12. Name of TIF district (if applicable) <b>N/A</b>	
13. Date of business assistance agreement <b>January 30, 1997</b>	14. Date assistance first provided <b>February 2, 1997</b>	15. Date project (building/machinery/etc.) was placed in service <b>Immediately</b>	16. Dollar value of business assistance <b>\$48,000.00</b>

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 <b>Contract for Deed</b>				18. Average hourly wage level goals for business receiving assistance <b>Contract for Deed</b>			
19. Actual jobs created since business received assistance <b>Contract for Deed</b>				20. Actual average hourly wage paid to employees hired since business received assistance <b>Contract for Deed</b>			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)		23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	(excl. benefits)		Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____	_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____	_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____	_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____	_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____	_____	_____	\$12.00 and higher	_____
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 <b>Contract for Deed</b>	26. Date this Minnesota Business Assistance Form completed <b>July 24, 2002</b>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the <b>2000 Minnesota Business Assistance Form</b> .	

*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)

RECEIVED JUL 25 2002

Per tracked 7-24-02



## 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 August 1, 1999 through December 31, 1999 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 August 1, 1999 through December 31, 1999: 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, DTEED 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.

RECEIVED JUL 25 2002

Ans + Marked 7-24-02

### Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>Pipestone Economic Development Authority</u>		2. Name of person completing this form <u>Troy L. Strom, City Administrator</u>	
3. Street address <u>119 2nd Ave SW</u>		4. City <u>Pipestone</u>	5. ZIP code <u>56164</u>
6. County <u>Pipestone</u>	7. Phone number <u>507-825-3324</u>	8. Fax number <u>507-825-5353</u>	9. E-mail address <u>tlstrom@cityofpipestone.com</u>
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2. <u>Joan Schroeder, City Clerk 507-825-3324 119 2nd Ave SW, Pipestone MN 56164</u>			
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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> 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.) <input checked="" type="checkbox"/> Yes (Indicate hearing date <u>9/13/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Loopy's Dollar Stores, Inc.</u>	15. Address where business subsidy or financial assistance will be used <u>3rd Ave &amp; 2nd St NW, Pipestone MN 56164</u>
Street address City ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code



## 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  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community  
☒ Increasing tax base (cannot be only purpose)  
☒ Other (please specify) Prevention of blight on business premises.  
☐ Other (please specify) \_\_\_\_\_  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Sept. 20, 2001</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	—	—	\$ —
less than \$7.00	<u>2</u>	<u>3</u>	—	—	\$ <u>N/A</u>
\$7.00 to \$8.99	—	—	—	—	\$ —
\$9.00 to \$10.99	—	—	—	—	\$ —
\$11.00 to \$12.99	<u>1</u>	—	—	—	\$ <u>N/A</u>
\$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.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	<u>2</u>	<u>3</u>	—	—	\$ <u>N/A</u>
\$9.00 to \$10.99	—	—	—	—	\$ —
\$11.00 to \$12.99	<u>1</u>	—	—	—	\$ <u>N/A</u>
\$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.)

☒ Yes ☐ No

## Section 5 Recipients Failing to Fulfill Obligations

(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

Loopy's Dollar  
Stores, Inc.

Interest Subsidy Loan

\$225,000.00

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 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 relocated to a different community

☐ recipient was unable to fill vacant positions

☐ other (Specify reason.)

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☒ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146  
Or fax to: (651) 215-3841



## 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 August 1, 1999 through December 31, 1999 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 August 1, 1999 through December 31, 1999: 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.

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### Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>Pipestone Economic Development Authority</u>		2. Name of person completing this form <u>Troy L. Strom, City Administrator</u>	
3. Street address <u>119 2nd Ave SW</u>		4. City <u>Pipestone</u>	5. ZIP code <u>56164</u>
6. County <u>Pipestone</u>	7. Phone number <u>507-825-3324</u>	8. Fax number <u>507-825-5353</u>	9. E-mail address <u>tlstrom@cityofpipestone.com</u>
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2 <u>Joan Schroeder, City Clerk 507-825-3324 119 2nd Ave SW, Pipestone MN 56164</u>			
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 FDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> 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.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9/13/99</u> attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>C.J. Amdahl &amp; Sons, Inc.</u>	15. Address where business subsidy or financial assistance will be used <u>950 7th St SE Pipestone MN 56164</u> Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

17. Industry of recipient's facility (Mark one ) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Manufacturing</span> <span><input type="checkbox"/> Services</span> <span><input type="checkbox"/> Finance, Insurance, Real Estate</span> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input checked="" type="checkbox"/> Retail Trade</span> <span><input type="checkbox"/> Wholesale Trade</span> <span><input type="checkbox"/> Construction</span> <span><input type="checkbox"/> Other (please specify) _____</span> </div>	
18. Did the recipient relocate as a result of signing this agreement? (Mark one ) <div style="margin-top: 5px;"> <input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address )         </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> No (Go to Question 19.)         </div> <div style="border-top: 1px solid black; margin-top: 10px; display: flex; justify-content: space-between;"> <span>City/State of previous address</span> <span>Reason project not completed at previous address</span> </div>	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.) <div style="margin-top: 10px;"> <input type="checkbox"/> Remained at previous location            <input type="checkbox"/> Relocated to different Minnesota location            <input checked="" type="checkbox"/> Relocated outside Minnesota       </div>	

### 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 )  <div style="text-align: right; font-weight: bold;">\$121,391.00</div>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  <div style="text-align: center; font-weight: bold;">June 22, 1998</div>
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.)  <div style="text-align: center; font-weight: bold;">July 1, 1998</div>	
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.)  <div style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy    <input type="checkbox"/> financial assistance       </div>	
24. If the agreement provided a business subsidy, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below, attach an additional sheet if necessary.)  <input type="checkbox"/> No  Grantor(s) and value of the agreement(s). <div style="margin-top: 5px;">           First National Bank &amp; Trust      \$500,000.00            Grantor      Value (\$)         </div> <div style="margin-top: 10px;">           _____            Grantor      Value (\$)         </div>



## 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  
☐ Creating high-quality job growth  
☒ Job retention  
☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify): \_\_\_\_\_  
☐ Other (please specify): \_\_\_\_\_  
☐ Other (please specify): \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Dec. 31, 2002</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	<u>18</u>	_____	_____	<u>N/A</u>	<u>\$ N/A</u>
less than \$7.00	_____	_____	_____	_____	<u>\$</u> _____
\$7.00 to \$8.99	_____	_____	_____	_____	<u>\$</u> _____
\$9.00 to \$10.99	_____	_____	_____	_____	<u>\$</u> _____
\$11.00 to \$12.99	_____	_____	_____	_____	<u>\$</u> _____
\$13.00 to \$14.99	_____	_____	_____	_____	<u>\$</u> _____
\$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.) Refer to question #29

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	<u>\$</u> _____
\$7.00 to \$8.99	_____	_____	_____	_____	<u>\$</u> _____
\$9.00 to \$10.99	_____	_____	_____	_____	<u>\$</u> _____
\$11.00 to \$12.99	_____	_____	_____	_____	<u>\$</u> _____
\$13.00 to \$14.99	_____	_____	_____	_____	<u>\$</u> _____
\$15.00 and higher	_____	_____	_____	_____	<u>\$</u> _____

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 Refer to question #29

## Section 5 Recipients Failing to Fulfill Obligations

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

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 DTEI.)

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 ☐ recipient relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other (Specify reason) \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☒ 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 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 7<sup>th</sup> 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. §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 Grantor Information

1. Name of grantor (funding entity) City of Ramsey		2. Name of person completing this form Sean Sullivan	
3. Street address 15153 Nowthen Blvd NW		4. City Ramsey	5. ZIP code 55303
6. County Anoka	7. Phone number 763-433-9829	8. Fax number 763-427-5543	9. E-mail address ssullivan@ci.ramsey.mn.us
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 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.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify): _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date <u>2-28-99</u> Year Criteria Submitted: <u>2000</u> <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>TIG, LAND, INC.</u>		15. Address where business subsidy or financial assistance will be used <u>6651 141st Ave NW Ramsey, MN 55303</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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17. Industry of recipient's facility (Mark one.):

☐ Manufacturing    ☒ Services    ☐ Finance, Insurance, Real Estate  
☐ Retail Trade    ☐ Wholesale Trade    ☐ 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 recipient did not complete this project at that address.)  
☐ No (Go to Question 19.)

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.)

☐ Remained at previous location    ☒ Relocated to different Minnesota location    ☐ Relocated outside Minnesota

## Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)  \$608,624	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  3-12-2001						
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.)  8-2001							
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.)  <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance							
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input checked="" type="checkbox"/> contribution of property or infrastructure \$608,624 <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____						
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <table border="1"> <thead> <tr> <th>Grantor</th> <th>Value (\$)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Grantor	Value (\$)				
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.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☒ Job retention  
☐ Stabilizing the community

- ☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>3-12-2003</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>3-12-2003</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>1</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	<u>5</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.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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	<u>2</u>	_____	_____	<u>5</u>	\$ _____

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

**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, 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.)

☒ 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 1, 2001, 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other (Specify reason.)

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



## 2002 Minnesota Business Assistance Form

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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.
- 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) <b>City of Ramsey</b>		2. Name of person completing this form <b>Sean Sullivan</b>	
3. Street address <b>15153 Nowthen Blvd NW</b>		4. City <b>Ramsey</b>	5. ZIP code <b>55303</b>
6. County <b>Anoka</b>	7. Phone number <b>763-433-9829</b>	8. Fax number <b>763-427-5543</b>	9. E-mail address <b>ssullivan@ci-ramsey.mn.us</b>
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 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.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date <u>2-28-99</u> Year Criteria Submitted: <u>2000</u> <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <b>OLDCASTLE PRECAST, INC</b>		15. Address where business subsidy or financial assistance will be used <b>6920 143<sup>rd</sup> Ave. NW Ramsey, MN 55303</b>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

## 17. Industry of recipient's facility (Mark one):

- ☒ Manufacturing    ☐ Services    ☐ Finance, Insurance, Real Estate  
☐ Retail Trade    ☐ Wholesale Trade    ☐ 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 recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

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.)

- ☒ Remained at previous location    ☐ Relocated to different Minnesota location    ☐ Relocated outside Minnesota

## Section 3 Agreement Information

## 20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)

\$ 562,320

## 21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)

7-31-2001

## 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.)

6-2002

## 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.)

- ☒ business subsidy    ☐ financial assistance

## 24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

- ☐ 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 \$ 562,320  
☐ preferential use of governmental facilities \$ \_\_\_\_\_  
☐ land contribution \$ \_\_\_\_\_  
☐ other (Specify subsidy type.) \_\_\_\_\_ \$ \_\_\_\_\_

## 25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

- ☐ 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.)

☐ not applicable, assistance was not in the form of TIF

- ☒ redevelopment  
☐ renewal and renovation  
☐ soils condition  
☐ economic development  
☐ mined underground space  
☐ hazardous substance subsistence

## 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.)

☒ No

Grantor(s) and value of the agreement(s):

Grantor \_\_\_\_\_ Value (\$) \_\_\_\_\_

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.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>6-2004</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals set stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>15</u>	_____	_____	_____	\$ _____
\$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.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>2</u>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>3</u>	_____	_____	_____	\$ _____
\$15.00 and higher	<u>4</u>	_____	_____	_____	\$ _____

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

**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, 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.)*

☒ 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 1, 2001, 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions                      ☐ other *(Specify reason.)* \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes    ☐ 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 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 7<sup>th</sup> 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. §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 Grantor Information

1. Name of grantor: (funding entity) <u>City of Ramsey</u>		2. Name of person completing this form <u>Sean Sullivan</u>	
3. Street address <u>15153 Nowthen Blvd NW</u>		4. City <u>Ramsey</u>	5. ZIP code <u>55303</u>
6. County <u>Anoka</u>	7. Phone number <u>763-433-9829</u>	8. Fax number <u>763-427-5543</u>	9. E-mail address <u>ssullivan@ci.ramsey.mn.us</u>
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 ZIP code
11. Classification of grantor (Mark one. If grantor is entirely 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.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date: <u>7-8-99</u> Year Criteria Submitted: <u>2000</u> <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 3 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>Sharp &amp; Associates, LLC</u>		15. Address where business subsidy or financial assistance will be used <u>6451 Midway St NW Ramsey, MN 55303</u>	
Street address		City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

☒ Manufacturing    ☐ Services    ☐ Finance, Insurance, Real Estate  
☒ Retail Trade    ☐ Wholesale Trade    ☐ Construction    ☐ Other (please specify) unions

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

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.)

☐ Remained at previous location    ☒ Relocated to different Minnesota location    ☐ Relocated outside Minnesota

## Section 3 Agreement Information

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p><u>\$ 948,419</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>3-26-2001</u></p>								
<p>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.)</p> <p><u>8-2001</u></p>									
<p>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.)</p> <p><input checked="" type="checkbox"/> business subsidy    <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ <u>948,419</u>  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> 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 \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)	_____	_____
Grantor	Value (\$)								
_____	_____								
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.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>9-2003</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	<u>17</u>	_____	_____	_____	\$_____
\$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.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	<u>22</u>	_____	_____	_____	\$_____
\$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.)

☒ Yes ☐ No

**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, 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.)*

☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	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.)*

☐ 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions      ☐ other *(Specify reason.)* \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes    ☐ 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 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 7<sup>th</sup> 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. §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 Grantor Information

1. Name of grantor (funding entity) City of Ramsey		2. Name of person completing this form Sean Sullivan	
3. Street address 15153 Nowthen Blvd NW		4. City Ramsey	5. ZIP code 55303
6. County Anoka	7. Phone number 763-433-9829	8. Fax number 763-427-5543	9. E-mail address ssullivan@ci-ramsey.mn.us
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 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.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify): _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date: <u>9-28-99</u> Year Criteria Submitted: <u>2000</u> <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <u>LUNDEN HOLDINGS, LLC</u>		15. Address where business subsidy or financial assistance will be used <u>6050 143rd Ave NW Ramsey, MN 55303</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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17. Industry of recipient's facility (Mark one.)

☒ Manufacturing    ☐ Services    ☐ Finance, Insurance, Real Estate  
☐ Retail Trade    ☐ Wholesale Trade    ☐ Construction    ☒ Other (please specify) MINNESOTA

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

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.)

☐ Remained at previous location    ☒ Relocated to different Minnesota location    ☐ Relocated outside Minnesota

## Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)  <u>\$ 375,204</u>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  <u>7-31-2001</u>								
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.)  <u>3-12-2002</u>									
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.)  <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance									
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input checked="" type="checkbox"/> contribution of property or infrastructure <u>\$ 375,204</u> <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____								
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)	_____	_____
Grantor	Value (\$)								
_____	_____								
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.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>3-2004</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>11</u>	_____	_____	_____	\$ _____
\$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.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>11</u>	_____	_____	_____	\$ _____
\$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.)

☒ Yes ☐ No

**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, 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.)*

☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	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.)*

☐ 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other *(Specify reason.)* \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



## 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 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 through 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 January 1, 2000 through December 31, 2000: 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 About Grantor

1. Name of grantor (funding entity) City Of Ramsey		2. Name of person completing this form Sean Sullivan	
3. Street address 15153 Nowthen Blvd NW		4. City Ramsey	5. ZIP code 55303
6. County Anoka	7. Phone number 763-433-9829	8. Fax number 763-427-5543	9. E-mail address ssullivan@ci.ramsey.mn.us
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 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.")  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> 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.) 9-28-99 <input checked="" type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input type="checkbox"/> No <span style="float: right;">previously sent</span> <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)  <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 3 on page 4.)			

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  RAMSEY B&B, LLC		15. Address where business subsidy or financial assistance will be used  6937 STATE HWY NE RD Ramsey, MN 55303	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)  <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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17. Industry of recipient's facility (Mark one.):

☐ Manufacturing      ☐ Services      ☐ Finance, Insurance, Real Estate  
☒ Retail Trade      ☐ Wholesale Trade      ☐ 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 recipient did not complete this project at that address.)  
☐ No (Go to Question 19.)

ANOKA, MN      SPACE  
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.)

☐ Remained at previous location      ☒ Relocated to different Minnesota location      ☐ Relocated outside Minnesota

## Section 3 General Information About the Agreement

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.)				
<u>\$ 349,589</u>	<u>5-4-2000</u>				
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.)					
<u>10-1-2000</u>					
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.)					
<input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> 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).				
<input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input checked="" type="checkbox"/> contribution of property or infrastructure <u>\$ 349,589</u> <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other: (Specify subsidy type.) _____ \$ _____	<input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> 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.)				
<input type="checkbox"/> not applicable, assistance was not in the form of TIF <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	Grantor	Value (\$)	Grantor	Value (\$)
Grantor	Value (\$)				
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.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>10-2002</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	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	<u>10</u>	_____	_____	_____	\$ _____
\$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.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	<u>1</u>	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>6</u>	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>3</u>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>14</u>	_____	_____	_____	\$ _____
\$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.)

☒ Yes ☐ No

**Section 5 Recipients Failing to Fulfill Obligations***(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.)*

☐ 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 <i>(See Questions 24 and 25.)</i>	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.)*

☐ 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other *(Specify reason.)*

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



## 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 August 1, 1999 through December 31, 1999 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 August 1, 1999 through December 31, 1999: 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) City of Ramsey		2. Name of person completing this form Sean Sullivan	
3. Street address 15153 Nowthen Blvd. 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 ssullivan@ci.ramsey.mn.us
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.")		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.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		<input checked="" type="checkbox"/> Yes (Indicate hearing date <u>9-28-99</u> and attach criteria.) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  <b>INTECH INDUSTRIES</b>		15. Address where business subsidy or financial assistance will be used  <b>7180 SUMMIT RD NW RAMSEY, MN 55303</b>	
		Street address	City ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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17. Industry of recipient's facility (Mark one.):

☒ Manufacturing    ☐ Services    ☐ Finance, Insurance, Real Estate  
☐ Retail Trade    ☐ Wholesale Trade    ☐ 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 recipient did not complete this project at that address.)  
☐ No (Go to Question 19.)

MARSHAL ROVE, MN    SPPCE  
 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.)

☐ Remained at previous location    ☒ Relocated to different Minnesota location    ☐ Relocated outside Minnesota

## 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.)									
3-31-2000									
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.)									
<input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial 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).								
<input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input checked="" type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____	<input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> 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.)								
<input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Grantor	Value (\$)			Grantor	Value (\$)		
Grantor	Value (\$)								
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.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community  
☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_  
☐ Other (please specify) \_\_\_\_\_  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>3-2002</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>1</u>	_____	_____	_____	\$ _____
\$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.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>1</u>	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>1</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>1</u>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>2</u>	_____	_____	_____	\$ _____
\$15.00 and higher	<u>10</u>	_____	_____	_____	\$ _____

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

**Section 5 Recipients Failing to Fulfill Obligations***(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 <i>(See Questions 24 and 25.)</i>	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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other *(Specify reason.)* \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
 St. Paul, MN 55101-2146

**Or fax to: (651) 215-3841**

## New Job Requirements for Business Subsidy Reporting

[illegible]



## 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.

RECEIVED JUL 10 2002  
Postmarked 7/9/02

### Section 1 Grantor Information

1. Name of grantor (funding entity) CITY OF RED WING		2. Name of person completing this form ALAN HOLM	
3. Street address 315 West 4th Street		4. City RED WING	5. ZIP code 55066
6. County GOODHUE	7. Phone number 651-385-3600 Ex602	8. Fax number 651-385-5102	9. E-mail address FnIntern@ci.red-wing.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. Marshall Hallock, Fin.Dir. 651-385-5102 315 W 4th St. - Red Wing, MN 55066			
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.")  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> 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.)  <input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date: _____ Year Criteria Submitted: _____  <input checked="" type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)  <input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance		15. Address where business subsidy or financial assistance will be used	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)  <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.).

- ☐ Manufacturing      ☐ Services      ☐ Finance, Insurance, Real Estate  
☐ Retail Trade      ☐ Wholesale Trade      ☐ 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 recipient did not complete this project at that address.)  
☐ No (Go to Question 19.)

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.)

- ☐ Remained at previous location      ☐ Relocated to different Minnesota location      ☐ Relocated outside Minnesota

### Section 3 Agreement Information

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended)</p>								
<p>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.)</p>									
<p>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.)</p> <p style="text-align: center;"> <input type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance       </p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____       </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> 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      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____       </p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict       </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input type="checkbox"/> No       </p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)	_____	_____
Grantor	Value (\$)								
_____	_____								
Grantor	Value (\$)								
_____	_____								

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  
☐ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

☐ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

---

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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.)

☐ Yes ☐ No

**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, 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.)*

☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	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.)*

☐ 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions                      ☐ other *(Specify reason.)* \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes    ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

**Or fax to: (651) 215-3841**



## 2002 Minnesota Business Assistance Form

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- 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.

### Section 1 Grantor Information

1. Name of grantor (funding entity) CITY OF RED WING		2. Name of person completing this form ALAN HOLM	
3. Street address 315 West 4th Street		4. City RED WING	5. ZIP code 55066
6. County GOODHUE	7. Phone number 651-385-3600 Ex602	8. Fax number 651-385-5102	9. E-mail address FnIntern@ci.red-wing.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. Marshall Hallock, Fin.Dir. 651-385-5102 315 W 4th St. - Red Wing, MN 55066			
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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> 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.) <input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input type="checkbox"/> Yes, prior to 2002  If Yes: Hearing Date: _____ Year Criteria Submitted: _____ <input checked="" type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No (Stop here, go to section 3 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance		15. Address where business subsidy or financial assistance will be used	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code



17. Industry of recipient's facility (Mark one.):

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Services	<input type="checkbox"/> Finance, Insurance, Real Estate
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction <input type="checkbox"/> 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 recipient did not complete this project at that address.)

☐ No (Go to Question 19.)

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.)

☐ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

### Section 3 Agreement Information

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 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.)									
<input type="checkbox"/> business subsidy <input type="checkbox"/> 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).								
<input type="checkbox"/> not applicable, agreement provided financial assistance	<input type="checkbox"/> not applicable, agreement provided a business subsidy								
<input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	<input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF rolls 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.)								
<input type="checkbox"/> not applicable, assistance was not in the form of TIF	<input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No								
<input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	Grantor(s) and value of the agreement(s): <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)	_____	_____
Grantor	Value (\$)								
_____	_____								
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.)

- ☐ Enhancing economic diversity  
☐ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☐ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment date (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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.)

☐ Yes ☐ No

**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, 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.)

☒ 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 1, 2001, 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions      ☐ other (Specify reason.) \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

☐ Yes      ☐ 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 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 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

TIF-6 ULTRA-PAC



## 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.

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## Section 1 Grantor Information

1. Name of grantor (funding entity) <b>CITY OF ROGERS</b>		2. Name of person completing this form <b>GARY EITEL, CITY ADMINISTRATOR</b>	
3. Street address <b>12913 MAIN STREET</b>		4. City <b>ROGERS</b>	5. ZIP code <b>55374</b>
6. County <b>HENNEPIN</b>	7. Phone number <b>763-428-2253</b>	8. Fax number <b>763-428-4470</b>	9. E-mail address
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 ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city FDA 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.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify): _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date: <b>6-13-00</b> Year Criteria Submitted: <b>2001</b> <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes. (Complete the remainder of the form.) <input type="checkbox"/> No. (Stop here, go to section 5 on page 4.)			

## Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance <b>ML LIMITED PARTNERSHIP</b>	15. Address where business subsidy or financial assistance will be used <b>22000 INDUSTRIAL BLVD</b> Street address    City    State    ZIP code <b>ROGERS MN 55374</b>
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address    City    State    ZIP code

FILED 7-16-02

17. Industry of recipient's facility (Mark one.):

☒ Manufacturing    ☐ Services    ☐ Finance, Insurance, Real Estate  
☐ Retail Trade    ☐ Wholesale Trade    ☐ 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 recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

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.) **N/A**

☐ Remained at previous location    ☐ Relocated to different Minnesota location    ☐ Relocated outside Minnesota

## Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) <b>\$99,999</b>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <b>6-6-01</b>
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.) <b>(±) 9-1-01</b> <b>SITE IMPROVEMENTS COMPLETE</b>	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 22) required to be reported? (Mark one.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. <input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <b>99,999</b> <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): Grantor _____ Value (\$) _____ Grantor _____ Value (\$) _____

FILED 7-16-02

## 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  
☐ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☐ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>± 9-1-03</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>± 9-1-06</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

CONTINUE OPERATION IN ROGERS  
FOR AT LEAST 5 YEARS FROM BENEFIT DATE.

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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal		_____			\$ _____
less than \$7.00		_____			\$ _____
\$7.00 to \$8.99		_____			\$ _____
\$9.00 to \$10.99	<u>10</u>	_____			\$ _____
\$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.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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.)

☐ Yes ☐ No

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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.)**

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.)**

☐ No

Name of recipient	Type of subsidy or assistance <b>(See Questions 24 and 25.)</b>	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.)**

☐ 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions    ☐ other **(Specify reason.)** \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? **(Mark one.)**

☐ Yes    ☐ 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 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 7<sup>th</sup> Place  
 St. Paul, MN 55101 2146

Or fax to: (651) 215-3841

FILED 7-16-02



# 2000 Minnesota Business Assistance Form

TIF 1

GRAYBAR

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from August 1, 1999 through December 31, 1999 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 August 1, 1999 through December 31, 1999: 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) <b>CITY OF ROGERS</b>		2. Name of person completing this form <b>GARY EITEL, CITY ADMINISTRATOR</b>	
3. Street address <b>12913 MAIN STREET</b>		4. City <b>ROGERS</b>	5. ZIP code <b>55374</b>
6. County <b>HENNEPIN</b>	7. Phone number <b>763-428-2253</b>	8. Fax number <b>763-428-4470</b>	9. E-mail address
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.")		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.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify)		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <b>6-13-00</b> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <b>RYAN COMPANIES, US INC.</b>		15. Address where business subsidy or financial assistance will be used <b>LOT 1, BLK 1, ROGERS IND. PARK 7th ADDITION, ROGERS, MN 13251 GEORGE WEBBER DR. ROGERS 55374</b>	
		Street address	City
		State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City
		State	ZIP code

7/11/02 H MEDN

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## TIF-1 GRAYBAR

17. Industry of recipient's facility (Mark one.):		WAREHOUSE DISTRIBUTION FACILITY
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Services	<input type="checkbox"/> Finance, Insurance, Real Estate
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
		<input checked="" type="checkbox"/> Other (please specify) _____
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)		
<input checked="" type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)		
<input type="checkbox"/> No (Go to Question 19.)		
City/State of previous address	Reason project not completed at previous address	
	OUT-GROWN EXISTING SPACE	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)		
<input type="checkbox"/> Remained at previous location		
<input checked="" type="checkbox"/> Relocated to different Minnesota location		
<input type="checkbox"/> Relocated outside Minnesota		

## 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.)  \$750,000	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  9-1-99
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.)  BENEFIT DATE = DATE NOTE IS ISSUED = 3-14-00	
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.)  <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$750,000 <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s):  Grantor _____ Value (\$) _____ Grantor _____ Value (\$) _____

7/11/02 LHM MEDN

**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  
☒ Creating high-quality job growth  
☐ Job retention  
☒ Stabilizing the community

- ☒ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_  
☐ Other (please specify) \_\_\_\_\_  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>3-14-2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>3-14-2005</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

**CONTINUE OPERATION ON THE  
DEVELOPMENT PROPERTY FOR 5 YEARS FROM  
BENEFIT DATE**

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 (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
<u>6.50/HR</u> less than \$7.00	<u>2</u>	_____	_____	_____	\$ _____
\$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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
<u>6.50/HR</u> less than \$7.00	<u>2</u>	_____	_____	_____	\$ _____
\$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.)

☐ Yes ☒ No

**JOBS MET — BUT  
5-YR GOAL PENDING**

7/11/02 44 MEDN

**Section 5 Recipients Failing to Fulfill Obligations***(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 <i>(See Questions 24 and 25.)</i>	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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions      ☐ other *(Specify reason.)* \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes    ☐ 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 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 7<sup>th</sup> 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. §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 Grantor Information

1. Name of grantor (funding entity) <b>ROSEAU County</b>		2. Name of person completing this form <b>ANNE K. GRANITZ, AUDITOR</b>	
3. Street address <b>606 5 AVENUE SW ROOM 160</b>		4. City <b>ROSEAU</b>	5. ZIP code <b>56751</b>
6. County <b>ROSEAU</b>	7. Phone number <b>218-463-1282</b>	8. Fax number <b>218-463-4283</b>	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <b>N/A</b>			
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.)	
<input type="checkbox"/> City government <input checked="" type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) <b>ROSEAU County DOES NOT AWARD BUSINESS ASSISTANCE</b>		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input type="checkbox"/> Yes, prior to 2002  If Yes: Hearing Date: _____ Year Criteria Submitted: _____ <input checked="" type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance		15. Address where business subsidy or financial assistance will be used			
Street address		City	State	ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)					
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No					
Name of parent corporation		Street address	City	State	ZIP code

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17. Industry of recipient's facility (Mark one.):	
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail Trade	<input type="checkbox"/> Services <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Construction <input type="checkbox"/> Other (please specify) _____
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)	
<input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) <input type="checkbox"/> No (Go to Question 19.)	
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.)	
<input type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota	

**Section 3 Agreement Information**

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 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.) <div style="text-align: center;"> <input type="checkbox"/> business subsidy    <input type="checkbox"/> financial assistance         </div>					
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> loan (only principal)  <input type="checkbox"/> grant (i.e., forgivable loan)  <input type="checkbox"/> tax abatement  <input type="checkbox"/> TIF or other tax reduction or deferral  <input type="checkbox"/> guarantee of payment  <input type="checkbox"/> contribution of property or infrastructure  <input type="checkbox"/> preferential use of governmental facilities  <input type="checkbox"/> land contribution  <input type="checkbox"/> other (Specify subsidy type.) _____           </div> <div style="text-align: right;">             \$ _____              \$ _____              \$ _____              \$ _____              \$ _____              \$ _____              \$ _____              \$ _____           </div> </div>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> assistance for property polluted by contaminants  <input type="checkbox"/> 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  <input type="checkbox"/> assistance for pollution control or abatement  <input type="checkbox"/> assistance for a TIF soils condition district           </div> <div style="text-align: right;">             \$ _____              \$ _____              \$ _____              \$ _____           </div> </div>				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </div>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Grantor</td> <td style="width: 40%; border-bottom: 1px solid black; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grantor</td> <td style="border-bottom: 1px solid black; text-align: right;">Value (\$)</td> </tr> </table>	Grantor	Value (\$)	Grantor	Value (\$)
Grantor	Value (\$)				
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.)

- ☐ Enhancing economic diversity  
☐ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☐ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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.)

☐ Yes ☐ No

**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, 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.)*☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
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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.)*☐ 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 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 relocated to a different community☐ recipient was unable to fill vacant positions☐ other *(Specify reason.)* \_\_\_\_\_37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*☐ Yes ☐ 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 subsidy:

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**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 7<sup>th</sup> Place  
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



## 2002 Minnesota Business Assistance Form

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- 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.

### Section 1 Grantor Information

1. Name of grantor (funding entity) <u>Sherburne County</u>		2. Name of person completing this form <u>Alex Wikstrom</u>	
3. Street address <u>13880 HWY 10</u>		4. City <u>Elk River</u>	5. ZIP code <u>55330</u>
6. County <u>Sherburne</u>	7. Phone number <u>763-241-2744</u>	8. Fax number <u>763-241-2495</u>	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>Same</u>			
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)	
<input type="checkbox"/> City government <input checked="" type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date: <u>2000</u> Year Criteria Submitted: <u>2000</u> <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance		15. Address where business subsidy or financial assistance will be used	
		Street address	City
		State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No			
Name of parent corporation		Street address	City
		State	ZIP code



17. Industry of recipient's facility (Mark one.):	
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail Trade	<input type="checkbox"/> Services <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Construction <input type="checkbox"/> Other (please specify) _____
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)	
<input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)	
<input type="checkbox"/> No (Go to Question 19.)	
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.)	
<input type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota	

**Section 3 Agreement Information**

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 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.)	
<input type="checkbox"/> business subsidy <input type="checkbox"/> 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).
<input type="checkbox"/> not applicable, agreement provided financial assistance	<input type="checkbox"/> not applicable, agreement provided a business subsidy
<input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	<input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> 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 \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> 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.)
<input type="checkbox"/> not applicable, assistance was not in the form of TIF	<input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> No
	Grantor(s) and value of the agreement(s):
	Grantor Value (\$)
	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.)

- ☐ Enhancing economic diversity  
☐ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community

- ☐ Increasing tax base (cannot be only purpose)  
☐ Other (please specify) \_\_\_\_\_

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (only if goals not stated as FT/PT) Job Creation	Job Retention	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 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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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.)

☐ Yes ☐ No

**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, 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.)*

☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	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.)*

☐ 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 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 relocated to a different community  
☐ recipient was unable to fill vacant positions ☐ other *(Specify reason.)* \_\_\_\_\_

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one)*

☐ Yes ☐ 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 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 7<sup>th</sup> Place  
 St. Paul, MN 55101-2146

**Or fax to: (651) 215-3841**

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name	
3. Agency address City of Vadnais Heights 800 E. County Road E Vadnais Heights, MN 55127	
5. Zip code	6. Phone number (area code)
	7. Fax number (area code)



Margaret A. Egan  
Finance Director

651.204.6020 Phone  
651.204.6120 Fax  
megan@ci.vadnais-heights.mn.us

The City of Vadnais Heights  
800 East County Road E  
Vadnais Heights, MN 55127-7117

9. Name of business receiving assistance United Properties Investment LLC		12. Name of TIF district (if applicable) TIF 1.28, #8946	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		10. Date project (building/machinery/etc.) was placed in service 10-3-98	
13. Date of business assistance agreement 4-7-98	14. Date assistance first provided 10-3-98	15. Date project (building/machinery/etc.) was placed in service 10-3-98	16. Dollar value of business assistance \$350,000

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	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time		Full-time
		less than \$7.00	
23		\$7.00 to \$7.99	13
		\$8.00 to \$9.99	
24		\$10.00 to \$11.99	40
		\$12.00 and higher	
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 October 31, 2001	26. Date this Minnesota Business Assistance Form completed June 27, 2002
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please 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.

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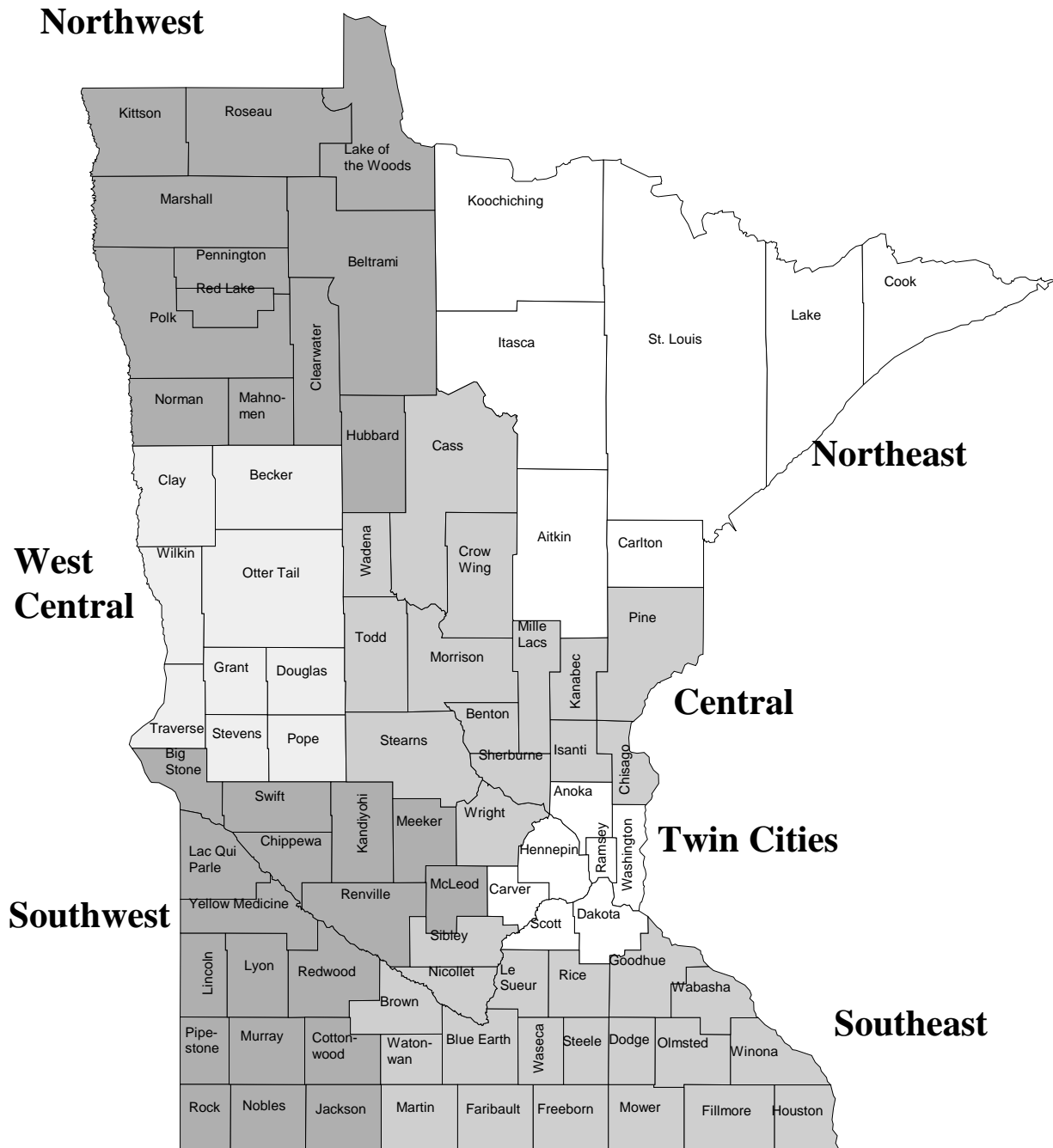
## **APPENDIX R:**

### **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](http://www.dted.state.mn.us), click on Communities, then Business Subsidies Reporting) and the Minnesota Legislature Reference Library