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MINNESOTA



— Trade & —  
**Economic  
Development**

## **2001 Business Assistance Report**

**Summary of Business and Financial  
Assistance Reported by State and Local  
Government Agencies Provided Between  
July 1, 1995 and December 31, 2000  
In Accordance With Minnesota Statutes § 116J.993  
Through § 116J.995**

**VOLUME 1 OF 3**

**NOTE:** *If Volume 2 or 3 (Appendix K and P)  
are not attached, please see the  
appropriate tab for directions to  
access the information.*

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## 2001 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 a local government agency with this authority. The law provides a mechanism for taxpayers to learn about state and local funds used for business subsidies and financial assistance.

In May 2000, Minnesota Statutes §116J.993 through §116J.995 were amended by the Legislature and now explicitly exclude 22 types of assistance from the definition of business subsidies. In accordance with the law, business loans and loan guarantees of \$75,000 or less are excluded from the analysis in this report. Because the amended statute reinstated the requirements under Minnesota Statute §116J.991, certain business subsidy agreements signed between July 1, 1995 and July 31, 1999, must be reported, as well as agreements signed between August 1, 1999 and December 31, 1999. 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 the goals are met, whichever is later (see Appendix A).<sup>1</sup>

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>2</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 to obtain a copy of the form). In March of 2001, DTED directed government agencies to submit a completed 2001 MBAF for each business subsidy agreement signed between January 1, 2000 and December 31, 2000. In accordance with the law, DTED required that agencies submit forms based on 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.

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<sup>1</sup>In June 2001, Minnesota Statutes §116J.994, subdivision 6, was amended by the Legislature to set the interest rate for a recipient failing to meet subsidy agreement goals 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.

<sup>2</sup>Resource constraints prevented DTED from submitting this report by August 1, 2001.

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 by DTED to use the 2000 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, 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 the Department's web site.

### ***MBAF Distribution***

In March 2001, DTED distributed the MBAF and a letter 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 department also distributed the MBAF to non-profit organizations, foundations and development corporations that may provide business assistance (see Table 1). The MBAF form was also posted on the Department's web site and DTED also worked with the League of Minnesota Cities and the Economic Development Association of Minnesota to publicize and promote the law.

TABLE 1  
Distribution of 2001 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 Minnesota | 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 form and posting it on the Department's web site, DTED also took several steps to notify government agencies of the need to file the 2001 MBAF. DTED made several presentations throughout the state and provided a fact sheet and a *Frequently Asked Questions* publication that detailed provisions and requirements of the 2000 Business Subsidy Law (see the Department's web site). In May 2001, DTED also sent a letter 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, 2001, 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 the department to track each individual project awarded funding since July 1, 1999, 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 2000 (using a 1999 MBAF) is aggregated into one 1999 section.

**2001 MBAF Findings (2000 Activity)**

Of the 532 state and local government agencies that were required to file either because of population size or previous business subsidy activity, 289 agencies submitted a 2001 MBAF form and 243 agencies did not submit a form (see Appendix C).<sup>3</sup> There were also nine agencies that submitted a 2001 MBAF reporting assistance but were not otherwise required to report (see Appendix D). In total, DTED received a total of 393 2001 MBAF forms from government agencies in 2001.<sup>4</sup>

Of the 298 agencies that submitted a form, 85 agencies reported on 165 eligible business assistance agreements that were reached between January 1, 2000 and December 31, 2000. The \$596.9 million of business assistance provided by those 165 agreements ranged from a \$27,400 land contribution to a \$290 million health care facilities revenue bond (see Appendix E). There were also 10 eligible financial assistance agreements reported by a state agency and city agencies that ranged from a \$38,500 pollution control or abatement grant to \$10.7 million in assistance for renovating building stock and for designated historic preservation. The total value of financial assistance was \$11.4 million (see Appendix F).

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

There were 68 eligible business assistance agreements and 3 eligible financial assistance for pollution control and abatement reported by agencies in 2000 and reported in the *2000 Business Assistance Report*. Of the three eligible financial assistance agreements reported by a government agency in 2000, the three recipients achieved all goals and fulfilled all obligations stipulated in the agreements as reported in the *2000 Business Assistance Report*.

Of the 68 eligible business assistance agreements reported in the *2000 Business Assistance Report*, agencies reported in 2000 that nine recipients had met all goals and obligations stipulated in the agreements. As a result, agencies were required to report in 2001 on 59 business assistance agreements that were reached between August 1, 1999 and December 31, 1999. Of the 59 projects, DTED received 26 2000 MBAF forms from agencies as required by the law (see Appendix G). The department also received 18 eligible business assistance agreements in 2001 that were not submitted to DTED in 2000 and thus not reported in the *2000 Business Assistance Report* (see Appendix H). There were a total of 44 eligible business assistance agreements submitted by agencies.

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<sup>3</sup>The 532 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.

<sup>4</sup>The statute states that if DTED does not receive a report by June 1 from an entity required to report, then that government agency or entity may not award any business subsidies until the report has been filed.

***1999 MBAF Findings (July 1, 1995 - July 31, 1999 Activity)***

DTED received a total of 354 1999 business assistance forms from government agencies in 2001. There were 89 state and local government agencies that reported on these 354 eligible business assistance agreements that were reached between July 1, 1995 and July 31, 1999. The \$167.9 million of business assistance provided by those 354 agreements ranged from a \$25,000 loan to a \$9.5 million Tax Increment Financing (TIF) agreement (see Appendix I).

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 M 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 law. Grantors were also required to submit a copy of their adopted criteria policies to DTED. Of the 532 agencies that were required to submit a 2001 MBAF either because of population size or previous business subsidy activity, DTED received 289 reports. There were 243 agencies that did not submit a 2001 MBAF as required (see Appendix C). DTED also received nine reports from agencies that submitted a 2001 MBAF but were not otherwise required to report (see Appendix D). Not included in this analysis were forms by government agencies with communities of less than 2,500 persons or those that had no activity for more than 5 years.

In total, 541 agencies were required to hold a public hearing and adopt criteria in accordance with the statute because of population size, previous activity, or who submitted a 2001 MBAF but were not otherwise required to report. The distribution of the reports submitted by agencies are as follows:

- 230 agencies or 42.5 percent reported holding a public hearing and adopting criteria in compliance with the statute;
- 305 agencies or 56.4 percent either did not submit a form or reported on the 2001 MBAF of not holding a public hearing or adopting criteria;
- 5 agencies or 0.9 percent provided other explanations for not being in compliance with the statute during the period of January 1, 2000 and December 31, 2000; and,
- 1 agency or 0.2 percent had missing data on the report.

Of the 541 agencies that were required to submit criteria in accordance with the statute, the distribution of the reports submitted by agencies were as follows:

- 210 agencies or 38.8 percent submitted criteria in accordance with the statute;
- 327 or 60.4 percent did not submit criteria;
- 3 agencies or 0.6 percent provided other explanations for not being in compliance; and,
- 1 agency or 0.2 percent had missing data on the report.

Out of the 210 agencies that submitted criteria in accordance with the law, 147 submitted criteria in 2001 and 63 submitted their criteria in 2000 (see Appendices J and K).

## 2001 MBAF Findings

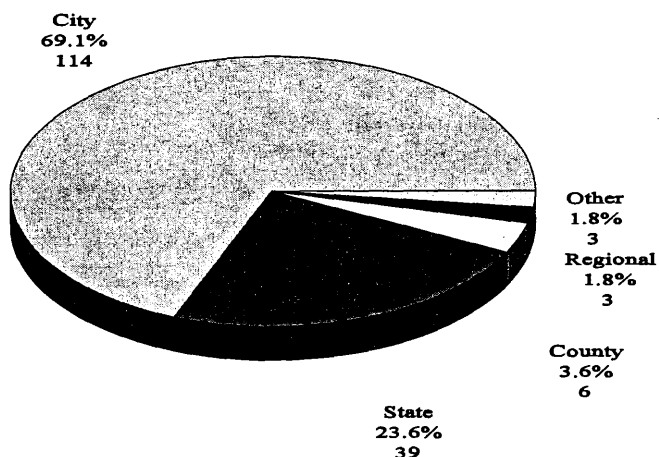
Forms summarized in this section of the report encompass business and financial assistance agreements reached between January 1, 2000 and December 31, 2000. Under the business subsidy law, agencies are required to submit a 2001 MBAF form until all goals and obligations are fulfilled in agreements made between government agencies and recipients.

There were 165 eligible business assistance agreements and 10 eligible financial assistance agreements that were reached between January 1, 2000 and December 31, 2000. The \$596.9 million of business assistance provided by those 165 agreements ranged from a \$27,400 land contribution to a \$290 million health care facilities revenue bond. There were also 10 eligible financial assistance agreements reported by state and local government agencies that ranged from a \$38,500 pollution control or abatement grant to \$10.7 million in assistance for renovating building stock and for designated historic preservation. The total value of financial assistance was \$11.4 million.

### *Distribution of Business Assistance Agreements*

Cities accounted for most of the business assistance agreements reported on in 2001. As Figure 1 shows, of the 165 business subsidy agreements reported in the 2001 MBAF, cities accounted for 114 agreements (69.1 percent), the state for 39 agreements (23.6 percent), counties for six agreements (3.6 percent), regional agencies for three agreements (1.8 percent) and other agencies for three agreements (1.8 percent).

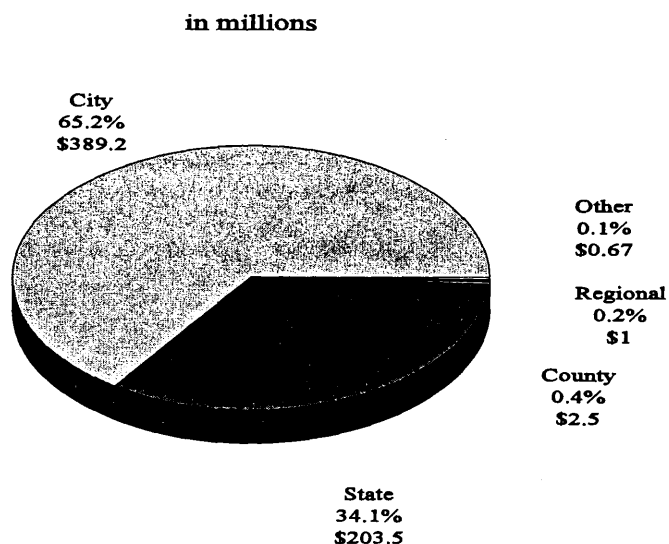
FIGURE 1  
Distribution of Business Assistance Agreements by Government Agency for  
Agreements Reached Between January 1, 2000 and December 31, 2000



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 \$596.9 million in business subsidies reported on the 2001 MBAF, city agencies accounted for \$389.2 million (65.2 percent), state agencies, \$203.5 million (34.1 percent), county agencies, \$2.5 million (0.4 percent), regional agencies, \$1 million (0.2 percent), and other agencies, \$669,566 (0.1 percent).

FIGURE 2  
Distribution of Business Assistance Agreements by Value for Agreements  
Reached Between January 1, 2000 and December 31, 2000



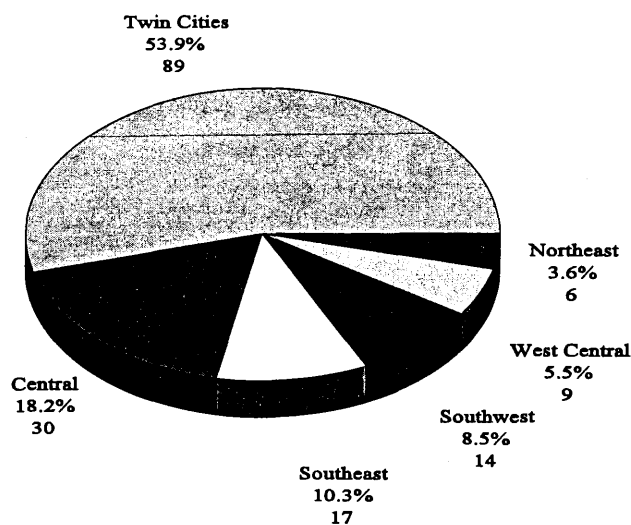
#### ***Distribution of Financial Assistance Agreements***

One state agency and four city agencies accounted for all of the financial assistance activity reported in 2001. The state agency reported 6 eligible agreements which had a total value of \$395,208. The city agencies reported 4 eligible agreements that had a total value of \$11.01 million. The total amount of financial assistance reported for the 10 agreements in 2001 was \$11.41 million.

#### ***Regional Distribution of Business Assistance Agreements***

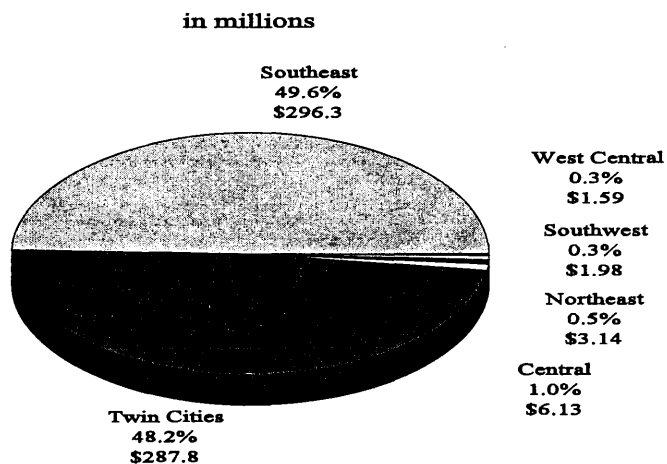
The Twin Cities region accounted for most of the business assistance agreements reported on in 2001. As Figure 3 shows, of the 165 business assistance agreements reported on the 2001 MBAF, the Twin Cities region accounted for 89 agreements (53.9 percent), Central for 30 agreements (18.2 percent), Southeast for 17 agreements (10.3 percent), Southwest for 14 agreements (8.5 percent), West Central for nine agreements (5.5 percent), and Northeast for six agreements (3.6 percent) (see Appendix L for county representation in DTED Economic Development Regions).

FIGURE 3  
Regional Distribution of Business Assistance Agreements Reached  
Between January 1, 2000 and December 31, 2000



Of the \$596.9 million in business subsidies reported in 2001 by government agencies, the Southeast region provided about \$296.3 million (49.6 percent), Twin Cities \$287.8 million (48.2 percent), Central \$6.13 million (1.0 percent), Northeast \$3.14 million (0.5 percent), Southwest \$1.98 million (0.3 percent), and the West Central \$1.59 million (0.3 percent) (see Figure 4).

FIGURE 4  
Regional Distribution of Business Assistance Agreements by Value for Agreements  
Reached Between January 1, 2000 and December 31, 2000



**Regional Distribution of Financial Assistance Agreements**

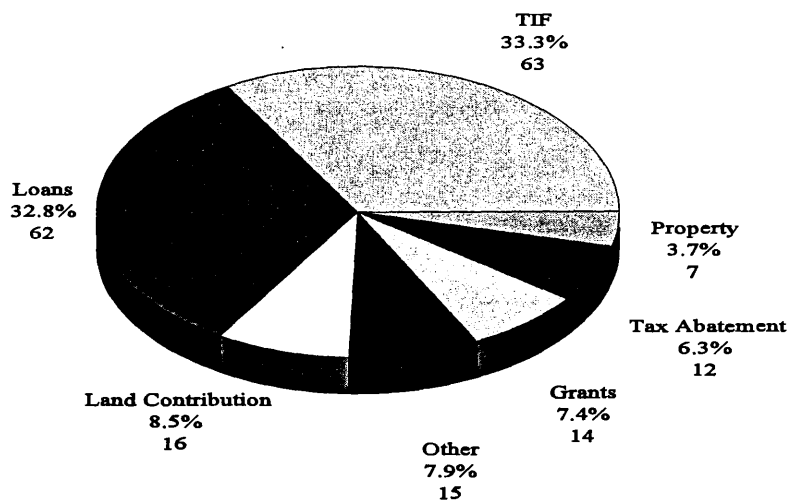
Of the 10 financial assistance agreements reported in 2001, the Twin Cities region accounted for seven agreements that provided \$11.1 million in assistance. The Southeast region reported three agreements of \$325,000. The total value of financial assistance awarded by government agencies was \$11.4 million.

**Type and Value of Business Assistance Provided**

Of the \$596.9 million in subsidies reported by state, county and local government agencies, amounts ranged from a \$27,400 land contribution to a \$290 million health care facilities revenue bond. The median value was \$175,000 for all agreements awarded.

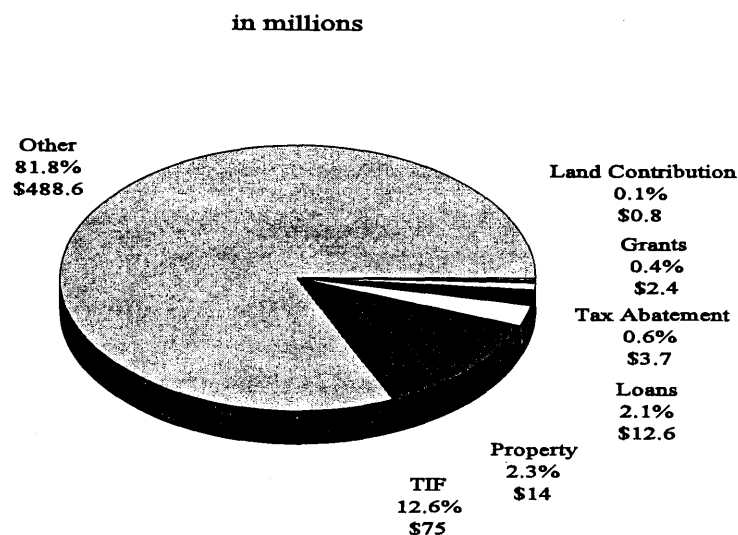
TIF and loans were the most common types of subsidies provided. Of the 165 business subsidy agreements reported by government agencies, there were 189 types of business subsidies reported because several agencies reported more than one type of assistance for each project. As Figure 5 shows, of the 189 types of business subsidies reported by government agencies, TIF was involved in 63 agreements (33.3 percent), loans were used in 62 agreements (32.8 percent), land contributions, 16 agreements (8.5 percent), other types of agreements, 15 agreements (7.9 percent), grants, 14 agreements (7.4 percent), tax abatement, 12 agreements (6.3 percent), and contribution of property or infrastructure, seven agreements (3.7 percent). There was no activity reported by agencies concerning guarantees of payment or preferential land use.

FIGURE 5  
Distribution of Business Assistance Agreements Reached  
Between January 1, 2000 and December 31, 2000



In contrast to the distribution of agreements by types of subsidies, other types of subsidies accounted for the highest share, 81.8 percent (\$488.6 million), followed by TIF, 12.6 percent (\$75.0 million), contribution of property or infrastructure, 2.3 percent (\$14.0 million), loans, 2.1 percent (\$12.6 million), tax abatement, 0.6 percent (\$3.7 million), grants, 0.4 percent (\$2.4 million), and land contribution, 0.1 percent (\$0.8 million) (see Figure 6).

FIGURE 6  
Distribution of Business Assistance Agreements by Value for Agreements  
Reached Between January 1, 2000 and December 31, 2000



#### ***Type and Value of TIF District for Business Assistance Agreements***

Of the 165 business assistance agreements entered into by government agencies, 63 agreements included tax increment financing. Of the 63 agreements, 34 agreements (54.0 percent) were TIF economic development districts, 28 agreements (44.4 percent) were TIF redevelopment districts, and one agreement (1.6 percent) was a TIF renewal and renovation district.

Of the \$596.9 million in business subsidies provided by government agencies in 2001, \$75.0 million consisted of tax increment financing. TIF redevelopment, 88.3 percent (\$66.2 million), accounted for the largest share of TIF district types, followed by TIF economic development, 11.5 percent (\$8.6 million) and TIF renewal and renovation district, 0.2 percent (\$0.15 million).

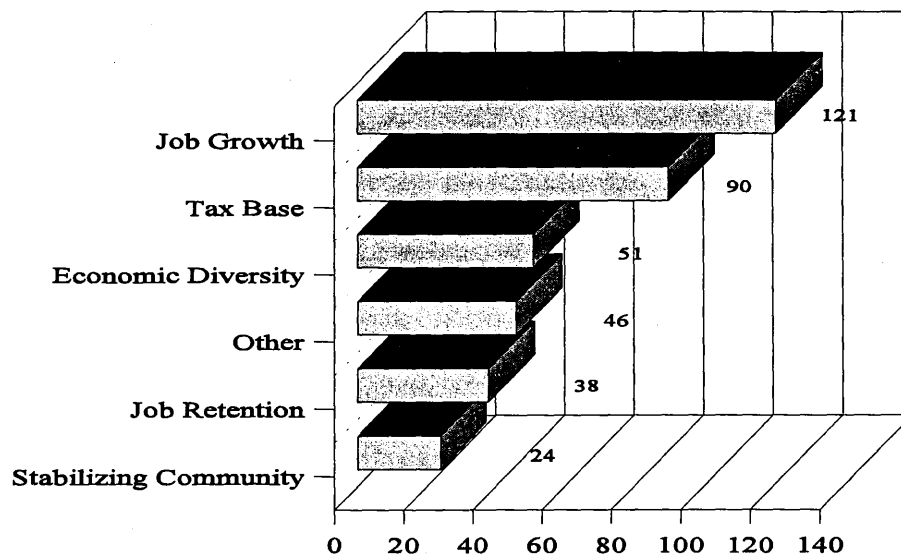
#### ***Type and Value of Financial Assistance Agreements***

Of the \$11.4 million in financial assistance reported in 2001 by state and city agencies, 4 agreements (\$11.0 million), were for renovating building stock or designated historic preservation districts and 7 agreements (\$0.4 million) were for pollution control or abatement.

**Public Purpose for Business Assistance Agreements**

Minnesota Statutes §116J.994 requires that business and financial assistance agreements state a public purpose. Of the 165 business assistance agreements entered into by government agencies, creating high-quality job growth, 121 agreements (73.3 percent), and increasing the tax base, 90 agreements (54.5 percent)<sup>5</sup>, accounted for the highest share of public purpose reported by government agencies. Other types of public purpose included increasing economic diversity, 51 agreements (30.9 percent), other purposes, 46 agreements (27.9 percent)<sup>6</sup>, job retention, 38 agreements (23.0 percent) and stabilizing the community, 24 agreements (14.5 percent) (see Figure 7).

FIGURE 7  
Distribution of Business Subsidies by Public Purpose for Agreements  
Reached Between January 1, 2000 and December 31, 2000



<sup>5</sup>Increasing the tax base was used by agencies in conjunction with other public purposes.

<sup>6</sup>Other types of public purposes indicated in the 46 agreements included: facilitating expansion of local business, encouraging manufacturing, cleaning up contaminated sites, increasing the profitability of agricultural producers, historic preservation, redeveloping blighted areas, providing and expanding health care services, encouraging commercial development and storm sewer correction.



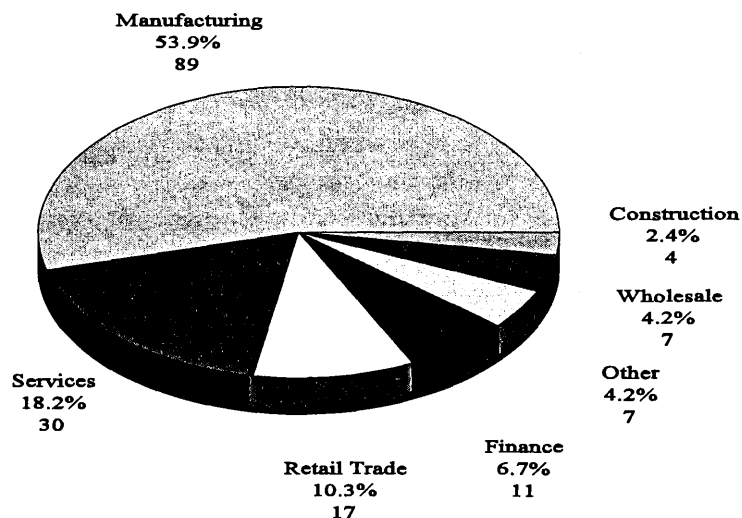
**Public Purpose for Financial Assistance Agreements**

Of the 10 financial assistance agreements entered into by government agencies in 2001, eight agreements (80.0 percent) other types of public purposes<sup>7</sup>, and five agreements (50.0 percent) stabilizing the community, accounted for the highest share of public purpose types. Other types of public purposes included creating high-quality job growth, two agreements (20.0 percent) and job retention, one agreement (10.0 percent).

**Industry Sector of Business Assistance for Recipients**

Of the 165 business assistance agreements reported by government agencies in 2001, the manufacturing sector accounted for 89 agreements (53.9 percent), services, 30 agreements (18.2 percent), retail trade, 17 agreements (10.3 percent), finance, insurance, and real estate, 11 agreements (6.7 percent), other, seven agreements (4.2 percent), wholesale trade, seven agreements (4.2 percent) and construction, four agreements (2.4 percent) (see Figure 8).

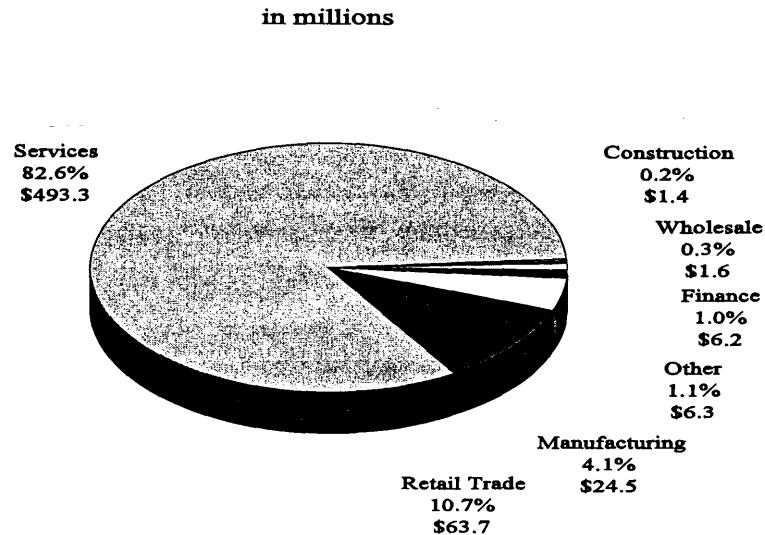
FIGURE 8  
Distribution of Business Assistance Agreements by Industrial Sector for Agreements  
Reached Between January 1, 2000 and December 31, 2000



Of the \$596.9 million in business assistance provided by government agencies, the services sector accounted for \$493.3 million (82.6 percent), followed by retail trade, \$63.7 million (10.7 percent), manufacturing, \$24.5 million (4.1 percent), other, \$6.3 million (1.1 percent), finance, insurance, and real estate, \$6.2 million (1.0 percent), wholesale trade, \$1.6 million (0.3 percent), and construction, \$1.4 million (0.2 percent) (see Figure 9).

<sup>7</sup>Other types of public purposes indicated in the 10 agreements included: revitalizing downtown, improving environmental performance, and preventing waste, pollution and conserving resources.

FIGURE 9  
Distribution of Value for Industrial Sectors for Agreements Reached  
Between January 1, 2000 and December 31, 2000



#### ***Industrial Sector of Financial Assistance for Recipients***

Of the 10 financial assistance agreements reported in 2001, the manufacturing sector accounted for three agreements (30.0 percent), service, three agreements (30.0 percent), finance, insurance, and real estate, three agreements (30.0 percent), and construction, one agreement (10.0 percent).

Of the \$11.4 million in financial assistance reported by government agencies in 2001, the construction sector accounted for \$10.68 million (93.7 percent), followed by finance, insurance, and real estate, \$325,000 (2.8 percent), services, \$213,596 (1.9 percent), and manufacturing, \$181,612 (1.6 percent).

#### ***Establishment and Attainment of Goals Identified in the Agreement***

The MBAF asked grantors to identify the type of goals the 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, government agencies are required to include in agreements specific job and wage goals that must be attained within 2 years of the benefit date. Of the 165 eligible business assistance agreements entered into by government agencies between January 1, 2000 and December 31, 2000, 85.5 percent or 141 agreements established specific job and wage goals, 7.3 percent or 12 agreements did not, and 7.3 percent or 12 agreements were missing data.<sup>8</sup>

<sup>8</sup>Percentages were more than 100 percent because of rounding.

Of the 141 business assistance agreements that were reported by agencies that established specific job and wage goals, 29.1 percent or 41 agreements have attained specific job and wage goals; 66.7 percent or 94 agreements reported that the recipient had not attained specific job and wage goals; and 4.3 percent or six agreements were missing information.<sup>9</sup> All agencies reported that recipients had more time to meet their job and wage goals.

There were 13 business assistance agreements reported by agencies that established other job creation and retention goals. Of the 13 agreements reported by agencies as establishing other job creation and wage goals, four recipients reported that they had attained their goals. All agencies reported that recipients had more time to meet their goals.

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

There were 21 business assistance agreements reported by agencies that established goals other than wage and job goals. Of the 21 agreements reported by agencies that established goals other than wage and job goals, nine recipients attained their goals. All agencies reported that recipients had more time to meet their goals.

#### *Goals for Financial Assistance Agreements*

Of the 10 eligible financial assistance agreements reported by government agencies, there were two agreements reported by a government agency that established specific job and wage goals, six agreements did not establish goals, and two agreements were missing data. Of the two agreements reported, no recipient has attained their goals. All agencies reported that recipients had more time to meet their goals.

There were also seven financial assistance agreements reported by government agencies that established goals other than wage and job goals. At this time, no agency has reported that a recipient has attained its goals. All agencies reported that recipients had more time to meet their goals.

#### *Job Creation and Wage Goals and Actual Performance*

Under the law, the business assistance agreement, 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.

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

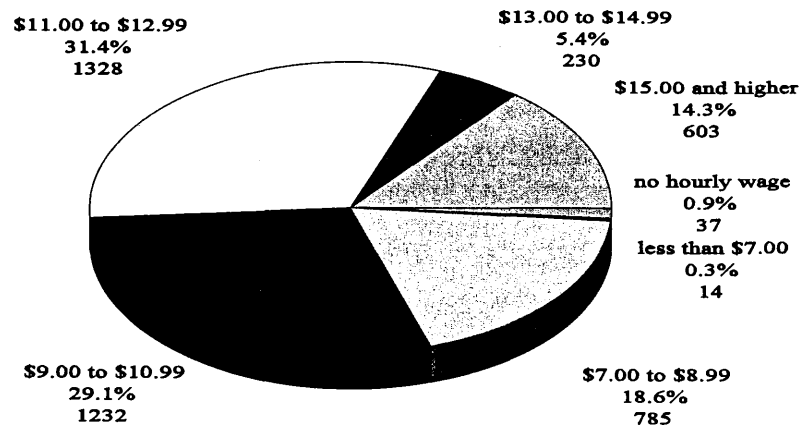
Of the 165 eligible business assistance agreements, agencies reported a full-time job creation goal of 4,229 jobs. The distribution of full-time job creation and wage goals are as follows:

- 14.3 percent or 603 jobs were expected to pay an hourly wage of \$15.00 or higher;
- 5.4 percent or 230 jobs between \$13.00 and \$14.99;
- 31.4 percent or 1,328 jobs between \$11.00 and \$12.99;
- 29.1 percent or 1,232 jobs between \$9.00 and \$10.99;
- 18.6 percent or 785 jobs between \$7.00 and \$8.99;
- 0.3 percent or 14 jobs at less than \$7.00; and,
- 0.9 percent or 37 jobs with no hourly wage level goal (see Figure 10).

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<sup>9</sup>Percentages were more than 100 percent because of rounding.

**FIGURE 10**  
**Distribution of Full-time Job Creation and Wage Goals for Agreements Reached**  
**Between January 1, 2000 and December 31, 2000**



Agencies reported full-time hourly health insurance value in 35 business assistance agreements for a total of 1,990 jobs with an actual hourly value of \$3.03.

Of the 10 eligible financial assistance agreements, an agency reported a full-time job creation goal of 22 jobs. The wage goal for all of those jobs to be created is between \$9.00 and \$10.99.

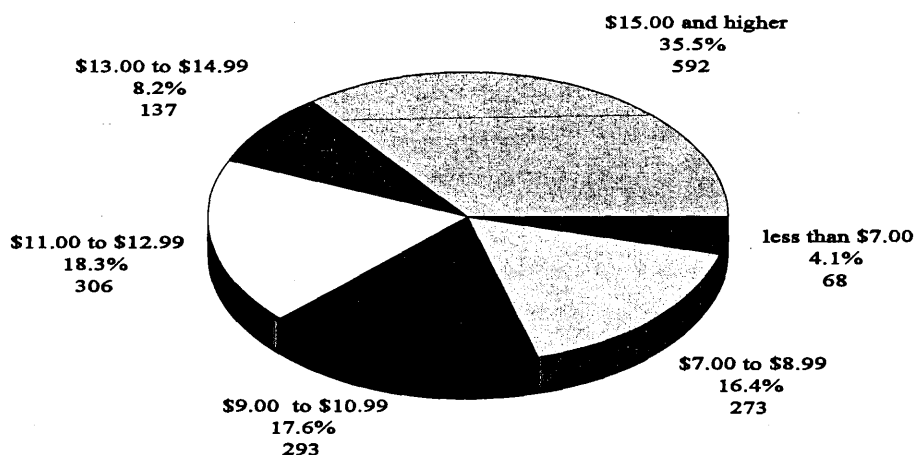
#### *Actual Full-time Job Creation and Wages*

Agencies reported 1,669 actual full-time jobs created compared to a goal of 4,229 jobs. All agencies 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:

- 35.5 percent or 592 jobs are paying an hourly wage of \$15.00 or higher;
- 8.2 percent or 137 jobs between \$13.00 and \$14.99;
- 18.3 percent or 306 jobs between \$11.00 and \$12.99;
- 17.6 percent or 293 jobs between \$9.00 and \$10.99;
- 16.4 percent or 273 jobs between \$7.00 and \$8.99;
- 4.1 percent or 68 jobs at less than \$7.00 (see Figure 11).

Agencies reported actual full-time hourly health insurance value in 27 business assistance agreements for a total of 925 jobs with an actual hourly value of \$2.63.

FIGURE 11  
Distribution of Actual Full-time Job Creation and Wages for Agreements  
Reached Between January 1, 2000 and December 31, 2000



Of the 10 eligible financial assistance agreements, one agency reported 15 actual full-time jobs created compared to a goal of 22 jobs. The agency reported that the recipient 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:

- 20.0 percent or 3 jobs are paying an hourly wage of \$15.00 or higher;
- no jobs between \$13.00 and \$14.99;
- 13.3 percent or 2 jobs between \$11.00 and \$12.99;
- 66.7 percent or 10 jobs between \$9.00 and \$10.99;
- no jobs between \$7.00 and \$8.99; and,
- no jobs at less than \$7.00.

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

Some agreements called for job creation in terms of FTE. Of the 165 eligible business assistance agreements, agencies reported a FTE job creation goal of 1,397 jobs. The distribution of full-time equivalent job creation and wage goals are as follows:

- 35.9 percent or 502 jobs were expected to pay an hourly wage of \$15.00 or higher;
- 25.1 percent or 350 jobs between \$13.00 and \$14.99;
- 7.5 percent or 105 jobs between \$11.00 and \$12.99;
- 22.0 percent or 308 jobs between \$9.00 and \$10.99;
- 8.6 percent or 120 jobs between \$7.00 and \$8.99;
- 0.8 percent or 11 jobs at less than \$7.00; and,
- 0.1 percent or 1 job without an hourly wage level.

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

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

Agencies reported 1,396 actual full-time equivalent jobs created compared to a goal of 1,397. 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:

- 36.0 percent or 502 jobs are paying an hourly wage of \$15.00 or higher;
- 25.1 percent or 350 jobs between \$13.00 and \$14.99;
- 7.5 percent or 105 jobs between \$11.00 and \$12.99;
- 22.1 percent or 308 jobs between \$9.00 and \$10.99;
- 8.6 percent or 120 jobs between \$7.00 and \$8.99;
- 0.8 percent or 11 jobs at less than \$7.00.

One agency reported an actual full-time equivalent hourly health value in one business assistance agreement for a total of 30 jobs with an average hourly value of \$1.29.

*Part-time Job Creation and Wage Goals*

Of the 165 eligible business assistance agreements, agencies reported a part-time job creation goal of 142 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;
- no jobs between \$13.00 and \$14.99;
- 1.4 percent or 2 jobs between \$11.00 and \$12.99;
- 3.5 percent or 5 jobs between \$9.00 and \$10.99;
- 20.4 percent or 29 jobs between \$7.00 and \$8.99;
- 74.6 percent or 106 jobs at less than \$7.00; and,
- no jobs without an hourly wage level.

One agency reported a part-time hourly health value for one business assistance agreement for a total of 5 jobs with an average hourly value of \$3.50.

*Actual Part-time Job Creation and Wages*

Agencies reported 182 actual part-time jobs created compared to a goal of 142 jobs. The distribution of actual part-time job creation and wage goals are as follows:

- 3.3 percent or 6 jobs were created paying an hourly wage of \$15.00 or higher;
- 1.6 percent or 3 jobs between \$13.00 and \$14.99;
- 1.1 percent or 2 jobs between \$11.00 and \$12.99;
- 3.8 percent or 7 jobs between \$9.00 and \$10.99;
- 29.7 percent or 54 jobs between \$7.00 and \$8.99; and,
- 60.4 percent or 110 jobs at less than \$7.00.

Agencies reported actual part-time hourly health insurance value in four business assistance agreements for a total of 18 jobs with an actual hourly value of \$2.05.

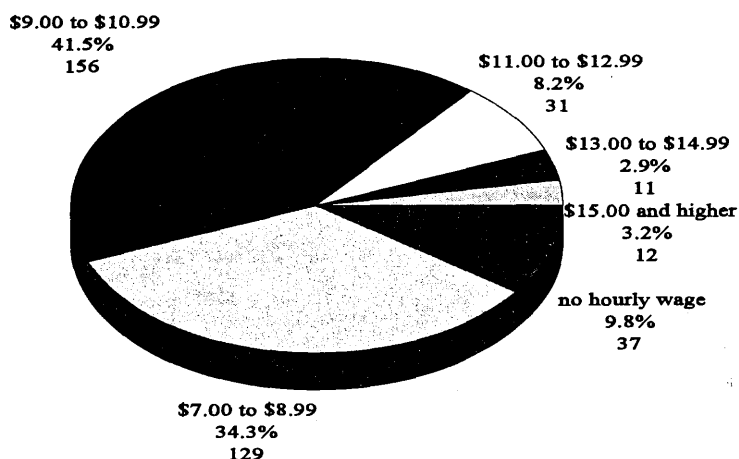
*Job Retention and Wage Goals*

Of the 165 eligible business assistance agreements, agencies reported a job retention goal of 376 jobs. The distribution of job retention and wage goals are as follows:

- 3.2 percent or 12 jobs were expected to pay an hourly wage of \$15.00 or higher;
- 2.9 percent or 11 jobs between \$13.00 and \$14.99;
- 8.2 percent or 31 jobs between \$11.00 and \$12.99;
- 41.5 percent or 156 jobs between \$9.00 and \$10.99;
- 34.3 percent or 129 jobs between \$7.00 and \$8.99;
- no jobs at less than \$7.00; and,
- 9.8 percent or 37 jobs with no hourly wage level (see Figure 12).

One agency reported an hourly value of health insurance for jobs retained in two business assistance agreements for a total of 25 jobs for an average hourly value of \$2.95.

FIGURE 12  
Distribution of Job Retention and Wage Goals for Agreements Reached  
Between January 1, 2000 and December 31, 2000

*Actual Job Retention and Wages*

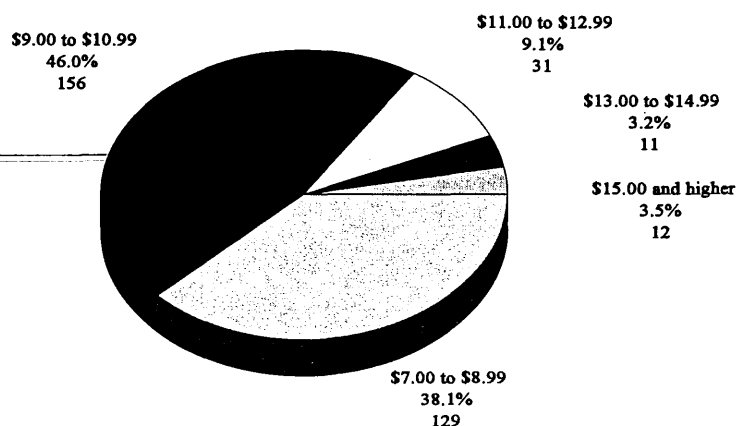
Agencies reported 339 jobs retained compared to a goal of 376 jobs. All agencies reported that recipients had more time to meet their job creation and wage goals. The distribution of actual job retention and wage goals are as follows:

- 3.5 percent or 12 jobs were created paying an hourly wage of \$15.00 or higher;
- 3.2 percent or 11 jobs between \$13.00 and \$14.99;
- 9.1 percent or 31 jobs between \$11.00 and \$12.99;

- 46.0 percent or 156 jobs between \$9.00 and \$10.99;
- 38.1 percent or 129 jobs between \$7.00 and \$8.99; and,
- no jobs at less than \$7.00 (see Figure 13).

One agency reported an hourly value of health insurance for actual jobs retained in two business assistance agreements for a total of 31 jobs for an average hourly value of \$1.75.

FIGURE 13  
Distribution of Actual Job Retention and Wages for Agreements  
Reached Between January 1, 2000 and December 31, 2000



***Recipient's Achievement of Goals and Fulfillment of Obligations for Business Assistance Awarded***

Of the 165 business assistance agreements entered into by government agencies between January 1, 2000 and December 31, 2000, agencies reported 46 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 46 agreements was \$24.3 million out of the \$596.9 million of business assistance reported between January 1, 2000 and December 31, 2000.

***Recipient's Achievement of Goals and Fulfillment of Obligations for Financial Assistance Awarded***

Of the 10 financial assistance agreements entered into by government agencies between January 1, 2000 and December 31, 2000, no recipient had achieved their goals and obligations stipulated in the agreements. All agencies reported that recipients had more time to meet their goals and obligations. The total value of those 10 agreements was \$11.4 million.



***Recipients Failing to Fulfill Obligations in 2001***

Of the 393 eligible forms received by DTED from government agencies in 2001, 387 forms or 98.5 percent of recipients, fulfilled the reporting obligation. There were two forms or 0.5 percent, reported by agencies that failed to report, and four forms or 1.0 percent, were missing data.<sup>10</sup>

Of the 393 eligible forms received by DTED from government agencies in 2001, 390 forms or 99.2 percent, reported that no recipients had failed to achieve goals or fulfill any obligations under agreements signed between January 1, 2000 and December 31, 2000, as required by law. There were two forms or 0.5 percent, reported by agencies of recipients that failed to achieve goals or fulfill obligations as required by the law, and one form or 0.3 percent, was missing data.<sup>11</sup>

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<sup>10</sup>MN Office of Environmental Assistance reported that Biko Associates, Inc., failed to report because their office erred in notifying recipient of the reporting requirement. Recipient is now aware of reporting requirements for 2002. MN Office of Environmental Assistance also reported that STA Development Corp., failed to report because project folded. Both agreements were financial assistance agreements that have a total value of \$138,730.

<sup>11</sup>MN Office of Environmental Assistance reported that STA Development Corp., failed to achieve goals or fulfill any other obligations because project involved multiple partners and failed to develop as planned. Project folded. There is \$9,800 outstanding out of a \$49,000 grant that was the initial value of the financial assistance. Recipient has provided information to Hennepin County. The county will provide a final report by the end of June for closure of the project.

City of Worthington reported that Awra Doro, Inc., failed to achieve goals or fulfill any other obligations because the recipient is restructuring permanent working capital. The local EDC is working with the company to secure additional working capital. The total amount of the business assistance loan is \$175,000.



**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 or at least two years, whichever is later.

There were 68 eligible business assistance agreements and three eligible financial assistance agreements reported by government agencies in the *2000 Business Assistance Report*. Of three eligible financial assistance agreements reported by a government agency, the three recipients have achieved all goals and fulfilled all obligations as stipulated in the agreements as reported on the *2000 Business Assistance Report*.

Of the 68 eligible business assistance agreements reported in the 2000 report, agencies reported that nine recipients had met all goals and obligations stipulated in the agreements. As a result, agencies were required to report on 59 business assistance agreements that were reached between August 1, 1999 and December 31, 1999. Of the 59 projects, DTED received 26 2000 MBAF forms from agencies as required by the law but there were 33 2000 MBAF forms that were not reported as required by the law (see Appendix G). The department also received 18 eligible business assistance agreements in 2001 that were not reported in the *2000 Business Assistance Report* (see Appendix H). There were a total of 44 eligible business assistance agreements that were submitted by government agencies in 2001. This section provides an update of the job creation and wage goals for the 18 business assistance agreements and the actual performance of the 44 eligible business assistance agreements reported in 2001.

***Establishment and Attainment of Goals Identified in the Agreement***

Under the law, government agencies are required to include in agreements specific job and wage goals that must be attained within two years of the benefit date. Of the 18 business assistance agreements that were reported for the first time in 2001, 88.9 percent or 16 agreements established specific job and wage goals and 11.1 percent or two agreements were missing data.

Of the 16 agreements that were reported by agencies that established specific job and wage goals, 50 percent or eight agreements have attained specific job and wage goals and 50 percent or eight agreements reported that the recipient had not attained specific job and wage goals. All agencies reported that recipients had more time to meet their job and wage goals.

There were four agreements reported by agencies that established goals other than wage and job goals. Of the four agreements reported by agencies that established goals other than wage and job goals, three recipients attained their goals. There was one agreement where goals were not met, but the agency reported that the recipient had more time to meet their goals.

***Job Creation and Wage Goals and Actual Performance as Reported in 2001***

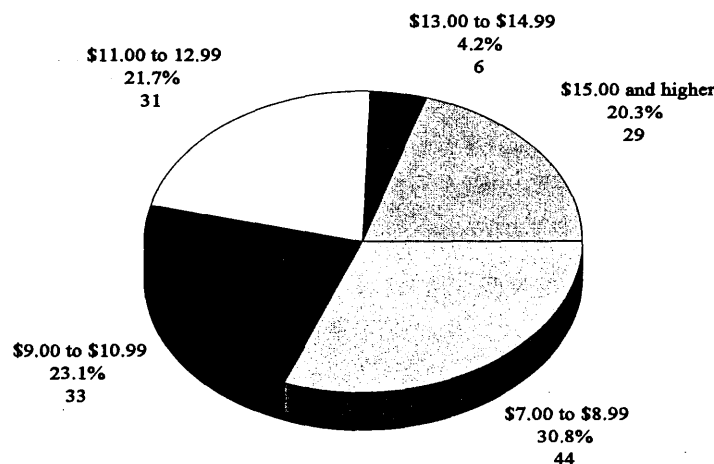
Under the business subsidy law, the assistance agreement must include goals for the number of jobs created, which may include separate goals for the number of full-time or part-time jobs and wage goals for jobs created or retained. This section provides information about the job creation and wage goals for the 18 agreements reported by agencies for the first time in 2001. It also includes information about the actual performance of the 18 business assistance agreements combined with the 26 updated 2000 MBAF forms reported on by agencies in 2001 for a total of 44 agreements.

*Full-time Job Creation and Wage Goals*

Agencies reported full-time job creation in 10 of the 18 business assistance agreements reported for the first time. Those agencies reported a full-time job creation goal of 143 jobs. The distribution of full-time job creation and wage goals are as follows:

- 20.3 percent or 29 jobs were expected to pay an hourly wage of \$15.00 or higher;
- 4.2 percent or 6 jobs between \$13.00 and \$14.99;
- 21.7 percent or 31 jobs between \$11.00 and \$12.99;
- 23.1 percent or 33 jobs between \$9.00 and \$10.99;
- 30.8 percent or 44 jobs between \$7.00 and \$8.99; and,
- no jobs at less than \$7.00 or with no hourly wage (see Figure 14).

FIGURE 14  
Distribution of Full-time Job Creation and Wage Goals for Agreements Reached  
Between August 1, 1999 and December 31, 1999



One agency reported a full-time hourly health insurance value in one business assistance agreement for a total of 10 jobs with an average hourly value of \$1.93.

*Actual Full-time Job Creation and Wages*

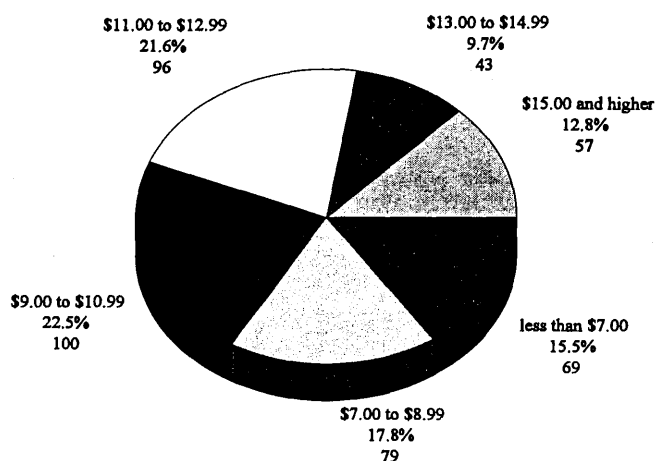
Agencies reported actual full-time job creation and wage goals in 26 of the 44 business assistance agreements. Agencies reported 444 actual full-time jobs created compared to a goal of 444 jobs. All agencies reported that recipients had more time to meet their job creation and wage goals. The distribution of actual full-time job creation and wage goals are as follows:

- 12.8 percent or 57 jobs are paying an hourly wage of \$15.00 or higher;
- 9.7 percent or 43 jobs between \$13.00 and \$14.99;
- 21.6 percent or 96 jobs between \$11.00 and \$12.99;

- 22.5 percent or 100 jobs between \$9.00 and \$10.99;
- 17.8 percent or 79 jobs between \$7.00 and \$8.99;
- 15.5 percent or 69 jobs at less than \$7.00 (see Figure 15).

Agencies reported actual full-time hourly health insurance value in 12 business assistance agreements for a total of 153 jobs with actual average hourly value of \$1.72.

FIGURE 15  
Distribution of Actual Full-time Job Creation and Wage Goals for Agreements Reached  
Between August 1, 1999 and December 31, 1999



#### *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 four business assistance agreements for a total of 43 jobs.<sup>12</sup> The distribution of full-time equivalent job creation and wage goals are as follows:

- 14.0 percent or 6 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;
- 20.9 percent or 9 jobs between \$9.00 and \$10.99;
- 46.5 percent or 20 jobs between \$7.00 and \$8.99;
- 18.6 percent or 8 jobs at less than \$7.00; and,
- 6.4 percent or 10 jobs without an hourly wage level.

One agency reported a full-time equivalent hourly health value in one business assistance agreement for a total of six jobs with an average hourly value of \$3.97.

<sup>12</sup>Numbers were rounded to the nearest whole number.

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

Agencies reported actual full-time equivalent job creation and wages in five of the 44 business assistance agreements. Those agencies reported 66 actual full-time equivalent jobs created compared to a goal of 157 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:

- 14.4 percent or 10 jobs were reported paying an hourly wage of \$15.00 or higher;
- 9.1 percent or 6 jobs between \$13.00 and \$14.99;
- 34.1 percent or 23 jobs between \$11.00 and \$12.99;
- 13.3 percent or 9 jobs between \$9.00 and \$10.99;
- 21.5 percent or 14 jobs between \$7.00 and \$8.99; and,
- 7.6 percent or 5 jobs at less than \$7.00.

Agencies reported an actual full-time equivalent hourly health value in three business assistance agreements for a total 16.5 jobs with an average hourly value of \$2.07.

*Part-Time Job Creation and Wage Goals*

Agencies reported part-time job creation and wage goals in one of the 18 business assistance agreements. ~~Those agencies reported a part-time creation goal of 3 jobs. The distribution of part-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;
- 100 percent or 3 jobs between \$11.00 and \$12.99;
- no 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 without an hourly wage level goal.

Agencies did not report any part-time 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 nine of the 44 business subsidy agreements. Agencies reported 90 actual part-time jobs created compared to a goal of five jobs. Agencies reported that recipients had more time to meet their job creation and wage goals. The distribution of actual part-time job creation and wage goals are as follows:

- 5.6 percent or 5 jobs were created paying an hourly wage of \$15.00 or higher;
- 1.1 percent or 1 job between \$13.00 and \$14.99;
- 7.8 percent or 7 jobs between \$11.00 and \$12.99;
- 31.1 percent or 28 jobs between \$9.00 and \$10.99;
- 37.8 percent or 34 jobs between \$7.00 and \$8.99; and,
- 16.7 percent or 15 jobs at less than \$7.00.

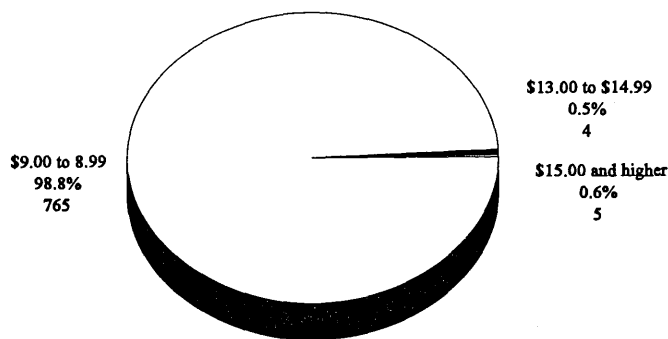
Agencies reported an actual part-time job hourly health insurance value in three business assistance agreements for a total of four jobs with an hourly average value of \$2.58.

#### *Job Retention and Wage Goals*

Agencies reported job retention and wage goals in three of the 18 business subsidy agreements. Those agencies reported a job retention goal of 744 jobs. The distribution of job retention and wage goals are as follows:

- 0.6 percent or 5 jobs were expected to pay an hourly wage of \$15.00 or higher;
- 0.5 percent or 4 jobs between \$13.00 and \$14.99;
- no jobs between \$11.00 and \$12.99;
- 98.8 percent or 765 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 August 1, 1999 and December 31, 1999



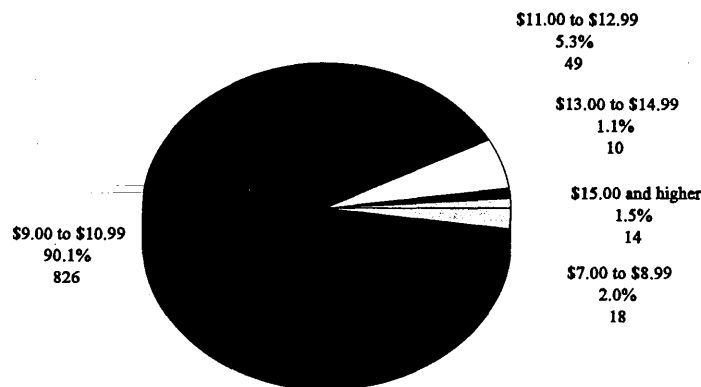
Agencies did not report any hourly health insurance value for jobs retained for any of the business subsidy agreements.

#### *Actual Job Retention and Wages*

Agencies reported actual job retention and wage goals in nine of the 44 business assistance agreements. Those agencies reported 917 jobs retained compared to a goal of 952. 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 are as follows:

- 1.5 percent or 14 jobs were created paying an hourly wage of \$15.00 or higher;
- 1.1 percent or 10 jobs between \$13.00 and \$14.99;
- 5.3 percent or 49 jobs between \$11.00 and \$12.00;
- 90.1 percent or 826 jobs between \$9.00 and \$10.99;
- 2.0 percent or 18 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 Wage Goals for Agreements Reached  
Between August 1, 1999 and December 31, 1999



Four agencies reported an actual hourly value of health insurance for jobs retained in four business assistance agreements for a total of 821 jobs for an average hourly value of \$1.84.

***Recipient's Achievement of Goals and Fulfillment of Obligations for Business Assistance Awarded***

Of the 44 business assistance agreements entered into by government agencies between August 1, 1999 and December 31, 1999 reported to DTED in 2001, agencies reported 18 agreements where recipients had achieved all goals and obligations stipulated in the agreements. The total value of those 18 agreements was \$3.75 million out of the \$13.0 million of business assistance provided.

***Recipients Failing to Fulfill Obligations for Business Assistance Awarded***

Of the 44 2000 business assistance forms received by DTED from government agencies in 2001, no agency reported any recipient that failed to report or had any recipient that failed to achieve goals or fulfill any other obligations under agreements signed between August 1, 1999 and December 31, 1999.



### 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 N). For example, Minnesota Statutes §116J.991 does not require business assistance to meet a public purpose and there is no requirement for grantors to adopt a criteria after a public hearing. DTED directed government agencies to use the 1999 MBAF for agreements signed prior to August 1, 1999 to comply with the statute.

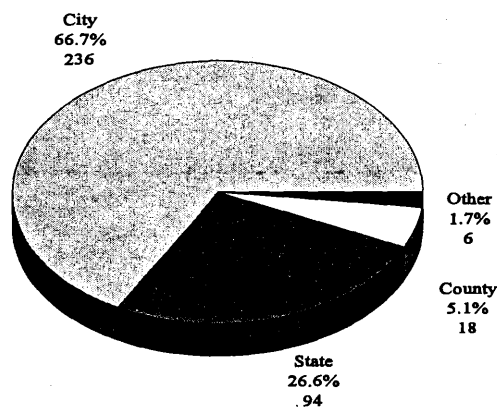
Forms summarized in this section of the report cover business assistance agreements reached between July 1, 1995 and July 31, 1999 that were submitted to DTED. Forms submitted by government agencies for eligible projects are available on the Department's web site.

DTED received a total of 354 eligible 1999 MBAF forms from government agencies in 2001. There were 89 state and local government agencies that reported on 354 eligible business assistance agreements that were reached between July 1, 1995 and July 31, 1999. The \$167.9 million of business assistance provided by those 354 agreements ranged from a \$25,000 loan to a \$9.5 million TIF project (see Appendix I).

### Distribution of Business Assistance Agreements

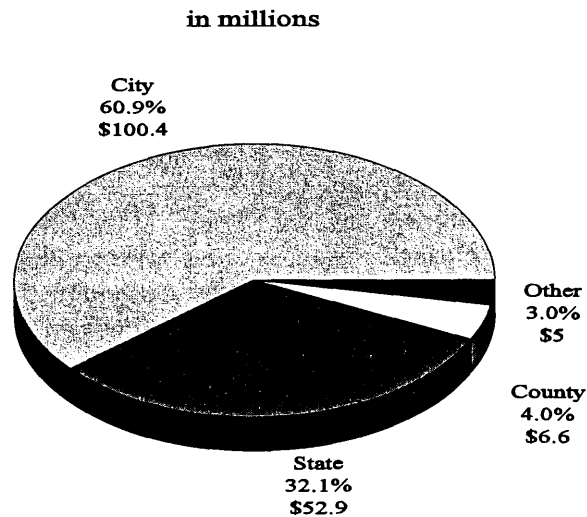
Cities accounted for most of the business assistance agreements reported on the 1999 MBAF in 2001. As Figure 18 shows, of the 354 business subsidy agreements reported on the 1999 MBAF, cities accounted for 236 agreements (66.7 percent), the state, 94 agreements (26.6 percent), counties, 18 agreements (5.1 percent), and other agencies, six agreements (1.7 percent).

FIGURE 18  
Distribution of Business Assistance Agreements for Agreements  
Reached Between July 1, 1995 and July 31, 1999



As Figure 19 indicates, the distribution of the value of business assistance provided by government agencies was similar to the distribution of assistance agreements. Of the \$164.9 million in business assistance reported by agencies on the 1999 MBAF, city agencies accounted for \$100.4 million (60.9 percent), state agencies, \$52.9 million (32.1 percent), county agencies, \$6.6 million (4.0 percent), and other agencies, \$5.0 million (3.0 percent).

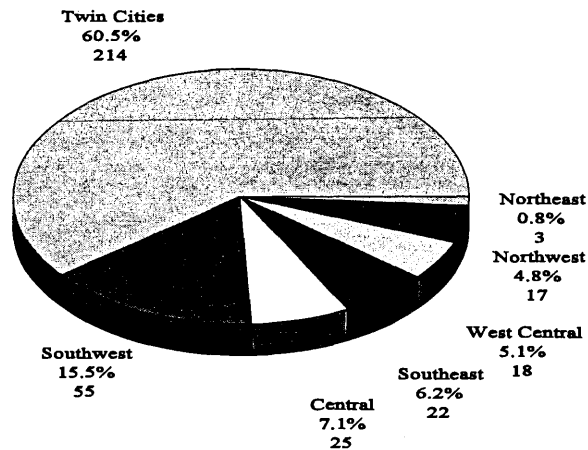
FIGURE 19  
Distribution of Business Assistance Agreements by Value for Agreements  
Reached Between July 1, 1995 and July 31, 1999



#### ***Regional Distribution of Business Assistance Agreements***

The Twin Cities region accounted for most of the business assistance agreements reported on the 1999 MBAF. As Figure 20 shows, of the 354 eligible business assistance agreements reported, the Twin Cities region accounted for 214 agreements (60.5 percent), Southwest, 55 agreements (15.5 percent), Central, 25 agreements (7.1 percent), Southeast, 22 agreements (6.2 percent), West Central, 18 agreements (5.1 percent), Northwest, 17 agreements (4.8 percent), and Northeast, three agreements (0.8 percent).

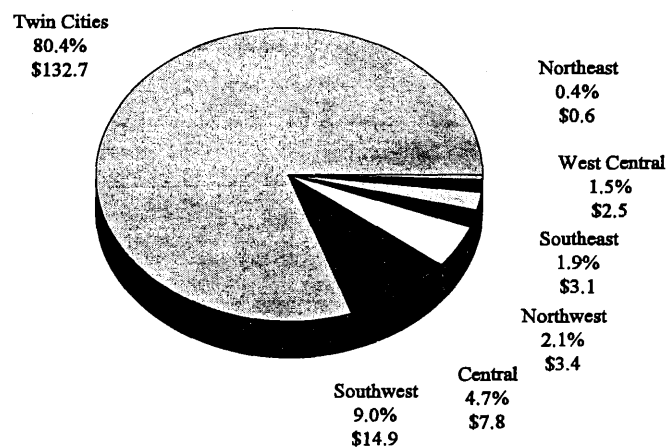
FIGURE 20  
Regional Distribution of 1999 Business Assistance Agreements  
Reached Between July 1, 1995 and July 31, 1999



Of the \$164.9 million in business assistance reported in 2001 on the 1999 MBAF, the Twin Cities region provided about \$132.7 million (80.4 percent), Southwest, \$14.9 million (9.0 percent), Central, \$7.8 million (4.7 percent), Northwest, \$3.4 million (2.1 percent), Southeast, \$3.1 million (1.9 percent), West Central, \$2.5 million (1.5 percent), and Northeast, \$0.6 million (0.4 percent) (see Figure 21).

FIGURE 21  
Regional Distribution of 1999 Business Assistance Agreements by Value  
for Agreements Reached Between July 1, 1995 and July 31, 1999

in millions



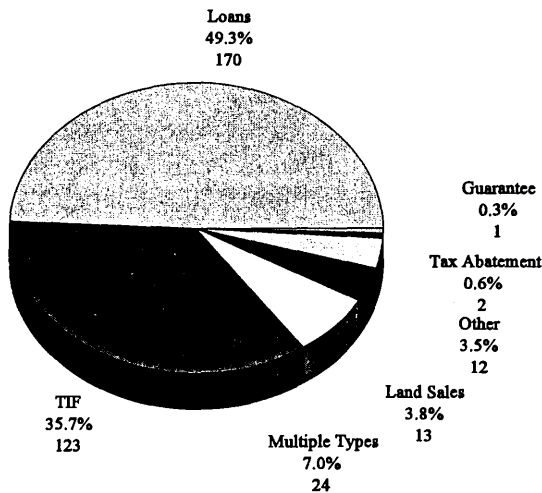
Type and

**Value of Business Assistance Provided**

Of the \$164.9 million in subsidies reported by state, county and local government agencies, amounts ranged from a \$25,000 loan to a \$9.5 million TIF. The median value was \$162,845 for all agreements awarded.

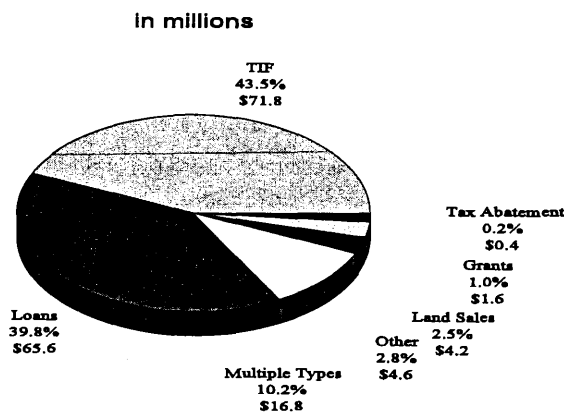
Loans and TIF were the most common types of subsidies provided. Of the 354 business subsidy agreements reported by government agencies, loans were involved in 170 agreements (48.0 percent), TIF was involved in 123 agreements (34.7 percent), multiple types, 24 agreements (6.8 percent), grants, 13 agreements (3.7 percent), land sales, 12 agreements (3.4 percent), other, nine agreements (2.5 percent), tax abatement, 2 agreements (0.6 percent), and guarantee, one agreement (0.3 percent) (see Figure 22).

FIGURE 22  
Distribution of Business Subsidy Agreements Reached  
Between July 1, 1995 and July 31, 1999



In contrast to the distribution of agreements by types of assistance, TIF accounted for the highest share, 43.5 percent (\$71.8 million), followed by loans, 39.7 percent (\$65.6 million), multiple types, 10.2 percent (\$16.8 million), other types, 2.8 percent (\$4.6 million), land sales, 2.5 percent (\$4.2 million), grants 1.0 percent (\$1.6 million), and tax abatement, 0.2 percent (\$0.4 million) (see Figure 23).

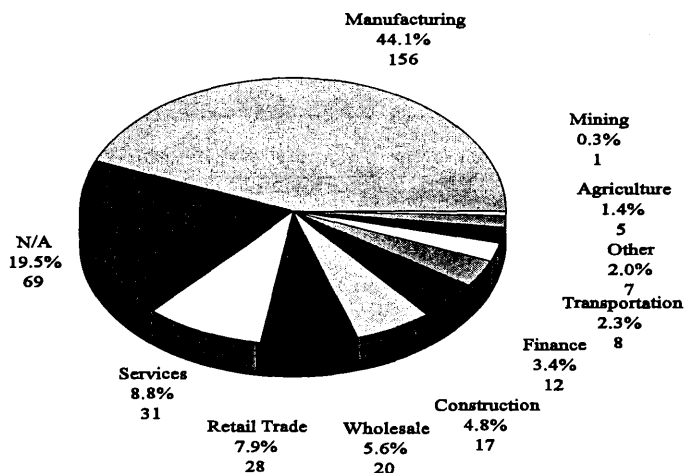
FIGURE 23  
Distribution of Business Assistance Agreements by Value for Agreements  
Reached Between July 1, 1995 and July 31, 1999



#### *Industry Sector of Business Subsidy Agreements for Recipients*

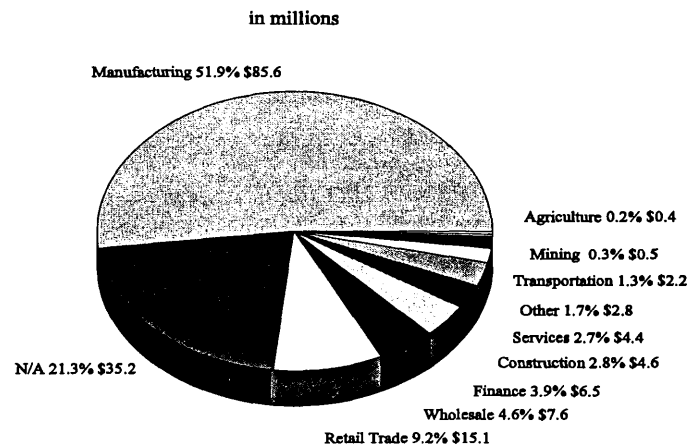
Of the 354 business assistance agreements reported by government in 2001 on the 1999 MBAF, the manufacturing sector accounted for 156 agreements (44.1 percent), n/a or missing data, 69 agreements (19.5 percent), services, 31 agreements (8.8 percent), retail trade, 28 agreements (7.9 percent), wholesale trade, 20 agreements (5.6 percent), construction, 17 agreements (4.8 percent), finance, insurance and real estate, 12 agreements (3.4 percent), transportation, eight agreements (2.3 percent), other, seven agreements (2.0 percent), agriculture, forestry and fishing, five agreements (1.4 percent), and mining, one agreement (0.3 percent) (see Figure 24).

FIGURE 24  
Distribution of Business Assistance Agreements by Industrial Sector for  
Agreements Reached Between July 1, 1995 and July 31, 1999



Of the \$164.9 million in business assistance provided by government agencies, the manufacturing sector accounted for \$85.6 million (51.9 percent), followed by n/a or missing data, \$35.1 million (21.3 percent), retail trade, \$15.2 million (9.2 percent), wholesale trade, \$7.6 million (4.6 percent), finance, insurance and real estate, \$6.5 million (3.9 percent), construction, \$4.6 million (2.8 percent), services, \$4.4 million (2.7 percent), other, \$2.8 million (1.7 percent), transportation, \$2.2 million (1.3 percent), mining, \$0.5 million (0.3 percent), and agriculture, forestry and fishing, \$0.4 million (0.2 percent) (see Figure 25).

FIGURE 25  
Distribution by Value for Industrial Sectors for Agreements  
Reached Between July 1, 1995 and July 31, 1999



### ***Job Creation and Wage Goals and Actual Performance***

The 1999 MBAF asked agencies to identify the job creation and average hourly wage level goals for businesses receiving assistance. Of the 354 eligible business subsidy agreements reported by government agencies in 2001 on the 1999 MBAF, 258 agreements provided by agencies reported a job creation goal of 11,479 jobs with an average hourly wage of \$11.07. There were also 94 forms submitted by government agencies that did not report either job creation goals or average hourly wage goals. Two forms submitted by a government agency reported job creation goals as job retention. The job retention goal for those two agreements was 613 jobs with an average hourly wage of \$11.93.

Of the 354 eligible assistance forms reported by government agencies, 16,054 actual jobs were created on 234 forms with an actual average wage level of \$11.56. There were also 118 assistance forms submitted by agencies that did not report any actual job creation goals or actual average hourly wage goals. One government agency reported in one agreement that 483 jobs were retained compared to a goal of 460 jobs. Those jobs retained had an actual average hourly wage of \$14.21 compared to a goal of \$11.93. The other form that was submitted by a government agency did not meet the job retention goal of 153 jobs because the business closed. Status concerning repayment of the loan was not provided on the form.

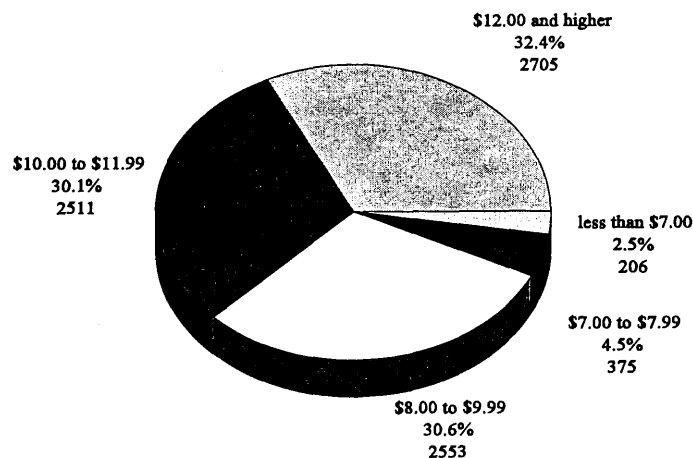
*Full-time Job Creation and Wage Goals*

Under the law, government agencies providing assistance must establish wage level and job creation goals for a business receiving assistance. Of the 354 eligible business assistance agreements, agencies reported a full-time job creation goal of 8,350 jobs. The distribution of full-time job creation and hourly wage levels are as follows:

- 32.4 percent or 2,705 jobs were expected to pay an hourly wage of \$12.00 or higher;
- 30.1 percent or 2,511 jobs between \$10.00 and \$11.99;
- 30.6 percent or 2,553 jobs between \$8.00 and \$9.99;
- 4.5 percent or 375 jobs between \$7.00 and \$7.99; and,
- 2.5 percent or 206 jobs less than \$7.00 (see Figure 26).

Agencies reported a full-time hourly value of voluntary benefits in 64 business assistance agreements for a total of 2,946 jobs with an average hourly value of \$2.06.

FIGURE 26  
Distribution of Full-time Job Creation and Wages for Agreements  
Reached Between July 1, 1995 and July 31, 1999

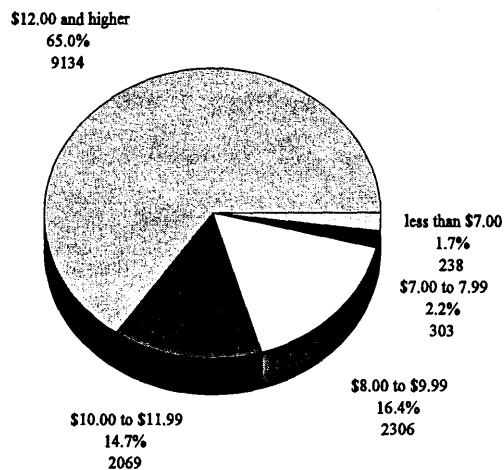
*Actual Full-time Job Creation and Wages*

Of the 354 eligible business assistance agreements, government agencies reported 14,050 jobs created compared to a goal of 8,350 jobs. Agencies that did not meet their job creation or wage levels will have to report to DTED until all goals are met. The distribution of actual full-time job creation and wage levels are as follows:

- 65.0 percent or 9,134 jobs are paying an hourly wage of \$12.00 or higher;
- 14.7 percent or 2,069 jobs between \$10.00 and \$11.99;
- 16.4 percent or 2,306 jobs between \$8.00 and \$9.99;
- 2.2 percent or 303 jobs between \$7.00 and \$7.99; and,
- 1.7 percent or 238 jobs at less than \$7.00 (see Figure 27).

Agencies reported an actual full-time hourly value of voluntary benefits in 98 business assistance agreements for a total of 5,651 jobs with an average hourly benefit of \$1.89.

FIGURE 27  
Distribution of Actual Full-time Job Creation and Wage Goals for  
Agreements Reached Between July 1, 1995 and July 31, 1999



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

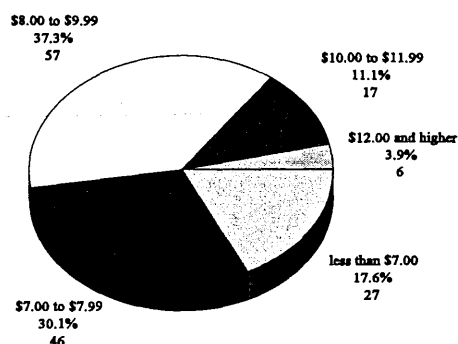
Of the 354 eligible business assistance agreements, government agencies reported a part-time job creation goal of 153. The distribution of part-time job creation and hourly wage levels was as follows:

- 3.9 percent or 6 jobs were expected to pay \$12.00 or higher;
- 11.1 percent or 17 jobs between \$10.00 and \$11.99;
- 37.3 percent or 57 jobs between \$8.00 and \$9.99;
- 30.1 percent or 46 jobs between \$7.00 and \$8.99;
- 17.6 percent or 27 jobs at less than \$7.00 (see Figure 28).

One agency reported a part-time hourly value of voluntary benefits in one business assistance agreement for a total of three jobs with an average hourly benefit of \$3.41.



FIGURE 28  
Part-time Job Creation and Wage Goals for Agreements  
Reached Between July 1, 1995 and July 31, 1999



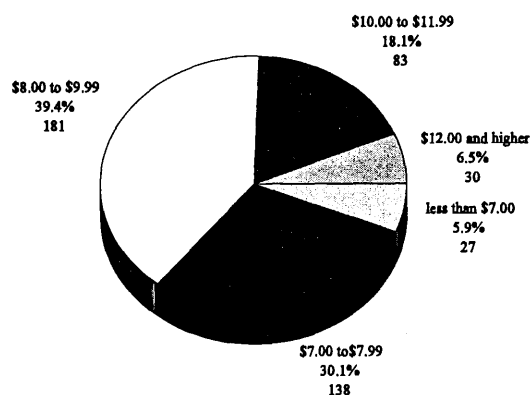
*Actual Part-time  
Job Creation and Wages*

Of the 354 eligible business assistance agreements, government agencies reported 459 jobs created compared to a goal of 153. The distribution of actual part-time job creation and hourly wage levels are as follows:

- 6.5 percent or 30 jobs are paying an hourly wage of \$12.00 or higher;
- 18.1 percent or 83 jobs between \$10.00 and \$11.99;
- 39.4 percent or 181 jobs between \$8.00 and \$9.99;
- 30.1 percent or 138 jobs between \$7.00 and \$7.99; and,
- 5.9 percent or 27 jobs at less than \$7.00 (see Figure 29).

Agencies reported an actual part-time hourly value of voluntary benefits in 15 business assistance agreements for a total of 45 jobs with an average hourly benefit of \$1.73.

FIGURE 29  
Actual Part-time Job Creation and Wages for Agreements  
Reached Between July 1, 1995 and July 31, 1999



***Achievement of Wage and Job Goals***

Of the 354 eligible 1999 business assistance forms received by DTED from government agencies the distribution of the achievement of wage and job goals are as follows:

- 245 or 69.2 percent of forms reported achieving all wage and job goals for a total value of \$107.0 million;
- 90 or 25.4 percent reported that all wage and job goals have not be met for a total value of \$50.7 million; and,
- 19 or 5.4 percent of the forms were missing information for a total value of \$7.2 million (see Appendix O).

Agencies that have not yet met all their wage and job goals will have to continue to report activity until all wage and job goals have been met or until assistance has been repaid, as required by the law.

**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 letters sent to agencies, a *Frequently Asked Questions* publication and fact sheets were created. In preparing this report, the department responded to more 250 phone calls and e-mails from government agencies and other interested parties regarding the MBAF and made more than 80 calls to agencies to clarify inconsistent data on the forms. The department also has conducted several presentations on the business subsidy law to various groups and increased the information available via the Internet.



**APPENDIX A:**

**Minnesota Statutes 116J.993 - 116J.995 (2000 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 as defined under section 275.70, subdivision 2. 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

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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 275.70, subdivision 2. 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

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## **APPENDIX B:**

### **DTED Letters to Agencies**



February 20, 2001

To all Minnesota state and local government agencies:

The 2000 Minnesota Legislature amended Minn. Stat. §116J.993 to §116J.995 (*Laws of Minnesota 2000*, Chapter 482, Article 12) regulating business subsidies awarded on or after August 1, 1999. This law provides clarification to the obligation of government agencies and businesses related to certain business subsidies. As the agency responsible for administering the state's business assistance reporting system, the Department of Trade and Economic Development (DTED) developed the accompanying fact sheet to help agencies understand how the law affects them.

Several points on the fact sheet should be emphasized. Among the changes in the law is a reinstatement of the reporting requirements for subsidy agreements that were made between July 1, 1995 and July 31, 1999. Several other changes in the law should also be emphasized, including the expansion of the types of financial assistance that are exempt from reporting under the statute. Those types of assistance exempt from reporting include:

- assistance for historic preservation districts;
- assistance for a tax increment financing hazardous substance subdistrict;
- 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;
- business loans and loan guarantees of \$75,000 or less; and,
- federal loans provided through the United States Department of Commerce, Economic Development Administration.

Agencies should note that before signing any business subsidy agreements on or after August 1, 1999, they must adopt criteria that have been developed after a public hearing. The adopted criteria may not be adopted on a case by case basis and must include a specific wage floor for the wages to be paid and jobs created. Also note that a granting agency that adopted criteria prior to May 1, 2000, that complied with Minn. Stat. §116J.994, Subdivision 2, has until May 1, 2003 to comply with the minimum criteria requirements added in Section 3.

Agencies awarding business subsidies or qualifying financial assistance are required to report yearly on their agreements to DTED. The law also requires that local government agencies representing a population of 2,500 or more and state government agencies file reports even if they have not awarded any business subsidies. Local government agencies in communities with fewer than 2,500 people are exempt from reporting unless they have awarded a business subsidy in the past five years.

As in the past, DTED will mail agencies the annual Minnesota Business Assistance Form in February, and agencies will have until **April 1** to submit their reports. The form will also be made available on DTED's website.

The accompanying fact sheet summarizes key elements in the law and provides sample public purposes and criteria which agencies may want to consider as they develop their own guidelines. Enclosed also is a list of questions that DTED has received about the law, and DTED's responses to those questions. Agencies should read the law for specific details. The fact sheet gives instructions for accessing the law on the Internet.

Kind regards,

Bob Isaacson  
Director  
Analysis and Evaluation Office



March 14, 2001

To all Minnesota state and local government agencies:

The 2000 Minnesota Legislature amended Minn. Stat. §116J.993 to §116J.995 (*Laws of Minnesota 2000*, Chapter 482, Article 12) regulating business subsidies provided by state and local government agencies. This law provides clarification to the obligation of government agencies and businesses related to business subsidies and financial assistance.

Agencies signing agreements to award business subsidies or qualifying financial assistance **must** provide annual reports to the Department of Trade and Economic Development (DTED) for each agreement entered into by agencies between January 1, 2000 and December 31, 2000. Agencies should use the 2001 Minnesota Business Assistance Form (MBAF) to report agency activity. The law also requires local government agencies representing a population of more than 2,500 and all state government agencies to file a report even if they have not awarded any business subsidies. Local government agencies representing 2,500 or fewer people are exempt from reporting unless they have awarded a business subsidy in the past five years.

Among the significant changes in the law is a reinstatement of the reporting requirements for subsidy agreements that were made between July 1, 1995 and July 31, 1999. The law requires that a business receiving 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 law also requires the government agency providing assistance to establish wage levels and job creation goals to be met by the business receiving assistance. For agreements entered into by agencies during the period of July 1, 1995 through July 31, 1999, agencies should use the 1999 MBAF form to fulfill reporting requirements and to comply with the law.

For agreements entered between August 1, 1999 and December 31, 1999, agencies should use the 2000 MBAF to comply with the statute. A form should be submitted each year by the government agency providing assistance for each agreement until DTED receives a form documenting that the business has achieved all its goals.

The types of business subsidies and financial assistance that are exempt from reporting on the 2001 MBAF have been expanded to include:

- assistance for historic preservation districts;
- assistance for a tax increment financing hazardous substance subdistrict;
- 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;
- federal assistance until assistance has been repaid to, and reinvested by, state or local government agency (*once assistance has been repaid and reinvested by a government agency it is subject to the reporting requirements outlined in the statute*);
- funds from dock and wharf bonds issued by a seaway or port authority;
- business loans and loan guarantees of \$75,000 or less; and,
- federal loan funds provided through the United States Department of Commerce, Economic Development Administration (*once assistance has been repaid and reinvested by a government agency it is subject to the reporting requirements outlined in the statute*).

Agencies should note that before signing any business subsidy agreements on or after August 1, 1999, they must adopt criteria that have been developed after a public hearing. The adopted criteria may not be adopted on a case by case basis and must include a specific wage floor for the wages to be paid and jobs created.

Enclosed is a copy of the 2001 Minnesota Business Assistance Form to collect information from business subsidy and financial assistance agreements signed in calendar year 2000. If you are required to report but have not signed a business assistance agreement during the period January 1, 2000 through December 31, 2000, please answer questions 1 through 13, and questions 33 and 34 on the form. Please submit a separate form for each agreement and attach a copy of your business subsidy criteria policy. All forms must be received or postmarked by **April 1, 2001**. Only forms meeting this deadline will be included in the department's summary analysis provided to the legislature.

If forms are not received or postmarked by June 1, the responsible government agency may not award business subsidies until a report has been filed. Please make copies of the enclosed form or download additional forms from DTED's website ([www.dted.state.mn.us](http://www.dted.state.mn.us), click on Communities, then Business Subsidies Reporting). The web site also includes additional information related to the law including a fact sheet and answers to frequently asked questions. Agencies should read the law for specific details.

Please understand that it is each grantor's responsibility to comply with the business subsidy laws. Although this letter and other DTED materials provide some general background, the department recommends that each grantor become familiar with the statutes to ensure that all requirements are being met.

If you have any questions or concerns regarding business subsidy/financial assistance reporting please contact Ed Hodder at (651) 296-0580.

Kind regards,

Bob Isaacson  
Director  
Analysis and Evaluation Office

May 11, 2001

FIELD(1)

Dear FIELD(2):

Minn. Stat. §116J.993 to §116J.995 (*Laws of Minnesota 2000*, Chapter 482, Article 12) regulates business subsidies and financial assistance provided by state and local government agencies. This letter provides additional information on the statute that may affect your government agency.

Agencies signing agreements after July 31, 1999 to award business subsidies or qualifying financial assistance must provide annual reports to the Department of Trade and Economic Development (DTED) for each agreement by April 1<sup>st</sup> of each year. Reports must be submitted until all goals are met or for two years after the benefit date, whichever is later. The law also requires local and state government agencies **with the authority to grant business subsidies** to file a report even if they have not awarded any business subsidies. Local government agencies representing 2,500 or fewer people are exempt from reporting unless they have awarded a business subsidy in the past five years.

Our records indicate that your local government agency either awarded a business subsidy during the last five years or represents more than 2,500 persons. As a result, your agency may be required to provide a report. If your agency has the authority to grant business subsidies and we do not receive a report by June 1, the statute prohibits your agency from awarding business subsidies until a report has been filed. You can obtain copies of the forms from DTED's website ([www.dted.state.mn.us](http://www.dted.state.mn.us), click on Communities, Business Subsidies Reporting, then Reporting Requirements). The web site also includes a fact sheet and answers to frequently asked questions.

If you are required to report but do not have any business subsidies or financial assistance agreements to report, please answer questions 1 through 13, and questions 33 and 34 on the 2001 Minnesota Business Assistance Form. If you do have business subsidies or financial assistance to report, please submit a separate form for each agreement and attach a copy of your business subsidy criteria policy.

Please understand that it is each grantor's responsibility to comply with the business subsidy law. Although this letter and other DTED materials provide some general background, the department recommends that each grantor become familiar with the statute to ensure that all requirements are being met.

If you have any questions or concerns regarding business subsidy/financial assistance reporting please contact Ed Hodder at (651) 296-0580.

Kind regards,

Bob Isaacson  
Director  
Analysis and Evaluation Office

## **APPENDIX C:**

### **Listing of Agencies Required to Submit a 2001 MBAF Either Because of Population Size or Previous Activity**

**Listing of Agencies Required to Submit a 2001 MBAF**

| Agency Name                                      | Pop >2500 | PriorActivity* | 2000 Activity ** | Rec'd Report |
|--|-----------|----------------|------------------|--------------|
| Afton, City of                                   | Yes       | No             | No               | Yes          |
| 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            | Yes              | Yes          |
| Albertville, City of                             | Yes       | No             | No               | Yes          |
| Alexandria, City of                              | Yes       | No             | No               | Yes          |
| Alexandria (Township of)                         | Yes       | No             | No               | No           |
| Andover, City of                                 | Yes       | No             | No               | No           |
| Annandale, City of                               | Yes       | Yes            | No               | Yes          |
| Annandale EDA                                    | Yes       | Yes            | Yes              | Yes          |
| Anoka, City of                                   | Yes       | Yes            | No               | No           |
| Anoka County                                     | Yes       | Yes            | No               | No           |
| Apple Valley, City of                            | Yes       | No             | No               | Yes          |
| Arden Hills, City of                             | Yes       | Yes            | No               | Yes          |
| Arrowhead Regional Development Commission        | Yes       | Yes            | No               | Yes          |
| 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               | Yes          |
| Bayport, City of                                 | Yes       | No             | No               | Yes          |
| Becker, City of                                  | No        | Yes            | No               | No           |
| Becker, City of, EDA                             | No        | Yes            | No               | Yes          |
| Becker County, EDA                               | Yes       | No             | No               | No           |
| Becker (Township of)                             | Yes       | No             | No               | No           |
| Belle Plaine, City of                            | Yes       | Yes            | Yes              | 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               | Yes          |
| Bemidji (Township of)                            | Yes       | No             | No               | No           |
| Benson, City of                                  | Yes       | Yes            | No               | Yes          |
| Benson, EDA                                      | Yes       | Yes            | No               | No           |
| Benson, HRA                                      | Yes       | No             | No               | Yes          |
| Benton County                                    | Yes       | Yes            | Yes              | Yes          |
| Big Lake, City of                                | Yes       | No             | No               | No           |
| Big Lake EDA                                     | Yes       | No             | Yes              | Yes          |
| Big Lake (Township of)                           | Yes       | No             | No               | Yes          |
| Big Stone County                                 | Yes       | No             | No               | Yes          |
| Blaine, City of                                  | Yes       | No             | No               | No           |
| Blaine Area Development Company                  | Yes       | Yes            | Yes              | Yes          |
| Blaine EDA                                       | Yes       | Yes            | No               | No           |
| Bloomington, City of                             | No        | Yes            | No               | No           |
| Bloomington, City of                             | Yes       | No             | No               | Yes          |
| Bloomington Port Authority                       | Yes       | No             | No               | Yes          |
| 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            | No               | Yes          |
| Brandon EDA                                      | No        | Yes            | No               | No           |
| Breckenridge, City of                            | Yes       | No             | Yes              | Yes          |
| Breckenridge HRA                                 | Yes       | No             | No               | Yes          |
| Breezy Point, City of                            | Yes       | No             | No               | Yes          |
| Breezy Point EDA                                 | Yes       | Yes            | No               | No           |
| Brockway (Township of)                           | Yes       | No             | No               | No           |
| Brooklyn Center, City of                         | Yes       | No             | No               | Yes          |
| Brooklyn Center EDA                              | Yes       | Yes            | No               | No           |
| Brooklyn Park, City of                           | Yes       | Yes            | No               | Yes          |
| Brooklyn Park, City of EDA                       | Yes       | No             | Yes              | Yes          |
| 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               | No           |
| Buffalo, City of                                 | Yes       | Yes            | No               | No           |
| Buffalo Lake, City of                            | No        | Yes            | No               | No           |
| Buhl, City of                                    | No        | Yes            | No               | Yes          |
| Burns (Township of)                              | Yes       | No             | No               | No           |
| Burnsville, City of                              | Yes       | No             | No               | No           |
| Burnsville EDA                                   | Yes       | Yes            | Yes              | Yes          |

**Listing of Agencies Required to Submit a 2001 MBAF**

| Agency Name                                | Pop >2500 | PriorActivity* | 2000 Activity ** | Rec'd Report |
|--|-----------|----------------|------------------|--------------|
| Business Development Inc.(Fergus Falls)    | Yes       | Yes            | No               | Yes          |
| Byron, City of                             | Yes       | No             | No               | Yes          |
| Caledonia, City of                         | Yes       | No             | No               | No           |
| Caledonia EDA                              | Yes       | Yes            | No               | No           |
| Calumet, City of                           | No        | Yes            | No               | Yes          |
| Cambridge, City of                         | Yes       | Yes            | No               | No           |
| Cambridge HRA                              | Yes       | No             | No               | Yes          |
| Canby, City of                             | No        | Yes            | No               | No           |
| Cannon Falls, City of                      | Yes       | Yes            | No               | No           |
| Cannon Falls EDA                           | Yes       | Yes            | No               | No           |
| Carlton County                             | Yes       | No             | No               | No           |
| Carver County                              | 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               | No           |
| Champlin, EDA                              | Yes       | No             | No               | No           |
| Chanhassen, City of                        | Yes       | No             | No               | No           |
| Chaska, City of                            | Yes       | No             | No               | Yes          |
| Chaska EDA                                 | Yes       | Yes            | Yes              | Yes          |
| Chatfield, City of                         | No        | Yes            | Yes              | No           |
| Chippewa County                            | Yes       | No             | No               | Yes          |
| Chippewa County HRA                        | Yes       | No             | No               | No           |
| Chisago City, City of                      | No        | Yes            | No               | No           |
| Chisago County HRA - EDA                   | Yes       | Yes            | Yes              | Yes          |
| Chisago Lake (Township of)                 | Yes       | No             | No               | Yes          |
| Chisholm, City of                          | Yes       | No             | No               | No           |
| Circle Pines, City of                      | Yes       | No             | No               | Yes          |
| Claremont, City of                         | No        | Yes            | No               | No           |
| Clarissa, City of                          | No        | Yes            | No               | No           |
| Clearwater County                          | Yes       | No             | No               | Yes          |
| Cloquet, City of                           | Yes       | Yes            | No               | Yes          |
| Cokato, City of                            | No        | Yes            | No               | No           |
| Cold Spring, City of                       | Yes       | No             | No               | No           |
| Collegeville (Township of)                 | Yes       | No             | No               | No           |
| Columbia Heights, City of                  | Yes       | Yes            | No               | No           |
| Columbia Heights EDA                       | Yes       | Yes            | No               | No           |
| Columbus (Township of)                     | Yes       | No             | No               | Yes          |
| Cook County                                | Yes       | No             | No               | Yes          |
| Coon Rapids, City of                       | Yes       | Yes            | Yes              | 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               | Yes          |
| Credit River (Township of)                 | Yes       | No             | No               | No           |
| Crookston, City of                         | Yes       | Yes            | No               | Yes          |
| Crookston HRA                              | Yes       | No             | No               | Yes          |
| Crosby, City of                            | No        | Yes            | No               | No           |
| Crow Wing County                           | Yes       | No             | No               | No           |
| Crystal, City of                           | Yes       | Yes            | No               | No           |
| Dakota County                              | Yes       | No             | No               | Yes          |
| Dakota County Community Development Agency | Yes       | No             | No               | No           |
| Dayton, City of                            | Yes       | No             | No               | No           |
| Deephaven, City of                         | Yes       | No             | No               | No           |
| Delano, City of                            | Yes       | No             | No               | Yes          |
| Detroit Lakes, City of                     | Yes       | No             | Yes              | Yes          |
| Detroit Lakes Dev. Authority               | Yes       | Yes            | No               | No           |
| Dilworth, City of                          | Yes       | No             | No               | Yes          |
| Dodge Center, City of                      | No        | Yes            | No               | No           |
| Douglas County                             | Yes       | No             | No               | Yes          |
| Douglas County HRA                         | Yes       | Yes            | No               | No           |
| Duluth, City of                            | Yes       | Yes            | Yes              | Yes          |
| Duluth EDA                                 | Yes       | Yes            | Yes              | Yes          |
| Duluth HRA                                 | Yes       | No             | No               | Yes          |
| Duluth Seaway Port Authority               | Yes       | No             | No               | Yes          |
| Dundas, City of                            | No        | Yes            | No               | No           |
| Dunnell, City of                           | No        | Yes            | No               | Yes          |

**Listing of Agencies Required to Submit a 2001 MBAF**

| Agency Name                                 | Pop >2500 | PriorActivity* | 2000 Activity ** | Rec'd Report |
|---|-----------|----------------|------------------|--------------|
| Eagan, City of                              | Yes       | Yes            | No               | No           |
| East Bethel, City of                        | Yes       | No             | No               | Yes          |
| East Central Regional Dev. Commission       | Yes       | Yes            | No               | Yes          |
| East Grand Forks, City of                   | Yes       | Yes            | No               | No           |
| East Grand Forks EDHA                       | Yes       | Yes            | No               | No           |
| Eden Prairie, City of                       | Yes       | Yes            | No               | Yes          |
| Eden Valley, City of                        | No        | Yes            | No               | Yes          |
| Edina, City of                              | Yes       | No             | No               | No           |
| Edina HRA                                   | Yes       | Yes            | Yes              | Yes          |
| Elbow Lake, City of                         | No        | Yes            | No               | No           |
| Elk River, City of                          | Yes       | Yes            | Yes              | Yes          |
| Elk River EDA                               | Yes       | Yes            | Yes              | Yes          |
| Elk River HRA                               | Yes       | No             | No               | Yes          |
| Ely, City of                                | Yes       | Yes            | No               | No           |
| Ely HRA                                     | Yes       | No             | No               | No           |
| Eveleth, City of                            | Yes       | Yes            | No               | No           |
| Eveleth EDA                                 | Yes       | No             | No               | No           |
| Fairmount, City of                          | Yes       | Yes            | No               | Yes          |
| Falcon Heights, City of                     | Yes       | No             | No               | Yes          |
| Faribault, City of                          | Yes       | Yes            | Yes              | Yes          |
| Faribault County Local Redevelopment Agency | Yes       | No             | No               | Yes          |
| Faribault EDA                               | Yes       | Yes            | No               | Yes          |
| Farmington, City of                         | Yes       | No             | No               | No           |
| Farmington HRA                              | Yes       | Yes            | No               | Yes          |
| Fergus Falls, City of                       | Yes       | Yes            | No               | Yes          |
| Fergus Falls Port Authority                 | Yes       | Yes            | No               | Yes          |
| Fillmore County                             | Yes       | No             | No               | Yes          |
| Foley, City of                              | No        | Yes            | No               | No           |
| Forest Lake, City of                        | Yes       | No             | No               | No           |
| Forest Lake HRA                             | Yes       | No             | No               | Yes          |
| Forest Lake (Township of)                   | Yes       | No             | No               | Yes          |
| Fountain, City of                           | No        | Yes            | No               | No           |
| Franklin (Township of)                      | Yes       | No             | No               | Yes          |
| Freeborn County HRA                         | Yes       | No             | No               | No           |
| Fridley, City of                            | Yes       | No             | No               | Yes          |
| Fridley HRA                                 | Yes       | Yes            | No               | Yes          |
| Frogtown Action Alliance                    | No        | Yes            | No               | No           |
| Garrison, City of                           | No        | Yes            | No               | Yes          |
| Gaylord, City of                            | No        | Yes            | No               | No           |
| Glencoe, City of                            | Yes       | No             | No               | Yes          |
| Glenwood, City of                           | Yes       | No             | No               | Yes          |
| Golden Valley, City of                      | Yes       | No             | No               | No           |
| Goodhue County                              | Yes       | No             | No               | No           |
| Goodview, City of                           | Yes       | No             | No               | No           |
| Grand Lake (Township of)                    | Yes       | No             | No               | No           |
| Grand Rapids, City of                       | No        | No             | No               | No           |
| Grand Rapids EDA                            | Yes       | No             | No               | Yes          |
| Grand Rapids Township                       | Yes       | No             | No               | Yes          |
| Granite Falls, City of                      | Yes       | Yes            | No               | No           |
| 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               | No           |
| Grygla, City of                             | No        | Yes            | No               | No           |
| Ham Lake, City of                           | Yes       | Yes            | No               | Yes          |
| Harris (Township of)                        | Yes       | No             | No               | Yes          |
| Hassan (Township of)                        | Yes       | No             | No               | No           |
| Hastings, City of                           | Yes       | Yes            | Yes              | Yes          |
| Henderson, City of                          | No        | Yes            | No               | No           |
| Hennepin County                             | Yes       | Yes            | No               | No           |
| Henning, City of, EDA                       | No        | Yes            | No               | Yes          |
| Hermantown, City of                         | Yes       | No             | No               | Yes          |
| Hibbing EDA                                 | Yes       | Yes            | No               | No           |
| Hibbing, City of                            | Yes       | Yes            | No               | No           |
| Hinckley, City of                           | No        | Yes            | No               | Yes          |
| Hopkins, City of                            | Yes       | Yes            | No               | Yes          |
| Hopkins HRA                                 | Yes       | Yes            | No               | Yes          |
| Howard Lake, City of                        | No        | Yes            | Yes              | Yes          |

**Listing of Agencies Required to Submit a 2001 MBAF**

| <b>Agency Name</b>                                    | <b>Pop &gt;2500</b> | <b>PriorActivity*</b> | <b>2000 Activity **</b> | <b>Rec'd Report</b> |
|---|---------------------|-----------------------|-------------------------|---------------------|
| Hubbard County  | Yes                 | No                    | No                      | No                  |
| Hugo, City of   | Yes                 | No                    | Yes                     | Yes                 |
| Hutchinson, City of                                   | Yes                 | Yes                   | No                      | No                  |
| Hutchinson Community Development EDA                  | Yes                 | No                    | Yes                     | Yes                 |
| Independence, City of                                 | Yes                 | No                    | No                      | No                  |
| International Falls, City of                          | Yes                 | Yes                   | No                      | Yes                 |
| Inver Grove Heights, City of                          | Yes                 | Yes                   | No                      | No                  |
| Iron Range Resources and Rehabilitation Board (IRRRB) | Yes                 | Yes                   | Yes                     | Yes                 |
| Isanti County   | Yes                 | No                    | No                      | Yes                 |
| Itasca County   | Yes                 | No                    | No                      | No                  |
| Jackson, City of                                      | Yes                 | Yes                   | Yes                     | Yes                 |
| Jackson County (Revolving Loan Fund)                  | Yes                 | Yes                   | No                      | Yes                 |
| Jenkins, City of                                      | Yes                 | Yes                   | No                      | Yes                 |
| Joint Economic Development Commission                 | Yes                 | Yes                   | No                      | No                  |
| Jordon, City of                                       | Yes                 | Yes                   | No                      | No                  |
| Kanabee County  | Yes                 | No                    | No                      | No                  |
| Kandiyohi County HRA                                  | Yes                 | No                    | No                      | Yes                 |
| Kandiyohi County Rural Development Finance Authority  | Yes                 | No                    | No                      | Yes                 |
| Karlstad EDA  | No                  | Yes                   | No                      | Yes                 |
| Kasson, City of                                       | Yes                 | Yes                   | No                      | Yes                 |
| Keewatin, City of                                     | No                  | Yes                   | No                      | Yes                 |
| Kiester EDA   | No                  | Yes                   | No                      | Yes                 |
| Kittson County  | Yes                 | No                    | No                      | Yes                 |
| Koochiching Development Authority                     | Yes                 | No                    | No                      | Yes                 |
| Lac qui Parle County                                  | Yes                 | No                    | No                      | Yes                 |
| La Crescent, City of                                  | Yes                 | No                    | No                      | Yes                 |
| La Grand (Township of)                                | Yes                 | No                    | No                      | No                  |
| Lake City, City of                                    | Yes                 | Yes                   | Yes                     | Yes                 |
| Lake County   | Yes                 | No                    | No                      | Yes                 |
| Lake Elmo, City of                                    | Yes                 | No                    | No                      | No                  |
| Lake of the Woods County                              | Yes                 | No                    | No                      | Yes                 |
| Lakeville, City of                                    | Yes                 | Yes                   | Yes                     | Yes                 |
| La Prairie, City of                                   | No                  | Yes                   | No                      | No                  |
| Lauderdale, City of                                   | Yes                 | No                    | No                      | Yes                 |
| Le Center, City of                                    | No                  | Yes                   | Yes                     | Yes                 |
| Lent (Township of)                                    | Yes                 | No                    | No                      | Yes                 |
| Leroy, City of  | No                  | Yes                   | No                      | Yes                 |
| 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                      | No                  |
| 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                      | Yes                 |
| Litchfield, City of                                   | Yes                 | No                    | Yes                     | Yes                 |
| Little Canada, City of                                | Yes                 | Yes                   | No                      | No                  |
| Little Falls, City of                                 | Yes                 | Yes                   | Yes                     | Yes                 |
| Livonia (Township of)                                 | Yes                 | No                    | No                      | Yes                 |
| Long Lake, City of                                    | No                  | Yes                   | No                      | No                  |
| Long Lake EDA   | No                  | No                    | Yes                     | Yes                 |
| Long Prairie, City of                                 | Yes                 | No                    | No                      | Yes                 |
| Luverne, City of                                      | Yes                 | No                    | No                      | No                  |
| Luverne EDA   | Yes                 | No                    | No                      | Yes                 |
| Luverne HRA   | Yes                 | No                    | No                      | No                  |
| Lyon County   | Yes                 | Yes                   | No                      | No                  |
| McLeod County HRA                                     | Yes                 | No                    | No                      | Yes                 |
| Madelia, City of                                      | No                  | Yes                   | No                      | No                  |
| Madison Lake, City of                                 | No                  | Yes                   | No                      | Yes                 |
| 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                    | Yes                     | Yes                 |
| Maple Lake, City of                                   | No                  | Yes                   | No                      | No                  |
| Maple Plain, City of                                  | No                  | Yes                   | No                      | No                  |
| Mapleton, City of                                     | No                  | Yes                   | No                      | Yes                 |
| Maplewood, City of                                    | Yes                 | No                    | No                      | Yes                 |
| Marion (Township of)                                  | Yes                 | No                    | No                      | No                  |
| Marshall, City of                                     | Yes                 | No                    | No                      | No                  |



**Listing of Agencies Required to Submit a 2001 MBAF**

| Agency Name   | Pop >2500 | PriorActivity* | 2000 Activity ** | Rec'd Report |
|---|-----------|----------------|------------------|--------------|
| 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               | Yes          |
| MEDA  | Yes       | Yes            | No               | No           |
| Medina (corporate name for Hamel)                     | Yes       | No             | No               | No           |
| Meeker County   | Yes       | No             | No               | 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            | Yes              | Yes          |
| Mille Lacs County                                     | Yes       | No             | No               | Yes          |
| Minneapolis, City of                                  | Yes       | No             | No               | No           |
| Minneapolis Community Development Agency              | Yes       | Yes            | Yes              | Yes          |
| Minneapolis Foundation                                | Yes       | Yes            | No               | Yes          |
| Minneapolis Foundation's Entrepreneurs Fund           | Yes       | Yes            | No               | No           |
| Minneapolis Public Housing Authority                  | Yes       | No             | No               | Yes          |
| Minnesota Agricultural and Economic Development Board | Yes       | Yes            | Yes              | Yes          |
| Minnesota Planning                                    | Yes       | No             | No               | Yes          |
| Minnesota Pollution Control Agency                    | Yes       | Yes            | No               | No           |
| 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             | Yes              | Yes          |
| MN Rural Finance Authority                            | Yes       | Yes            | No               | No           |
| Montevideo, City of                                   | Yes       | Yes            | No               | Yes          |
| Montevideo Community Development Corporation          | Yes       | Yes            | Yes              | Yes          |
| Montevideo HRA  | Yes       | No             | No               | Yes          |
| Montgomery, City of                                   | Yes       | Yes            | No               | No           |
| Monticello, City of                                   | Yes       | Yes            | Yes              | Yes          |
| Monticello EDA  | Yes       | Yes            | Yes              | Yes          |
| Monticello HRA  | Yes       | Yes            | No               | No           |
| Monticello (Township of)                              | Yes       | No             | No               | No           |
| Moorhead, City of                                     | Yes       | Yes            | Yes              | Yes          |
| Moose Lake, City of                                   | No        | Yes            | No               | No           |
| Mora, City of   | Yes       | Yes            | No               | No           |
| Morris, City of                                       | Yes       | No             | Yes              | Yes          |
| Morrison County                                       | Yes       | No             | No               | Yes          |
| Motley, City of                                       | No        | Yes            | No               | Yes          |
| Mound, City of  | Yes       | Yes            | No               | Yes          |
| Mound HRA   | Yes       | No             | Yes              | 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             | Yes              | Yes          |
| Mountain Lake EDA                                     | No        | Yes            | Yes              | Yes          |
| Mower County  | Yes       | Yes            | No               | No           |
| Mower County Housing Authority                        | Yes       | No             | No               | Yes          |
| Murdock, City of                                      | No        | Yes            | No               | No           |
| New Brighton, City of                                 | Yes       | No             | No               | No           |
| 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            | Yes              | Yes          |
| New Ulm EDA   | Yes       | No             | No               | Yes          |
| New York Mills EDA                                    | No        | Yes            | No               | Yes          |
| Nicollet County                                       | Yes       | No             | No               | No           |
| Nobles County   | Yes       | No             | No               | No           |
| Norman County   | Yes       | No             | No               | Yes          |
| North Branch  | Yes       | Yes            | No               | No           |
| North Branch EDA                                      | Yes       | No             | Yes              | Yes          |
| Northeast Northland Foundation                        | Yes       | No             | No               | Yes          |
| North End Area Revitalization, Inc.                   | No        | Yes            | No               | Yes          |
| Northern (Township of)                                | Yes       | No             | No               | No           |

**Listing of Agencies Required to Submit a 2001 MBAF**

| <b>Agency Name</b>                          | <b>Pop &gt;2500</b> | <b>PriorActivity*</b> | <b>2000 Activity **</b> | <b>Rec'd Report</b> |
|---|---------------------|-----------------------|-------------------------|---------------------|
| 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                   | No                      | No                  |
| North Oaks, City of                         | Yes                 | No                    | No                      | Yes                 |
| North Saint Paul                            | Yes                 | No                    | No                      | No                  |
| Northwest MN Foundation                     | Yes                 | Yes                   | No                      | Yes                 |
| Norwood, City of                            | Yes                 | No                    | No                      | No                  |
| Oakdale, City of                            | Yes                 | Yes                   | Yes                     | Yes                 |
| Oak Grove, City of                          | Yes                 | No                    | No                      | No                  |
| Oak Park Heights, City of                   | Yes                 | No                    | No                      | No                  |
| Oak Park Heights EDA                        | Yes                 | No                    | No                      | Yes                 |
| 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                      | No                  |
| Orono, City of                              | Yes                 | No                    | No                      | No                  |
| Osseo, City of                              | Yes                 | Yes                   | No                      | No                  |
| Otsego, City of                             | Yes                 | No                    | No                      | Yes                 |
| Owatonna, City of                           | Yes                 | No                    | No                      | Yes                 |
| Owatonna EDA                                | Yes                 | Yes                   | Yes                     | 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                   | Yes                     | Yes                 |
| Perham, City of                             | No                  | Yes                   | No                      | No                  |
| Pierz, City of                              | No                  | Yes                   | No                      | No                  |
| Pine City, City of                          | Yes                 | Yes                   | No                      | No                  |
| Pine Island, City of                        | No                  | Yes                   | No                      | No                  |
| Pipestone EDA                               | Yes                 | Yes                   | No                      | No                  |
| Pipestone, City of                          | Yes                 | Yes                   | No                      | No                  |
| Pipestone County                            | Yes                 | No                    | No                      | No                  |
| Plainview, City of                          | Yes                 | Yes                   | No                      | Yes                 |
| 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                      | No                  |
| Preston, City of                            | No                  | Yes                   | No                      | Yes                 |
| Princeton, City of                          | Yes                 | No                    | No                      | No                  |
| Princeton HRA                               | Yes                 | No                    | No                      | Yes                 |
| Prior Lake, City of                         | Yes                 | Yes                   | No                      | Yes                 |
| Proctor, City of                            | Yes                 | Yes                   | No                      | Yes                 |
| Ramsey, City of                             | Yes                 | Yes                   | Yes                     | Yes                 |
| Ramsey County HRA                           | Yes                 | No                    | No                      | Yes                 |
| Red Lake Falls, City of                     | No                  | Yes                   | No                      | Yes                 |
| Red Wing, City of                           | Yes                 | No                    | No                      | No                  |
| Red Wing HRA                                | Yes                 | No                    | No                      | Yes                 |
| Red Wing Port Authority                     | Yes                 | Yes                   | Yes                     | Yes                 |
| Redwood County                              | Yes                 | No                    | No                      | Yes                 |
| Redwood Falls, City of                      | Yes                 | Yes                   | No                      | Yes                 |
| Renville, City of                           | No                  | Yes                   | No                      | No                  |
| Rice Lake (Township of)                     | Yes                 | No                    | No                      | Yes                 |
| Richfield, City of                          | Yes                 | Yes                   | No                      | No                  |
| Richfield HRA                               | Yes                 | Yes                   | Yes                     | Yes                 |
| Robbinsdale, City of                        | Yes                 | No                    | No                      | Yes                 |
| Robbinsdale EDA                             | Yes                 | Yes                   | Yes                     | Yes                 |
| Rochester (Township of)                     | Yes                 | No                    | No                      | No                  |
| Rochester, City of                          | Yes                 | Yes                   | Yes                     | Yes                 |
| Rockford, City of                           | Yes                 | No                    | Yes                     | Yes                 |
| Rockford (Township of)                      | Yes                 | No                    | No                      | Yes                 |
| Rogers, City of                             | No                  | Yes                   | No                      | No                  |
| Roseau, City of                             | Yes                 | Yes                   | No                      | Yes                 |
| Roseau County                               | Yes                 | No                    | No                      | Yes                 |
| 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                      | Yes                 |
| Saint Anthony, City of                      | Yes                 | No                    | No                      | Yes                 |

**Listing of Agencies Required to Submit a 2001 MBAF**

| <b>Agency Name</b>                                     | <b>Pop &gt;2500</b> | <b>PriorActivity*</b> | <b>2000 Activity **</b> | <b>Rec'd Report</b> |
|--|---------------------|-----------------------|-------------------------|---------------------|
| Saint Anthony Village                                  | Yes                 | No                    | No                      | No                  |
| Saint Augusta (Township of)                            | Yes                 | No                    | No                      | Yes                 |
| Saint Charles, City of                                 | Yes                 | Yes                   | Yes                     | Yes                 |
| Saint Cloud, City of                                   | Yes                 | Yes                   | No                      | No                  |
| Saint Cloud, HRA                                       | Yes                 | Yes                   | No                      | No                  |
| Saint Francis, City of                                 | Yes                 | No                    | No                      | No                  |
| Saint James, City of                                   | Yes                 | Yes                   | No                      | Yes                 |
| Saint James HRA  | Yes                 | No                    | No                      | No                  |
| Saint Joseph, City of                                  | Yes                 | Yes                   | No                      | Yes                 |
| Saint Joseph (Township of)                             | Yes                 | No                    | No                      | No                  |
| Saint Louis County                                     | Yes                 | No                    | No                      | No                  |
| Saint Louis Park, City of                              | Yes                 | No                    | No                      | Yes                 |
| Saint Louis Park EDA                                   | Yes                 | No                    | Yes                     | Yes                 |
| Saint Michael, City of                                 | Yes                 | Yes                   | No                      | No                  |
| Saint Paul, City of                                    | Yes                 | Yes                   | No                      | No                  |
| Saint Paul Park, City of                               | Yes                 | No                    | No                      | Yes                 |
| Saint Paul Planning and Economic Development           | Yes                 | No                    | No                      | Yes                 |
| Saint Paul, Port Authority of                          | Yes                 | Yes                   | No                      | Yes                 |
| Saint Peter, City of                                   | Yes                 | Yes                   | No                      | No                  |
| Saint Peter EDA  | Yes                 | Yes                   | No                      | Yes                 |
| Sartell, City of                                       | Yes                 | Yes                   | Yes                     | Yes                 |
| Sauk Centre, City of                                   | Yes                 | No                    | No                      | No                  |
| Sauk Rapids, City of                                   | Yes                 | No                    | No                      | No                  |
| Sauk Rapids HRA  | Yes                 | Yes                   | No                      | No                  |
| Savage, City of  | Yes                 | No                    | Yes                     | Yes                 |
| Savage EDA   | Yes                 | Yes                   | No                      | No                  |
| Scott County   | Yes                 | No                    | Yes                     | Yes                 |
| Sebek, City of   | Yes                 | Yes                   | No                      | Yes                 |
| Shakopee, City of                                      | Yes                 | Yes                   | Yes                     | Yes                 |
| Shoreview, City of                                     | Yes                 | No                    | No                      | No                  |
| Shorewood, City of                                     | Yes                 | No                    | No                      | No                  |
| Slayton EDA  | Yes                 | Yes                   | No                      | No                  |
| Sleepy Eye, City of                                    | Yes                 | No                    | No                      | No                  |
| Sleepy Eye EDA   | Yes                 | Yes                   | No                      | Yes                 |
| South Saint Paul                                       | Yes                 | No                    | No                      | Yes                 |
| South St. Paul HRA                                     | Yes                 | Yes                   | Yes                     | Yes                 |
| South East and South Central Minnesota Initiative Fund | Yes                 | Yes                   | No                      | Yes                 |
| Southwest Minnesota Foundation                         | Yes                 | Yes                   | No                      | Yes                 |
| Southwest Minnesota Initiative Fund                    | Yes                 | Yes                   | No                      | No                  |
| Southwest Regional Development Commission              | Yes                 | Yes                   | No                      | Yes                 |
| Spicer, City of  | Yes                 | Yes                   | No                      | Yes                 |
| Spring Lake Park, City of                              | Yes                 | No                    | No                      | No                  |
| Spring Lake Park Township                              | Yes                 | No                    | No                      | No                  |
| Spring Valley, City of                                 | No                  | Yes                   | Yes                     | Yes                 |
| Spring Valley EDA                                      | No                  | Yes                   | No                      | No                  |
| Staples, City of                                       | Yes                 | Yes                   | No                      | Yes                 |
| Staples EDA  | Yes                 | No                    | No                      | Yes                 |
| Stearns County   | Yes                 | Yes                   | No                      | Yes                 |
| Stearns County HRA                                     | Yes                 | Yes                   | Yes                     | Yes                 |
| Steele County  | Yes                 | No                    | No                      | Yes                 |
| Stevens County   | Yes                 | No                    | No                      | No                  |
| Stewartville, City of                                  | Yes                 | Yes                   | No                      | Yes                 |
| Stillwater, City of                                    | Yes                 | Yes                   | No                      | No                  |
| Stockton, City of                                      | No                  | Yes                   | No                      | No                  |
| Swift County   | Yes                 | Yes                   | No                      | Yes                 |
| Swift County HRA                                       | Yes                 | No                    | No                      | Yes                 |
| Swift County RDA                                       | Yes                 | No                    | No                      | Yes                 |
| Thief River Falls, City of                             | Yes                 | Yes                   | No                      | Yes                 |
| Traverse County  | Yes                 | No                    | No                      | No                  |
| Thomson (Township of)                                  | Yes                 | No                    | No                      | No                  |
| 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                      | No                  |
| Victoria, City of                                      | Yes                 | No                    | No                      | Yes                 |
| Villard, City of                                       | No                  | Yes                   | No                      | No                  |
| Virginia, City of                                      | Yes                 | No                    | No                      | No                  |
| Wabasha, City of                                       | Yes                 | Yes                   | No                      | No                  |

**Listing of Agencies Required to Submit a 2001 MBAF**

| Agency Name                                    | Pop >2500                            | PriorActivity*                        | 2000 Activity **                     | Rec'd Report                          |
|--|--------------------------------------|---------------------------------------|--------------------------------------|---------------------------------------|
| Wabasso, City of                               | No                                   | Yes                                   | No                                   | No                                    |
| Waconia, City of                               | Yes                                  | Yes                                   | No                                   | Yes                                   |
| Wadena, City of                                | Yes                                  | Yes                                   | No                                   | No                                    |
| Waite Park, City of                            | Yes                                  | No                                    | No                                   | No                                    |
| Wakefield (Township of)                        | Yes                                  | No                                    | No                                   | No                                    |
| Walker, City of                                | No                                   | Yes                                   | No                                   | No                                    |
| Warroad Port Authority                         | No                                   | Yes                                   | No                                   | No                                    |
| Waseca, City of                                | Yes                                  | Yes                                   | No                                   | No                                    |
| Waseca HRA                                     | Yes                                  | Yes                                   | No                                   | Yes                                   |
| Watab (Township of)                            | Yes                                  | No                                    | No                                   | Yes                                   |
| Watertown, City of                             | Yes                                  | No                                    | No                                   | Yes                                   |
| Watkins, City of                               | Yes                                  | Yes                                   | Yes                                  | Yes                                   |
| Wayzata, City of                               | Yes                                  | No                                    | No                                   | Yes                                   |
| 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                                   | No                                    |
| White Bear Lake HRA                            | Yes                                  | Yes                                   | No                                   | No                                    |
| White Bear (Township of)                       | Yes                                  | No                                    | Yes                                  | Yes                                   |
| Wilken County                                  | Yes                                  | No                                    | No                                   | No                                    |
| Willmar, City of                               | Yes                                  | Yes                                   | No                                   | Yes                                   |
| Windom, City of                                | Yes                                  | No                                    | No                                   | No                                    |
| Windom, EDA                                    | Yes                                  | No                                    | Yes                                  | Yes                                   |
| Winnebago, City of                             | No                                   | Yes                                   | No                                   | Yes                                   |
| Winona, City of                                | Yes                                  | No                                    | No                                   | Yes                                   |
| Winona, Port Authority                         | Yes                                  | Yes                                   | No                                   | Yes                                   |
| Woodbury, City of                              | Yes                                  | Yes                                   | No                                   | No                                    |
| Woodbury EDA                                   | Yes                                  | Yes                                   | No                                   | Yes                                   |
| Worthington, City of                           | Yes                                  | No                                    | Yes                                  | Yes                                   |
| Wright County                                  | Yes                                  | No                                    | No                                   | No                                    |
| Wright County Economic Development Partnership | Yes                                  | No                                    | No                                   | Yes                                   |
| 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                                    | Yes                                  | Yes                                   |
| Zumbrota EDA                                   | Yes                                  | No                                    | No                                   | Yes                                   |
|  | Yes - 83.1% (442)<br>No - 16.9% (90) | Yes - 51.9% (276)<br>No - 48.1% (256) | Yes - 14.7% (78)<br>No - 85.3% (454) | Yes - 54.3% (289)<br>No - 45.7% (243) |

\* Prior activity is defined as project activity within the past five years.

\*\* 2000 activity is defined as eligible business subsidy and financial assistance agreements entered into between January 1, 2000 and December 31, 2000.

## **APPENDIX D:**

### **Listing of Agencies Submitting a 2001 MBAF but not Otherwise Required to Report**

**Listing of Agencies Submitting a 2001 MBAF but not Otherwise Required to Report**

| Agency Name           | Pop >2500 | PriorActivity* | 2000 Activity ** | Rec'd Report |
|-----------------------|-----------|----------------|------------------|--------------|
| Aitken, City of       | No        | No             | Yes              | Yes          |
| Cottonwood, City of   | No        | No             | Yes              | Yes          |
| Glyndon, City of      | No        | No             | Yes              | Yes          |
| Kimball, City of      | No        | No             | Yes              | Yes          |
| Milaca, City of       | No        | No             | Yes              | Yes          |
| Pine River, City of   | No        | No             | Yes              | Yes          |
| Spring Grove, City of | No        | No             | Yes              | Yes          |
| Waterville, City of   | No        | No             | Yes              | Yes          |
| Winsted, City of      | No        | No             | Yes              | Yes          |

\* Prior activity is defined as project activity within the past five years.

\*\* 2000 activity is defined as eligible business subsidy and financial assistance agreements entered into between January 1, 2000 and December 31, 2000.

## **APPENDIX E:**

**Distribution of Business Assistance Amounts by Value of Assistance  
Agreements Reached from January 1, 2000 and December 31, 2000**

| <u>Grantor Name</u>                             | <u>Total Amount</u> |
|---|---------------------|
| Rochester, City of                              | \$290,000,000       |
| MN AG & Econ Development Board                  | \$180,315,000       |
| Richfield HRA                                   | \$59,923,127        |
| MN AG & Econ Development Board                  | \$16,245,269        |
| Edina HRA                                       | \$3,950,000         |
| St. Louis Park EDA                              | \$2,549,450         |
| Mound HRA                                       | \$1,800,000         |
| Duluth EDA                                      | \$1,650,000         |
| Scott County                                    | \$1,290,000         |
| Red Wing Port Authority                         | \$1,250,000         |
| Blue Earth EDA                                  | \$1,248,934         |
| Burnsville EDA                                  | \$1,177,797         |
| Burnsville EDA                                  | \$1,175,672         |
| Mpls Community Development Agency               | \$1,175,000         |
| Rochester, City of                              | \$1,000,000         |
| Mpls Community Development Agency               | \$965,000           |
| Sartell, City of                                | \$729,194           |
| Shakopee, City of                               | \$720,000           |
| Elk River, City of                              | \$700,000           |
| Rosemount Port Authority                        | \$664,636           |
| Ramsey, City of                                 | \$642,000           |
| Rockford, City of                               | \$640,000           |
| Brooklyn Park EDA                               | \$629,000           |
| Iron Range Resources & Rehabilitation Board     | \$550,000           |
| MN Department of Trade and Economic Development | \$500,000           |
| MN Department of Trade and Economic Development | \$500,000           |
| Duluth, City of                                 | \$500,000           |
| Monticello, City of                             | \$500,000           |
| MN Department of Trade and Economic Development | \$500,000           |
| Lake City, City of                              | \$483,075           |
| Benton County                                   | \$482,000           |
| MN Department of Trade and Economic Development | \$470,000           |
| Maple Grove, City of                            | \$466,000           |
| Long Lake EDA                                   | \$465,000           |
| Detroit Lakes, City of                          | \$450,000           |
| White Bear Township                             | \$439,566           |
| Oakdale, City of                                | \$432,000           |
| Le Center, City of                              | \$400,000           |
| Coon Rapids, City of                            | \$366,373           |
| New Ulm, City of                                | \$350,000           |
| Iron Range Resources & Rehabilitation Board     | \$350,000           |
| Ramsey, City of                                 | \$349,589           |
| Chaska EDA                                      | \$345,000           |
| Lakeville, City of                              | \$336,288           |
| Brooklyn Park EDA                               | \$336,000           |
| Glyndon, City of                                | \$335,000           |
| Albany, City of                                 | \$330,000           |
| Litchfield, City of                             | \$329,251           |
| Mountain Lake EDA                               | \$300,000           |
| MN Department of Trade and Economic Development | \$300,000           |
| Scott County                                    | \$300,000           |
| Burnsville EDA                                  | \$294,000           |
| Brooklyn Park EDA                               | \$286,000           |
| MN Department of Trade and Economic Development | \$285,000           |
| Hugo, City of                                   | \$261,000           |
| Brooklyn Park EDA                               | \$255,000           |
| Ramsey, City of                                 | \$252,806           |
| Mound HRA                                       | \$250,000           |
| MN Department of Trade and Economic Development | \$250,000           |
| Austin, City of                                 | \$237,978           |
| Moorhead City of                                | \$234,300           |
| MN Department of Trade and Economic Development | \$233,300           |
| Zumbrota, City of                               | \$225,500           |
| Chisago County HRA-EDA                          | \$229,000           |
| MN Department of Trade and Economic Development | \$225,000           |
| MN Dept of Agriculture                          | \$225,000           |
| Pequot Lakes, City of                           | \$223,000           |
| Owatonna EDA                                    | \$211,065           |
| St. Charles, City of                            | \$210,200           |
| Spring Valley, City of                          | \$210,000           |
| Pine River, City of                             | \$205,000           |
| Savage, City of                                 | \$200,000           |
| MN Department of Trade and Economic Development | \$200,000           |
| MN Department of Trade and Economic Development | \$200,000           |
| MN Department of Trade and Economic Development | \$199,000           |



**Distribution of Business Assistance Amounts for Agreements Reached from January 1, 2000 to December 31, 2000**

| <b><u>Grantor Name</u></b>                      | <b><u>Total Amount</u></b> |
|---|----------------------------|
| MN Department of Trade and Economic Development | \$199,000                  |
| MN Department of Trade and Economic Development | \$198,000                  |
| Wyoming, City of                                | \$198,000                  |
| MN Department of Trade and Economic Development | \$195,000                  |
| Morris, City of                                 | \$188,084                  |
| North Branch EDA                                | \$185,000                  |
| Sartell, City of                                | \$178,783                  |
| Worthington, City of                            | \$175,000                  |
| MN Department of Trade and Economic Development | \$175,000                  |
| South St. Paul HRA                              | \$174,679                  |
| Hugo, City of                                   | \$167,850                  |
| Chisago County HRA-EDA                          | \$150,808                  |
| Long Lake EDA                                   | \$150,000                  |
| MN Department of Trade and Economic Development | \$150,000                  |
| MN Department of Trade and Economic Development | \$150,000                  |
| Winsted, City of                                | \$150,000                  |
| MN Department of Trade and Economic Development | \$150,000                  |
| MN Department of Trade and Economic Development | \$150,000                  |
| MN Department of Trade and Economic Development | \$150,000                  |
| Montevideo Community Development Corp           | \$150,000                  |
| Howard Lake, City of                            | \$150,000                  |
| Red Wing Port Authority                         | \$150,000                  |
| Windom EDA                                      | \$150,000                  |
| Burnsville EDA                                  | \$149,037                  |
| Chaska EDA                                      | \$147,963                  |
| MN Department of Trade and Economic Development | \$142,000                  |
| Moorhead, City of                               | \$139,400                  |
| Elk River EDA                                   | \$129,050                  |
| Elk River EDA                                   | \$129,050                  |
| MN Department of Trade and Economic Development | \$120,000                  |
| Mpls Community Development Agency               | \$119,499                  |
| MN Department of Trade and Economic Development | \$116,000                  |
| Belle Plaine, City of                           | \$110,157                  |
| MN Department of Trade and Economic Development | \$110,000                  |
| Cottonwood, City of                             | \$108,000                  |
| MN Department of Trade and Economic Development | \$100,000                  |
| Monticello EDA                                  | \$100,000                  |
| Stearns County                                  | \$100,000                  |
| MN Department of Trade and Economic Development | \$100,000                  |
| Le Center, City of                              | \$100,000                  |
| Mid-Minnesota Development Corp                  | \$100,000                  |
| Litchfield, City of                             | \$100,000                  |
| MN Department of Trade and Economic Development | \$100,000                  |
| MN Department of Trade and Economic Development | \$100,000                  |
| Blaine Area Dev Co.                             | \$100,000                  |
| Waterville, City of                             | \$100,000                  |
| Faribault, City of                              | \$100,000                  |
| Cottage Grove, City of                          | \$99,723                   |
| Howard Lake, City of                            | \$99,000                   |
| Breckenridge, City of                           | \$98,641                   |
| Richfield HRA                                   | \$97,900                   |
| Annandale EDA                                   | \$96,853                   |
| MN Department of Trade and Economic Development | \$96,000                   |
| Watkins, City of                                | \$95,876                   |
| Mpls Community Development Agency               | \$95,000                   |
| MN Department of Trade and Economic Development | \$90,000                   |
| MN Department of Trade and Economic Development | \$85,000                   |
| Jackson, City of                                | \$85,000                   |
| Blaine Area Dev Co                              | \$84,197                   |
| Little Falls, City of                           | \$84,000                   |
| North Branch EDA                                | \$83,000                   |
| Kimball, City of                                | \$82,000                   |
| Jackson, City of                                | \$80,000                   |
| Montevideo Community Development Corp           | \$80,000                   |
| Robbinsdale EDA                                 | \$80,000                   |
| Hutchinson Community Development                | \$80,000                   |
| Lino Lakes EDA                                  | \$77,185                   |
| South St. Paul HRA                              | \$72,600                   |
| MN Department of Trade and Economic Development | \$71,000                   |
| Spring Grove, City of                           | \$70,300                   |
| Hugo, City of                                   | \$66,538                   |
| Big Lake EDA                                    | \$66,185                   |
| Annandale EDA                                   | \$65,000                   |
| Detroit Lakes, City of                          | \$60,000                   |
| Little Falls, City of                           | \$53,500                   |

**Distribution of Business Assistance Amounts for Agreements Reached from January 1, 2000 to December 31, 2000**

| <b><u>Grantor Name</u></b>                      | <b><u>Total Amount</u></b> |
|---|----------------------------|
| South St. Paul HRA                              | \$53,361                   |
| Hastings, City of                               | \$51,999                   |
| Mountain Iron HRA                               | \$50,000                   |
| MN Dept of Agriculture                          | \$50,000                   |
| Big Lake EDA                                    | \$47,055                   |
| MN Department of Trade and Economic Development | \$45,000                   |
| Moorhead, City of                               | \$43,250                   |
| Moorhead, City of                               | \$42,600                   |
| Aitkin, City of                                 | \$42,369                   |
| Little Falls, City of                           | \$37,500                   |
| Milaca, City of                                 | \$32,000                   |
| Hastings, City of                               | \$29,899                   |
| North Branch EDA                                | \$29,000                   |
| MN Dept of Agriculture                          | \$27,500                   |
| South St. Paul HRA                              | \$27,400                   |
| <b>Total</b>                                    | <b>\$596,966,161</b>       |
| <br><b>Median Value</b>                         | <br><b>\$175,000</b>       |

## **APPENDIX F:**

**Distribution of Financial Assistance Agreements Reached  
from January 1, 2000 and December 31, 2000**

**Distribution of Financial Assistance by Value for Agreements Reached from January 1, 2000 to December 31, 2000**

| <u>Grantor Name</u>                   | <u>Total Amount</u> |
|---------------------------------------|---------------------|
| Mpls Community Development Agency     | \$10,686,004        |
| Albert Lea City of                    | \$125,000           |
| Albert Lea City of                    | \$125,000           |
| MN Office of Environmental Assistance | \$89,730            |
| MN Office of Environmental Assistance | \$82,309            |
| Spring Valley City of                 | \$75,000            |
| MN Office of Environmental Assistance | \$74,866            |
| MN Office of Environmental Assistance | \$60,803            |
| MN Office of Environmental Assistance | \$49,000            |
| Mn Office of Environmental Assistance | \$38,500            |
| <b>Total</b>                          | <b>\$11,406,212</b> |
| <br><b>Median Value</b>               | <br><b>\$78,655</b> |

## **APPENDIX G:**

**Summary of Agencies Required to Submit a 2000 MBAF Because of  
Prior Activity Reported on the 2000 Business Assistance Report**

Summary of Agencies Required to Submit a 2000 MBAF Because of Prior Activity Reported in the 2000 Business Assistance Report

| Agency Name                                     | Recipient Name  | Prior Activity* | Rec'd Report**   | Goals Achieved*** |
|---|---|-----------------|------------------|-------------------|
| Albany, City of                                 | Stearns Bank  | Yes             | Yes              | No                |
| Albert Lea, City of                             | Albert Lea Hospitality  | Yes             | No               | No                |
| Belview, City of                                | Hearland Wood Products  | Yes             | Yes              | No                |
| Benton County                                   | North Crest Gymnastic and Dance Inc.                              | Yes             | Yes              | Yes               |
| Blaine Area Development Co.                     | SNR Holding LLC   | Yes             | No               | No                |
| Buhl, City of                                   | Kidspace/Point Rejuvenate   | Yes             | Yes              | No                |
| Cambridge, City of                              | Park Manufacturing  | Yes             | Yes              | No                |
| Champion EDA                                    | Lifetime Fitness  | Yes             | No               | No                |
| Chanhasen, City of                              | Chanhasen Lakes Business Park 3 LLP                               | Yes             | No               | No                |
| Chanhasen, City of                              | Monk Properties LLC   | Yes             | No               | No                |
| Chanhasen, City of                              | Monk Properties LLC   | Yes             | No               | No                |
| Chanhasen, City of                              | Eden Tracé Corp   | Yes             | No               | No                |
| Dakota County CDA                               | Signal Hill Company II LLC  | Yes             | Yes              | No                |
| East Central Regional Development Commission    | Atscott Manufacturing   | Yes             | No               | No                |
| Fergus Falls, City of                           | Florists' Atrium  | Yes             | Yes              | No                |
| Hibbing, City of                                | Carpenter Brothers Services Inc. dba Portable John                | Yes             | Yes              | No                |
| Hugo, City of                                   | Nor-Lake Holding Co. LLC  | Yes             | Yes              | No                |
| Jackson, City of                                | Jackson Development Corp. for Accent Insurance Recovery Solutions | Yes             | No               | No                |
| Maple Grove, City of                            | Northwest Athletic Club   | Yes             | No               | No                |
| Meeker County                                   | Litchfield Woolen Mills   | Yes             | No               | No                |
| Melrose Area Development Authority              | Carstens Industries Inc.  | Yes             | Yes              | No                |
| Mendota Heights, City of                        | Lexington Business Park IV LLC                                    | Yes             | No               | No                |
| Mendota Heights, City of                        | Lexington Business Park LLC                                       | Yes             | No               | No                |
| Mendota Heights, City of                        | Mayflower Distributing Co.  | Yes             | No               | No                |
| Mendota Heights, City of                        | Ferris Incentives   | Yes             | No               | No                |
| Mid-Minnesota Development Commission            | Litchfield Woolen Mills   | Yes             | No               | No                |
| Mid-Minnesota Development Commission            | Health Postures   | Yes             | No               | No                |
| MN Department of Trade and Economic Development | Royal American Foods Inc.   | Yes             | Yes              | No                |
| MN Department of Trade and Economic Development | Aitkin Iron Works   | Yes             | No               | No                |
| MN Department of Trade and Economic Development | Siglo Sunplant Inc.   | Yes             | Yes              | No                |
| MN Department of Trade and Economic Development | Thomas Engineering Company  | Yes             | Yes              | No                |
| MN Department of Trade and Economic Development | Pro Fabrication   | Yes             | Yes              | No                |
| MN Department of Trade and Economic Development | Lorentz Etc. Inc.   | Yes             | Yes              | No                |
| Monticello, City of                             | Twin City Die Casting Company                                     | Yes             | Yes              | No                |
| Monticello EDA                                  | Aroplax Corporation   | Yes             | Yes              | No                |
| Monticello HRA                                  | Twin City Die Casting Company                                     | Yes             | Yes              | No                |
| Moorhead, City of                               | Municipal Industrial Contracting                                  | Yes             | Yes              | Yes               |
| North Branch, City of                           | Tri-Partners LLC  | Yes             | Yes              | Yes               |
| Northfield EDA                                  | MDC Development   | Yes             | Yes              | Yes               |
| Osakis, City of                                 | Lind-Rife Precision   | Yes             | No               | No                |
| Pegot Lakes, City of                            | T & D Enterprises   | Yes             | No               | No                |
| Pipestone EDA                                   | Loopy's Dollar Stores Inc.  | Yes             | No               | No                |
| Ramsey, City of                                 | RMR Capital LLC   | Yes             | No               | No                |
| Red Wing Port Authority                         | Lab Boy Enterprises LLC   | Yes             | No               | No                |
| Richfield, City of                              | Richfield State Agency  | Yes             | Yes              | Yes               |
| Robbinsdale EDA                                 | Minnesota Development LLC   | Yes             | Yes              | No                |
| Saint Cloud HRA                                 | Park Industries   | Yes             | No               | No                |
| Saint Cloud HRA                                 | ETC Enterprises Inc., Project aka Grand Stay Hotel                | Yes             | No               | No                |
| Saint Cloud HRA                                 | Lehnen Project LLC aka Midway Iron and Steel Inc.                 | Yes             | No               | No                |
| Saint Paul Port Authority                       | JKD Partners LLC - Carlson Refrigeration                          | Yes             | Yes              | Yes               |
| Sartell, City of                                | Payne - Lynch LLP   | Yes             | Yes              | Yes               |
| Spicer, City of                                 | Twin Spin Cinema  | Yes             | No               | No                |
| South St. Paul HRA                              | P & DH LLC  | Yes             | Yes              | Yes               |
| South St. Paul HRA                              | Concord Properties LLP  | Yes             | No               | No                |
| Southwest Regional Development Commission       | Jackson Development Corp.   | Yes             | No               | No                |
| Southwest Regional Development Commission       | KHC Construction Inc.   | Yes             | No               | No                |
| Wabasha, City                                   | Wabasha Clinic - Mayo Health Systems                              | Yes             | No               | No                |
| Wabasha, City                                   | Abbott Furniture & Funeral Home Inc.                              | Yes             | No               | No                |
| Windom EDA                                      | Guardian Inn of Windom LLC  | Yes             | No               | No                |
|   |   |                 | Yes - 44.1% (26) | Yes - 13.6% (8)   |
|   |   |                 | No - 55.9% (33)  | No - 86.4% (51)   |

\* Prior Activity is defined as eligible business subsidy activity reported in the 2000 Business Assistance Report.

\*\* Received Reported is defined as an agency that submitted a 2000 MBAF in 2001 as required by the law.

\*\*\* Goals Achieved is defined as a recipient that has achieved all goals and fulfilled all obligations stipulated in the agreement as reported in 2001.

Note: There were a total of 68 business assistance agreement reported in the 2000 Business Assistance Report. Of the 68 agreements reported by agencies in 2000, there were 9 agreements in 2000 reported by agencies that had met all goals stipulated in the agreement. There are a total of 59 business assistance agreements that agencies were required to report on in 2001 because all goals had not been achieved.

## **APPENDIX H:**

**Summary of Agencies that Submitted a 2000 MBAF  
in 2001 but did not Report Activity in 2000**

# Summary of Agencies that Submitted a 2000 MBAF in 2001 but did not Report Activity in 2000

| Agency Name                                     | Recipient Name                           | Prior Activity * | Rec'd Report ** | Goals Achieved *** |
|---|--|------------------|-----------------|--------------------|
| Calendonia, City of                             | Caledonia Lodging L.L.C.                 | No               | Yes             | Yes                |
| Cannon Falls, City of                           | Lorentz Meats                            | No               | Yes             | No                 |
| Chisago County HRA-EDA                          | Higley Cabinets                          | No               | Yes             | Yes                |
| Detriot Lakes, City of                          | Action Fabricating                       | No               | Yes             | Yes                |
| Houston County                                  | Caledonia Lodging L.L.C.                 | No               | Yes             | Yes                |
| Jordan, City of                                 | Propellant Marketing Group, Inc.         | No               | Yes             | Yes                |
| LeCenter, City of                               | Francis & Margaret Smith/S & J Transport | No               | Yes             | n/a                |
| Little Falls, City of                           | Larson/Glastron Boats, Inc.              | No               | Yes             | No                 |
| MN Department of Trade and Economic Development | Emerald Manufacturing, Inc.              | No               | Yes             | No                 |
| MN Department of Trade and Economic Development | Axis Minnesota, Inc.                     | No               | Yes             | No                 |
| MN Department of Trade and Economic Development | Land of Lakes Stone/GEM Corp             | No               | Yes             | Yes                |
| MN Department of Trade and Economic Development | Aaron Carlson Woodwork                   | No               | Yes             | No                 |
| MN Department of Trade and Economic Development | T&R Properties                           | No               | Yes             | No                 |
| MN Department of Trade and Economic Development | Health Postures                          | No               | Yes             | No                 |
| Moorhead, City of                               | Dr. Jeffrey and Sherryl Harvey           | No               | Yes             | Yes                |
| Northfield, City of                             | MDC Development                          | No               | Yes             | Yes                |
| Ramsey, City of                                 | Intech Industries                        | No               | Yes             | No                 |
| West St. Paul, City of                          | Signal Hills Company II, LLP             | No               | Yes             | No                 |

n/a = not applicable or missing data

Yes - 44.4 (8)  
No - 50.0% (9)  
n/a - 5.6% (1)

\* Prior Activity is defined as eligible business subsidy activity reported in the 2000 Business Assistance Report.

\*\* Received Reported is defined as an agency that submitted a 2000 MBAF in 2001 as required by the law.

\*\*\* Goals Achieved is defined as a recipient that has achieved all goals and fulfilled all obligations stipulated in the agreement as reported in 2001.



## **APPENDIX I:**

**Distribution of Business Assistance by Government Agency for Agreements  
Reached from July 1, 1995 to July 31, 1999**

# **Distribution of Business Assistance by Government Agency for Agreements Reached from July 1, 1995 to July 31, 1999**

| <u>Agency Name</u>                              | <u>Business Receiving Assistance</u>                               | <u>Dollar Value</u> |
|---|--|---------------------|
| Richfield HRA                                   | Richfield State Agency   | \$9,500,000         |
| DTED (MN Ag & Econ Dev Board                    | Excelsior-Henderson  | \$7,145,000         |
| Richfield HRA                                   | Meridan Properties Real Estate Development LLC dba TOLD Developmen | \$7,028,553         |
| DTED (MN Ag & Econ Dev Board)                   | Impressions Inc.   | \$5,195,000         |
| MN Department of Trade and Economic Development | Seagate Technology (Hennepin Co)                                   | \$5,000,000         |
| DTED (MN Ag & Econ Dev Board)                   | Waymar Properties  | \$4,965,000         |
| DTED (MN Ag & Econ Dev Board)                   | New Morning Windows  | \$4,965,000         |
| Shakopee, City of                               | Seagate Technology   | \$4,247,600         |
| White Bear Township                             | EPI  | \$3,791,000         |
| Rochester, City of                              | Pemstar Inc  | \$3,536,000         |
| Oakdale, City of                                | Imation  | \$3,500,000         |
| Freeborn County HRA                             | (EXOL) Agra Resources Coop   | \$3,200,000         |
| DTED (MN Ag & Econ Dev Board)                   | Endress Processing   | \$2,995,000         |
| Elk River EDA                                   | Associated Investors of Elk River                                  | \$2,811,000         |
| Richfield HRA                                   | The Limited Inc  | \$2,390,926         |
| Richfield HRA                                   | Gramercy Park Cooperative at Lake Shore Drive                      | \$2,230,174         |
| St. Paul Port Authority                         | Versa Iron and Machine Co.   | \$2,000,000         |
| St. Paul Port Authority                         | Bro-Tex Inc  | \$2,000,000         |
| DTED (MN Ag & Econ Dev Board)                   | Sparta Foods   | \$1,950,000         |
| Edina HRA                                       | South Edina Development Corp (Phase 5 Office)                      | \$1,772,000         |
| Edina HRA                                       | South Edina Development Corp (Phase 4 Office)                      | \$1,772,000         |
| Edina HRA                                       | South Edina Development Corp (Phase 3 Office)                      | \$1,772,000         |
| Hopkins HRA                                     | Hopkins Business Center  | \$1,717,132         |
| Shakopee, City of                               | ADC Telecommunications Inc   | \$1,710,000         |
| DTED (MN Ag & Econ Dev Board)                   | Formative Engineering  | \$1,700,000         |
| Burnsville EDA                                  | Caire Inc.   | \$1,664,586         |
| Burnsville EDA                                  | Asset Marketing Development Associates LLC                         | \$1,376,838         |
| Burnsville EDA                                  | Millpond Partners  | \$1,210,000         |
| Scott County                                    | ADC Telecommunications Inc   | \$1,140,000         |
| Burnsville EDA                                  | Bohn Properties Limited Partnership II                             | \$1,097,200         |
| Burnsville EDA                                  | Southcross Commerce Center LLP                                     | \$1,097,000         |
| MCDA  | Malcolm Properties LLC   | \$1,000,000         |
| Breezy Point, City of                           | Breezy Point LLC   | \$985,000           |
| Ramsey, City of                                 | Life Fitness   | \$900,000           |
| Duluth EDA                                      | Industrial Resources Corp for Cirrus Phase II                      | \$885,000           |
| Anoka, City of                                  | Mate Precision Tooling   | \$872,510           |
| Preston, City of                                | Pro-Corn LLC   | \$850,000           |
| Burnsville EDA                                  | Rigig Hitch Inc  | \$740,850           |
| Burnsville EDA                                  | Waymar Properties LLP  | \$722,638           |
| Breezy Point, City of                           | Breezy Point Sports  | \$720,000           |
| Anoka, City of                                  | The F. Dohmen Co   | \$695,457           |
| St. Paul Port Authority                         | Aries Precision Sheet Metal Co.                                    | \$692,604           |
| Red Wing Port Authority                         | Food Service Specialities  | \$653,950           |
| St. Paul Port Authority                         | Addco Inc. (3N Properties)   | \$609,840           |
| St. Louis County                                | NWA  | \$600,000           |
| Brooklyn Park EDA                               | Duke Realty Investments Inc Crossroads North Business Center 7     | \$598,000           |
| Burnsville EDA                                  | Kraus-Anderson Inc.  | \$586,000           |
| MCDA  | As Soon As Possible Inc.   | \$550,000           |
| Red Wing Port Authority                         | Antique America  | \$540,000           |
| Lino Lakes EDA                                  | Lino Lakes Business Center Phases V, VI, VII, VIII                 | \$532,720           |
| Brooklyn Park EDA                               | Duke Realty Investments Inc. Crossroads North Business Center I    | \$517,000           |
| Montevideo, City of                             | Genesis Properties   | \$500,000           |
| MN Department of Trade and Economic Development | Design Line Cabinets   | \$500,000           |
| MN Department of Trade and Economic Development | New Flyer USA Inc  | \$500,000           |
| MN Department of Trade and Economic Development | Liberty Paper Inc.   | \$500,000           |
| MN Department of Trade and Economic Development | Medtronics Inc. (Columbia Heights)                                 | \$500,000           |
| MN Department of Trade and Economic Development | Ecolab ( St. Paul)   | \$500,000           |
| MN Department of Trade and Economic Development | Value Rx (Plymouth)  | \$500,000           |
| MN Department of Trade and Economic Development | Media One (St. Paul)   | \$500,000           |
| MN Department of Trade and Economic Development | Amsolvay Pharmaceuticals Inc                                       | \$500,000           |
| MN Rural Finance Authority                      | Minnesota Energy   | \$500,000           |
| MN Department of Trade and Economic Development | Northwest Airlines   | \$500,000           |
| MN Rural Finance Authority                      | Chippewa Valley Ethanol Co.  | \$500,000           |
| MN Rural Finance Authority                      | Al-Corn Clean Fuels  | \$500,000           |
| MN Department of Trade and Economic Development | National Steel   | \$500,000           |
| MN Department of Trade and Economic Development | Andersen Corp (Cottage Grove)                                      | \$500,000           |

# **Distribution of Business Assistance by Government Agency for Agreements Reached from July 1, 1995 to July 31, 1999**

| <b><u>Agency Name</u></b>                       | <b><u>Business Receiving Assistance</u></b>                     | <b><u>Dollar Value</u></b> |
|---|---|----------------------------|
| MN Department of Trade and Economic Development | Alexandria Extrusion  | \$500,000                  |
| New Prague, City of                             | MN Valley Engineering   | \$500,000                  |
| MN Department of Trade and Economic Development | Advanced Circuits Inc   | \$496,000                  |
| St. Paul Port Authority                         | The Norgen Group LLC (Brissman Kennedy)                         | \$463,478                  |
| White Bear Township                             | Com-tal Machine & Engineering                                   | \$460,000                  |
| Fountain, City of                               | Valley Design Inc   | \$453,050                  |
| Brooklyn Park EDA                               | Duke Realty Investments Inc. Crossroads North Business Center 5 | \$451,000                  |
| Duluth EDA                                      | J.M.M. Limited Partnership                                      | \$450,000                  |
| Ramsey, City of                                 | Anderson & Dahlen Inc   | \$441,000                  |
| Renville, City of                               | Midwest Investors dba Golden Oval Eggs                          | \$434,819                  |
| Lakeville, City of                              | Di-Hed Yokes Inc  | \$433,644                  |
| Brooklyn Park EDA                               | Ryan Companies/Interstate Business Center II                    | \$429,750                  |
| Red Wing Port Authority                         | Knudsen Enterprises   | \$425,000                  |
| Burnsville EDA                                  | R.D.A. LLC  | \$421,130                  |
| St. Paul Port Authority                         | National Checking Co.   | \$418,176                  |
| Burnsville EDA                                  | Bluffs West Partnership   | \$410,124                  |
| Detroit Lakes, City of                          | Midwest MN Community Development Corp                           | \$409,250                  |
| St. Paul Port Authority                         | G & K Services Inc  | \$405,979                  |
| Breezy Point, City of                           | Whitebirch Inc  | \$400,020                  |
| Brooks, City of                                 | Paradis Bros LLP  | \$390,867                  |
| Burnsville EDA                                  | Quality Ingredients Corp  | \$376,684                  |
| MN Department of Trade and Economic Development | Electric Machinery Co ( Mpls)                                   | \$375,000                  |
| St. Paul Port Authority                         | Summit Brewing Co.  | \$366,667                  |
| Gaylord, City of                                | Unified Container Solutions Inc                                 | \$364,500                  |
| MN Department of Trade and Economic Development | Onan ( Fridley)   | \$360,000                  |
| Burnsville EDA                                  | Peter J. Smith  | \$359,199                  |
| MN Department of Trade and Economic Development | Com-Tal (WBT)   | \$350,000                  |
| MN Department of Trade and Economic Development | Alexandria Extrusion  | \$350,000                  |
| St. Paul Port Authority                         | Viking Automatic Sprinkler                                      | \$348,479                  |
| Rockford, City of                               | Minnesota Diversified Products                                  | \$343,236                  |
| Burnsville EDA                                  | Industrial Equities LLP   | \$335,200                  |
| White Bear Township                             | St. Croix Valley Hardwoods                                      | \$335,000                  |
| Burnsville EDA                                  | Southern Lights Inc   | \$325,735                  |
| Lakeville, City of                              | Hearth Technologies Inc   | \$323,738                  |
| Burnsville EDA                                  | Aquila Corporation dba BELCORP                                  | \$317,120                  |
| Ramsey, City of                                 | Direct Enclosures Inc.  | \$311,052                  |
| Fergus Falls, City of                           | Norcon Resources LLP  | \$302,300                  |
| MN Department of Trade and Economic Development | United Parcel Service (Maple Grove)                             | \$300,000                  |
| Eagan, City of                                  | Roseville Properties  | \$300,000                  |
| MN Department of Trade and Economic Development | Cardiac Pacemakers (Arden Hills)                                | \$300,000                  |
| MN Department of Trade and Economic Development | Cardiac Pacemakers (Arden Hills)                                | \$300,000                  |
| New Brighton, City of                           | Brighton East Office Center                                     | \$300,000                  |
| Duluth EDA                                      | Holiday Inn of Tucumcari for Canal Park Inn                     | \$300,000                  |
| New Brighton, City of                           | Brighton East Office Center                                     | \$300,000                  |
| MN Department of Trade and Economic Development | General Litho Services (Brooklyn Park)                          | \$300,000                  |
| MN Department of Trade and Economic Development | Amsolnew Flyer of America (Crookston)                           | \$300,000                  |
| MN Department of Trade and Economic Development | K-Bar Industries Inc.   | \$300,000                  |
| Burnsville EDA                                  | Skyservice Investments LLP                                      | \$297,859                  |
| Sartell, City of                                | Care Call   | \$295,667                  |
| MN Department of Trade and Economic Development | Point Rejuvenate/Kidspace                                       | \$293,000                  |
| Rochester, City of                              | Gauthier Industries   | \$291,000                  |
| Swift County                                    | Custom Ag Products Inc  | \$275,000                  |
| Burnsville EDA                                  | Tires Plus Group Ltd  | \$272,796                  |
| Moorhead, City of                               | DAAN Development of Moorhead LLC                                | \$270,800                  |
| Burnsville EDA                                  | Paul F. Gonyea  | \$267,328                  |
| Melrose Area Development Authority              | Melrose Marine & sports Inc                                     | \$255,600                  |
| Anoka, City of                                  | Midwest Fixture Group   | \$252,700                  |
| St. Paul Port Authority                         | Siewert Properties LLC (Ideal Printers Inc.)                    | \$252,648                  |
| New Ulm, City of                                | Palm Beach Marinecraft Inc                                      | \$250,000                  |
| MN Department of Trade and Economic Development | ADC Telecommunications (Shakopee)                               | \$250,000                  |
| MN Department of Trade and Economic Development | Copper Sales (Anoka)  | \$250,000                  |
| Montevideo, City of                             | SL Montevideo Technology  | \$250,000                  |
| MN Department of Trade and Economic Development | Air Tec-Acquisition (Anoka)                                     | \$250,000                  |
| Brainerd, City of                               | Meridan Properties  | \$250,000                  |
| MN Department of Trade and Economic Development | Hennepin Paper Co.  | \$250,000                  |
| Woodbury, City of                               | Technical Properties LLC  | \$249,900                  |

# **Distribution of Business Assistance by Government Agency for Agreements Reached from July 1, 1995 to July 31, 1999**

| <u>Agency Name</u>                              | <u>Business Receiving Assistance</u>                            | <u>Dollar Value</u> |
|---|---|---------------------|
| Anoka, City of                                  | Meier Tool  | \$246,422           |
| Faribault, City of                              | Jerome Foods, The Turkey Store                                  | \$245,000           |
| Burnsville EDA                                  | Burnsville Showcase LLP   | \$240,690           |
| St. Paul Port Authority                         | EMC Corp  | \$240,000           |
| St. Paul Port Authority                         | Guinee Family Limited Partnership (Miratec Systems Inc)         | \$237,837           |
| Winsted, City of                                | RAM Buildings Inc.  | \$237,464           |
| Burnsville EDA                                  | Bluffs West Partnership (II)                                    | \$236,491           |
| Brooklyn Park EDA                               | Duke Realty Investments Inc. Crossroads North Business Center 2 | \$235,000           |
| Anoka, City of                                  | Kenmark Partnership (Capco)                                     | \$232,162           |
| Duluth EDA                                      | Canal Properties Inc. for Hampton Inn                           | \$230,000           |
| Gaylord, City of                                | Gold Leaf Inn & Suites  | \$223,155           |
| MN Department of Trade and Economic Development | Webway  | \$220,000           |
| St. Peter, City of                              | St. Peter Cinema 5 LLC  | \$220,000           |
| North Branch EDA                                | New Town Furniture Inc  | \$220,000           |
| Hugo, City of                                   | Schwieters Properties   | \$212,188           |
| Burnsville EDA                                  | Hoyt Properties Inc   | \$203,184           |
| MN Department of Trade and Economic Development | Homecrest Industries Inc  | \$200,814           |
| Lakeville, City of                              | Itron   | \$200,000           |
| MN Department of Trade and Economic Development | Cross Consulting Group  | \$200,000           |
| MN Department of Trade and Economic Development | MN Diversified Industries (Mpls)                                | \$200,000           |
| LeCenter, City of                               | Goldsneye Products  | \$200,000           |
| MN Department of Trade and Economic Development | Vision Ease (Ramsey)  | \$200,000           |
| MN Department of Trade and Economic Development | Rainbow Signs (Anoka)   | \$200,000           |
| MN Department of Trade and Economic Development | Gold'N'Plump Poultry  | \$200,000           |
| MN Department of Trade and Economic Development | Dixie Carbonic Inc  | \$200,000           |
| MN Department of Trade and Economic Development | Reinhart Food Service (Rogers)                                  | \$199,500           |
| Austin, City of                                 | Austin Packaging Co   | \$199,000           |
| MN Department of Trade and Economic Development | Product Research & Dev (Bagley)                                 | \$199,000           |
| MN Department of Trade and Economic Development | Fagen Engineering Inc   | \$197,000           |
| MN Department of Trade and Economic Development | American Business Forms   | \$195,000           |
| Burnsville EDA                                  | Nicollet Cliff Company LLC                                      | \$193,808           |
| Anoka, City of                                  | Retailer Service Corp   | \$188,359           |
| White Bear Township                             | Water Gremlin Co.   | \$188,313           |
| MN Department of Trade and Economic Development | Amsopolaris Industries Inc (Roseau)                             | \$182,500           |
| Brooklyn Park EDA                               | Crossroads North Business Center 3                              | \$182,000           |
| Monticello HRA                                  | Midwest Graphics and Response Systems Inc                       | \$181,000           |
| Burnsville EDA                                  | The Hegedus Family LLP  | \$180,000           |
| Burnsville EDA                                  | Rivers Edge Partners LLP  | \$178,300           |
| Benton County                                   | Bauerly Brothers Inc  | \$176,000           |
| MN Department of Trade and Economic Development | Possis Medical (Coon Rapids)                                    | \$175,000           |
| Faribault, City of                              | Bridgewater Tech., Inc.   | \$175,000           |
| Burnsville EDA                                  | F.R. Acquisitions Inc   | \$173,449           |
| MN Department of Trade and Economic Development | Stearns Bank/Equipment Leasing                                  | \$170,000           |
| Chisago County HRA-EDA                          | South Dakota Furniture Mart                                     | \$170,000           |
| Wells, City of                                  | Wells Super Valu Grocery  | \$165,689           |
| Faribault, City of                              | MDC Development LLD   | \$160,000           |
| Luverne EDA                                     | Kevin Aaker   | \$153,000           |
| MN Department of Trade and Economic Development | Windland Electronics Inc.                                       | \$150,000           |
| MN Dept of Agriculture                          | Haubenschild Farm Inc   | \$150,000           |
| MN Department of Trade and Economic Development | St. Croix Valley Hardwoods (WBT)                                | \$150,000           |
| Benton County                                   | St. Cloud Tire  | \$150,000           |
| Perham, City of                                 | Richard T. Bucholz  | \$150,000           |
| Lakeville, City of                              | Verified Credentials Inc  | \$150,000           |
| Welcome, City of                                | Easy Systems Inc  | \$150,000           |
| Perham, City of                                 | Minnesota Metalworks Inc  | \$150,000           |
| Wabasso, City of                                | Jonti-Craft   | \$150,000           |
| Luverne EDA                                     | Tri State Ins   | \$150,000           |
| Fergus Falls, City of                           | MRLB International Inc  | \$150,000           |
| St. Peter EDA                                   | Citizens Scholarship Foundation                                 | \$150,000           |
| Perham, City of                                 | Industrial Finishing Services                                   | \$150,000           |
| MN Department of Trade and Economic Development | Tri State Insurance   | \$150,000           |
| MN Department of Trade and Economic Development | Jonti Craft Inc.  | \$150,000           |
| St. Peter EDA                                   | Blake Dirks OD  | \$150,000           |
| Montevideo City of                              | SRK, LLC  | \$150,000           |
| Melrose Area Development Authority              | Funky's Restaurant & Lounge                                     | \$150,000           |
| Montevideo CDC                                  | Genesis Properties  | \$150,000           |

# **Distribution of Business Assistance by Government Agency for Agreements Reached from July 1, 1995 to July 31, 1999**

| <u>Agency Name</u>                              | <u>Business Receiving Assistance</u> | <u>Dollar Value</u> |
|---|--------------------------------------|---------------------|
| MCDA  | Ambassador Press                     | \$149,123           |
| MN Department of Trade and Economic Development | American Coating Technology          | \$148,000           |
| St. Joseph, City of                             | SKN Property LLC                     | \$145,000           |
| Stillwater, City of                             | Schoonover Real Estate Co LLP        | \$143,000           |
| Lakeville, City of                              | Technical Methods Inc                | \$142,000           |
| Benton County                                   | Granite City Armored Cars            | \$140,000           |
| MN Department of Trade and Economic Development | Twin City/American Monorail Inc      | \$140,000           |
| Burnsville EDA                                  | Hi-Tech Floors Inc                   | \$137,876           |
| Waterville, City of                             | Prosch-Dennis Funeral Home           | \$137,850           |
| Perham, City of                                 | Perham Grain & Feed Inc              | \$135,000           |
| Burnsville EDA                                  | Transcom Inc. (John E. Rice)         | \$132,070           |
| Perham, City of                                 | LPM Inc.                             | \$130,000           |
| LeCenter, City of                               | Factor Motors                        | \$130,000           |
| St. Peter EDA                                   | Terrasol Restoration                 | \$130,000           |
| Hibbing, City of                                | Sim Supply                           | \$130,000           |
| Lino Lakes EDA                                  | McLad LLP                            | \$126,076           |
| MN Department of Trade and Economic Development | Voyager Supply                       | \$125,000           |
| Burnsville EDA                                  | Darrel and Chris Gonyea              | \$120,672           |
| Duluth EDA                                      | DMR Consulting Group Inc             | \$120,000           |
| Brooklyn Park EDA                               | General Property Investors LLP       | \$119,000           |
| Fountain, City of                               | Valley Design Inc.                   | \$117,100           |
| Burnsville EDA                                  | Consolidated Computer Services Inc   | \$115,000           |
| Burnsville EDA                                  | Fort Dodge Properties                | \$111,000           |
| New York Mills EDA                              | Industrial Finishing Services        | \$110,000           |
| MN Department of Trade and Economic Development | Willmar Manufacturing                | \$110,000           |
| White Bear Township                             | State Tool                           | \$110,000           |
| MN Department of Trade and Economic Development | Standard Iron                        | \$110,000           |
| Burnsville EDA                                  | Powder Technology LLP                | \$105,840           |
| Anoka, City of                                  | Case & Associates                    | \$104,775           |
| Red Wing Port Authority                         | Lab Boy Enterprises LLC              | \$102,500           |
| Cook County                                     | Devil Track Lodge                    | \$100,000           |
| Cook County                                     | Devil Track Partners LLC             | \$100,000           |
| Cook County                                     | East Bay Hotel                       | \$100,000           |
| Warroad Port Authority                          | Helgeson Chapels LLC                 | \$100,000           |
| Faribault, City of                              | Sparcks Manufacturing                | \$100,000           |
| Faribault, City of                              | Sellner Manufacturing Co.            | \$100,000           |
| Jackson, City of                                | B & H Mfg Inc                        | \$100,000           |
| Cook County                                     | Thomsonite Beach Resort              | \$100,000           |
| MN Department of Trade and Economic Development | Northwest Airlines                   | \$100,000           |
| MN Department of Trade and Economic Development | Formative Engineering                | \$100,000           |
| MN Department of Trade and Economic Development | Cabinet Components & Distribution    | \$100,000           |
| MN Department of Trade and Economic Development | Industrial Door (Coon Rapids)        | \$100,000           |
| St. Peter EDA                                   | W.M. Gustafson                       | \$100,000           |
| MN Department of Trade and Economic Development | Custom Ag Products                   | \$100,000           |
| Monticello EDA                                  | Mainline Distribution Properties     | \$100,000           |
| Barnsville EDA                                  | DMT Properties                       | \$100,000           |
| MN Department of Trade and Economic Development | Aaron Carlson Woodworking            | \$100,000           |
| Sebek, City of                                  | Diamond Tool Inc                     | \$100,000           |
| Brooklyn Park EDA                               | AQE Park Limited                     | \$96,000            |
| Warroad Port Authority                          | Duckwall - ALCO Stores Inc           | \$95,423            |
| MN Department of Trade and Economic Development | Diamond Tool & Eng                   | \$90,000            |
| Caledonia, City of                              | Winnebago Software Company           | \$90,000            |
| Caledonia, City of                              | Milton & Sharon Schoeberl            | \$90,000            |
| MN Department of Trade and Economic Development | Lehmann Farms                        | \$86,012            |
| Watkins, City of                                | Barrier Technology                   | \$85,500            |
| Benton County                                   | TLC University                       | \$85,000            |
| Perham, City of                                 | Neyens Well Drilling Inc.            | \$85,000            |
| MN Department of Trade and Economic Development | Sparks Manufacturing Inc             | \$85,000            |
| Burnsville EDA                                  | Paul Gonyea                          | \$84,000            |
| Benton County                                   | Engel Metallurgical                  | \$80,000            |
| MN Department of Trade and Economic Development | Fastenal Company                     | \$80,000            |
| Moorhead, City of                               | Northland Dental                     | \$80,000            |
| New Ulm, City of                                | Rebound Properties Inc               | \$80,000            |
| MN Department of Trade and Economic Development | Energy Economics                     | \$80,000            |
| Elk River EDA                                   | Supercats Inc                        | \$79,000            |
| Verndale, City of                               | Verndale Truss Inc.                  | \$79,000            |

# **Distribution of Business Assistance by Government Agency for Agreements Reached from July 1, 1995 to July 31, 1999**

| <u>Agency Name</u>                              | <u>Business Receiving Assistance</u>                          | <u>Dollar Value</u> |
|---|---|---------------------|
| Luverne EDA                                     | Fulda Electric  | \$77,000            |
| LeCenter, City of                               | Max Johnson Trucking  | \$76,000            |
| MN Department of Trade and Economic Development | Moline Machinery  | \$75,000            |
| Jackson, City of                                | Sleepy 8, LLC dba Super 8 Motel                               | \$75,000            |
| MCDA  | Clean X Dry Cleaning Service                                  | \$75,000            |
| Perham, City of                                 | Foster Strand dba Foster's Marine Service                     | \$75,000            |
| Port Authority of Winona                        | VAS Engineering & Manufacturing                               | \$75,000            |
| Fairmont, City of                               | Chesley Freightliners   | \$75,000            |
| Jackson, City of                                | Omnium Worldwide Inc. dba Accent Insurance Recovery Solutions | \$75,000            |
| MN Department of Trade and Economic Development | NBC Products (Prior Lake)                                     | \$75,000            |
| MN Department of Trade and Economic Development | Lor-Al  | \$75,000            |
| MN Department of Trade and Economic Development | Boder City Building Systems                                   | \$75,000            |
| MCDA  | New French bakery   | \$75,000            |
| MCDA  | Siewert Cabinet & Fixture                                     | \$75,000            |
| MCDA  | Baker Bearing   | \$75,000            |
| MN Department of Trade and Economic Development | Chorus Corporation (WBT)                                      | \$75,000            |
| St. Paul Port Authority                         | Advance Corp  | \$70,000            |
| Burnsville EDA                                  | Leeandee Partnership  | \$68,674            |
| Owatonna EDA                                    | Ribbonlift Inc.   | \$67,000            |
| Austin, City of                                 | Palleton On MN Inc.   | \$66,200            |
| Cook County                                     | Sven & Ole's Inc  | \$60,000            |
| Burnsville EDA                                  | Clayton & Beverly Larson (for Northwest Bituminous            | \$60,000            |
| Dunnell, City of                                | Hwy 4 Store - Alice Hannegrefs                                | \$60,000            |
| Brooklyn Park EDA                               | Technical Resin Packaging                                     | \$60,000            |
| LeCenter, City of                               | House of Insurance  | \$58,000            |
| MN Department of Trade and Economic Development | Partridge River   | \$57,000            |
| Spicer, City of                                 | Vine Valley Distribution                                      | \$57,000            |
| Burnsville EDA                                  | RDO Equipment Co. (Vermeer Division)                          | \$56,406            |
| Burnsville EDA                                  | Lac Lavon Partners LLC  | \$56,400            |
| Ham Lake, City of                               | Al-Cast Mold & Pattern Inc.                                   | \$55,000            |
| MN Department of Trade and Economic Development | Mink Lake Mfg   | \$55,000            |
| Lino Lakes EDA                                  | NOL-TEC, LLC  | \$54,000            |
| Burnsville EDA                                  | RDO Equipment Co  | \$52,000            |
| Burnsville EDA                                  | Ticen's Pro Care Inc  | \$51,000            |
| Owatonna EDA                                    | Rental Station Inc.   | \$50,000            |
| DTED (MN Ag & Econ Dev Board)                   | Aittec Acquisition Corp                                       | \$50,000            |
| MN Dept of Agriculture                          | Heartland Energy Inc  | \$50,000            |
| Owatonna EDA                                    | RJF Windows & Doors   | \$50,000            |
| Orr, City of                                    | Bruns Inc   | \$50,000            |
| Duluth EDA                                      | A & L Development Inc. (Technology Village)                   | \$50,000            |
| Port Authority of Winona                        | Downtown Dental   | \$50,000            |
| LeCenter, City of                               | Mr Garage   | \$50,000            |
| Owatonna EDA                                    | Hometown Motors   | \$50,000            |
| Luverne EDA                                     | Excito Foods  | \$50,000            |
| Cook County                                     | Hillhaven Homes Plus  | \$50,000            |
| Burnsville EDA                                  | MN Valley YMCA  | \$50,000            |
| Brainerd, City of                               | Brainerd Mobil  | \$50,000            |
| Lindstrom, City of                              | Nyborg Enterprises Inc  | \$50,000            |
| Woodbury, City of                               | CSM Properties Inc.   | \$50,000            |
| MN Department of Trade and Economic Development | Glenmac Inc.  | \$50,000            |
| Jackson, City of                                | Ag Chem Equipment Co Inc.                                     | \$50,000            |
| Faribault, City of                              | Gray Wolf Manufacturing                                       | \$50,000            |
| Cook County                                     | Site Supply   | \$50,000            |
| New Ulm, City of                                | B n W Properties  | \$47,500            |
| MN Dept of Agriculture                          | Prairie Farmers Cooperative                                   | \$47,200            |
| Renville, City of                               | CAS, Waker Implement  | \$46,018            |
| Moorhead, City of                               | Erickson Contracting  | \$46,000            |
| Perham, City of                                 | Gary's Electric Repair  | \$45,000            |
| MN Department of Trade and Economic Development | Harkers Distribution (Fridley)                                | \$45,000            |
| Burnsville EDA                                  | Eastling Family Partnership Ltd                               | \$44,000            |
| Burnsville EDA                                  | Al's Cabinets   | \$42,960            |
| MN Department of Trade and Economic Development | Davidson Printing   | \$40,500            |
| MCDA  | Harbinger Industries  | \$40,000            |
| St. Peter, City of                              | Brinker Enterprises and St. Peter Woolen Mill                 | \$40,000            |
| St. Peter, City of                              | Kind Veterinary Clinic  | \$40,000            |
| Luverne EDA                                     | Cor-Tech Manufacturing  | \$40,000            |

**Distribution of Business Assistance by Government Agency for Agreements Reached from July 1, 1995 to July 31, 1999**

| <u>Agency Name</u>                              | <u>Business Receiving Assistance</u>                          | <u>Dollar Value</u>  |
|---|---|----------------------|
| Rochester, City of                              | Rochester Meats   | \$40,000             |
| MN Department of Trade and Economic Development | MIN Aqua Fisheries  | \$40,000             |
| St. Peter, City of                              | River Valley Industries                                       | \$40,000             |
| St. Peter, City of                              | Robert Hamilton dba St. Peter Funeral Home                    | \$40,000             |
| Renville, City of                               | MinAqua Fisheries   | \$40,000             |
| MN Department of Trade and Economic Development | Custom Polymer Specialist Inc                                 | \$40,000             |
| Pine, City of                                   | Sterling Water Inc dba Culligan Water                         | \$40,000             |
| St. Peter, City of                              | Super 6 Wash & Lube Inc                                       | \$40,000             |
| St. Peter, City of                              | Dr. Steven Moore dba Chiropractic Holistic Health Care Center | \$40,000             |
| St. Peter, City of                              | LJP Enterprises   | \$40,000             |
| St. Peter, City of                              | Linguistic Technologies                                       | \$40,000             |
| MN Department of Trade and Economic Development | Bend Tec  | \$37,500             |
| New Prague, City of                             | Neil Dornbusch Associates                                     | \$37,000             |
| Hastings, City of                               | Eischen Cabinet Co.   | \$36,154             |
| Moorhead, City of                               | Wayne Christianson DDS-Family Dentistry of Moorhead Ltd       | \$35,000             |
| New Ulm, City of                                | S & H Capital LLC   | \$33,375             |
| Burnsville EDA                                  | JRL & Associates LLP  | \$33,265             |
| Duluth EDA                                      | Crossroads Flux Inc.  | \$31,575             |
| Carver, City of                                 | Carver Depot  | \$30,000             |
| MN Dept of Agriculture                          | MN Valley Alfalfa Producers                                   | \$29,000             |
| Henning EDA                                     | TNT   | \$27,500             |
| Swift County RDA                                | Custom Ag Products Inc  | \$25,875             |
| Brainerd, City of                               | Borden Steinbauer Krueger                                     | \$25,800             |
| Ham Lake, City of                               | Signs of Perfection Inc                                       | \$25,000             |
| <b>Totals</b>                                   | <b>354</b>  | <b>\$164,939,117</b> |
|   | <b>Median Value</b>   | <b>\$162,845</b>     |

## **APPENDIX J:**

**Listing of Agencies that Held a Public Hearing and Adopted  
Criteria in 2001 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                       |
| Aitkin County                                    | Yes                        | No/RLF                    |
| Albany, City of                                  | Yes                        | Yes                       |
| Albert Lea Port Authority                        | No                         | Yes                       |
| Albert Lea, City of                              | Yes                        | Yes                       |
| Albertville, City of                             | Yes                        | Yes                       |
| Alexandria, City of                              | Yes                        | Yes                       |
| Alexandria (Township of)                         | No                         | No                        |
| Andover, City of                                 | No                         | No                        |
| Annandale, City of                               | Yes                        | Yes                       |
| Annandale EDA                                    | Yes                        | Yes                       |
| Anoka, City of                                   | Yes                        | Yes                       |
| Anoka County                                     | No                         | No                        |
| Apple Valley, City of                            | Yes                        | Yes                       |
| Arden Hills, City of                             | No                         | No                        |
| Arrowhead Regional Development Commission        | Yes                        | Yes                       |
| Austin, City of                                  | Yes                        | Yes                       |
| Bagley, City of                                  | No                         | No                        |
| Baldwin (Township of)                            | No                         | No                        |
| Barnesville EDA                                  | Yes                        | Yes                       |
| Baxter, City of                                  | Yes                        | Yes                       |
| Bayport, City of                                 | No                         | No                        |
| Becker, City of                                  | Yes                        | Yes/2000                  |
| Becker, City of, EDA                             | Yes                        | Yes                       |
| Becker County, EDA                               | No                         | No                        |
| Becker (Township of)                             | No                         | No                        |
| Belle Plaine, City of                            | Yes                        | Yes                       |
| Belle Plaine EDA                                 | No                         | No                        |
| Beltrami County HRA                              | No                         | No                        |
| Belview, City of                                 | Yes                        | Yes                       |
| Bemidji, City of                                 | No                         | No                        |
| Bemidji (Township of)                            | No                         | No                        |
| Benson, City of                                  | Yes                        | Yes                       |
| Benson, EDA                                      | No                         | No                        |
| Benson, HRA                                      | No                         | No                        |
| Benton County                                    | Yes                        | Yes/2000                  |
| Big Lake, City of                                | Yes                        | Yes                       |
| Big Lake EDA                                     | Yes                        | Yes                       |
| Big Lake (Township of)                           | No                         | No                        |
| Big Stone County                                 | No                         | No                        |
| Blaine, City of                                  | No                         | No                        |
| Blaine Area Development Company                  | Yes                        | Yes                       |
| Blaine EDA                                       | Yes                        | Yes/2000                  |
| Blooming Prairie, City of                        | No                         | No                        |
| Bloomington, City                                | No                         | No                        |
| Bloomington Port Authority                       | No                         | No                        |
| Blue Earth, City of                              | No                         | No                        |
| Blue Earth EDA                                   | Yes                        | Yes                       |
| Bradford (Township of)                           | No                         | No                        |
| Brainerd, City of                                | Yes                        | Yes                       |
| 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                       |
| Brooklyn Center EDA                              | Yes                        | Yes/2000                  |
| Brooklyn Park, City of                           | Yes                        | Yes                       |
| Brooklyn Park, City of EDA                       | Yes                        | Yes                       |
| Brooks, City of                                  | No                         | No                        |
| Broton, City of                                  | Yes                        | No                        |
| Browerville, City of                             | No                         | No                        |
| Brown County Economic Development Partners, Inc. | No                         | No                        |
| 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                        |

**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> |
|--|----------------------------|---------------------------|
| Burnsville EDA                             | Yes                        | Yes                       |
| Business Development Inc.(Fergus Falls)    | No                         | No                        |
| Byron, City of                             | No                         | No                        |
| Caledonia, City of                         | Yes                        | Yes                       |
| Caledonia EDA                              | No                         | 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                           | No                         | No                        |
| Carlton County                             | No                         | No                        |
| Carver County                              | 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                       |
| Chaska EDA                                 | Yes                        | Yes                       |
| 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                       |
| 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                       |
| Cloquet, City of                           | Yes                        | Yes                       |
| 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                       |
| Corcoran, City of                          | No                         | No                        |
| Cosmos, City of                            | No                         | No                        |
| Cottage Grove, City of                     | Yes                        | Yes                       |
| Cottage Grove EDA                          | No                         | No                        |
| Cottonwood, City of                        | Yes                        | Yes                       |
| Cottonwood County                          | Yes                        | Yes                       |
| 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                        |
| Dakota County                              | No                         | No                        |
| Dakota County Community Development Agency | Yes                        | Yes/2000                  |
| Dayton, City of                            | No                         | No                        |
| Deephaven, City of                         | No                         | No                        |
| Delano, City of                            | Yes                        | Yes                       |
| Detroit Lakes, City of                     | Yes                        | No                        |
| Detroit Lakes Dev. Authority               | No                         | No                        |
| Dilworth, City of                          | Yes                        | Yes                       |
| Dodge Center, City of                      | No                         | No                        |
| Douglas County                             | No                         | No                        |
| Douglas County HRA                         | No                         | No                        |
| Duluth, City of                            | Yes                        | Yes                       |
| Duluth EDA                                 | Yes                        | Yes                       |
| Duluth HRA                                 | No                         | No                        |
| Duluth Seaway Port Authority               | Yes                        | Yes                       |

**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> |
|---|----------------------------|---------------------------|
| 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                       | No                         | No                        |
| Eden Prairie, City of                       | Yes                        | Yes                       |
| Eden Valley, City of                        | Yes                        | Yes                       |
| Edina, City of                              | No                         |                           |
| Edina HRA                                   | Yes                        | No/Agreement              |
| Elbow Lake, City of                         | No                         | No                        |
| Elk River, City of                          | Yes                        | Yes                       |
| Elk River EDA                               | Yes                        | Yes                       |
| Elk River HRA                               | Yes                        | Yes                       |
| Ely, City of                                | No                         | No                        |
| Ely HRA                                     | No                         | No                        |
| Eveleth, City of                            | No                         | No                        |
| Eveleth EDA                                 | No                         | No                        |
| Fairmount, City of                          | Yes                        | Yes                       |
| Falcon Heights, City of                     | No                         | No                        |
| Faribault, City of                          | Yes                        | Yes                       |
| Faribault County Local Redevelopment Agency | Yes                        | Yes/2000                  |
| Faribault EDA                               | Yes                        | Yes                       |
| Farmington, City of                         | Yes                        | Yes/2000                  |
| Farmington HRA                              | Yes                        | Yes                       |
| Fergus Falls, City of                       | Yes                        | Yes                       |
| Fergus Falls Port Authority                 | No                         | No                        |
| Fillmore County                             | No                         | No                        |
| Foley, City of                              | No                         | No                        |
| Forest Lake, City of                        | Yes                        | Yes                       |
| 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                       |
| Glenwood, City of                           | No                         | No                        |
| Glyndon, City of                            | Yes                        | Yes                       |
| Golden Valley, City of                      | No                         | No                        |
| Goodhue County                              | No                         | No                        |
| Goodview, City of                           | No                         | No                        |
| Grand Lake (Township of)                    | No                         | No                        |
| Grand Rapids, City of                       | No                         | No                        |
| Grand Rapids EDA                            | Yes                        | Yes                       |
| Grand Rapids Township                       | No                         | No                        |
| Granite Falls, City of                      | No                         | 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                       |
| Harris (Township of)                        | No                         | No                        |
| Hassan (Township of)                        | No                         | No                        |
| Hastings, City of                           | Yes                        | Yes                       |
| Henderson, City of                          | No                         | No                        |
| Hennepin County                             | No                         | No                        |
| Henning, City of, EDA                       | Missing Data               | Missing Data              |
| Hermantown, City of                         | No                         | No                        |
| Hibbing EDA                                 | No                         | No                        |
| Hibbing, City of                            | No                         | No                        |
| Hinckley, 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> |
|---|----------------------------|---------------------------|
| Hopkins, City of                                      | Yes                        | Yes                       |
| Hopkins HRA   | Yes                        | Yes                       |
| Howard Lake   | Yes                        | Yes                       |
| Hubbard County  | No                         | No                        |
| Hugo, City of   | Yes                        | Yes                       |
| Hutchinson, City of                                   | No                         | No                        |
| Hutchinson Community Development Commission           | Yes                        | Yes                       |
| Independence, City of                                 | No                         | No                        |
| International Falls, City of                          | No                         | No                        |
| Inver Grove Heights, City of                          | Yes                        | Yes/2000                  |
| Iron Range Resources and Rehabilitation Board (IRRRB) | Other                      | Other                     |
| Isanti County   | No                         | No                        |
| Itasca County   | No                         | No                        |
| Jackson, City of                                      | Yes                        | Yes                       |
| Jackson County (Revolving Loan Fund)                  | 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, City of                                      | Yes                        | Yes                       |
| Kittson County  | No                         | No                        |
| Koochiching Development Authority                     | Yes                        | Yes                       |
| Lac qui Parle County                                  | No                         | No                        |
| La Crescent, City of                                  | Yes                        | Yes                       |
| La Grand (Township of)                                | No                         | No                        |
| Lake City, City of                                    | Yes                        | Yes                       |
| Lake County   | No                         | No                        |
| Lake Elmo   | No                         | No                        |
| Lake of the Woods County                              | No                         | No                        |
| Lakeville, City of                                    | Yes                        | Yes/2000                  |
| La Prairie, City of                                   | No                         | No                        |
| Lauderdale, City of                                   | Yes                        | Yes                       |
| 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 Sueur 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                       |
| Little Canada, City of                                | No                         | No                        |
| Little Falls, City of                                 | Yes                        | Yes                       |
| Livonia (Township of)                                 | No                         | No                        |
| Long Lake, City of                                    | No                         | No                        |
| Long Lake EDA   | Yes                        | Yes                       |
| Long Prairie, City of                                 | No                         | No                        |
| Luverne, City of                                      | No                         | No                        |
| Luverne EDA   | Yes                        | Yes                       |
| Luverne HRA   | Yes                        | Yes/2000                  |
| Lyon 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                       |
| Mankato, City of                                      | No                         | No                        |
| Maple Grove, City of                                  | Yes                        | Yes                       |
| Maple Lake, City of                                   | No                         | No                        |
| Maple Plain, 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>  |
|---|----------------------------|----------------------------|
| Mapleton, City of                                     | Yes                        | Yes                        |
| Maplewood, City of                                    | No                         | No                         |
| Marion (Township of)                                  | 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                        |
| Melrose, City of                                      | No                         | No                         |
| Melrose Area Development Authority                    | Yes                        | Yes                        |
| Melrose HRA   | No                         | No                         |
| Mendota Heights, City of                              | Yes                        | No                         |
| Metropolitan Council                                  | No                         | No                         |
| Mid-Minnesota Development Commission                  | Other                      | o/RLF - Federal Compliance |
| Milaca, City of                                       | Other                      | No/RLF - Development Fund  |
| Mille Lacs County                                     | No                         | No                         |
| Minneapolis, City of                                  | No                         | No                         |
| Minneapolis Community Development Agency              | Yes                        | Yes                        |
| Minneapolis Foundation                                | No                         | No                         |
| Minneapolis Foundation's Entrepreneurs Fund           | No                         | No                         |
| Minneapolis Public Housing Authority                  | No                         | No                         |
| Minnesota Agricultural and Economic Development Board | Yes                        | No                         |
| Minnesota Planning                                    | No                         | No                         |
| Minnesota Pollution Control Agency                    | No                         | No                         |
| Minnetonka, City of                                   | No                         | No                         |
| Minnetrista, City of                                  | No                         | No                         |
| MN Department of Agriculture                          | No                         | No                         |
| MN Department of Trade and Economic Development       | Yes                        | Yes                        |
| 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                        |
| Monticello EDA  | Yes                        | Yes                        |
| Monticello HRA  | Yes                        | Yes                        |
| Monticello (Township of)                              | No                         | No                         |
| Moorhead, City of                                     | Yes                        | Yes/2000                   |
| Moose Lake, City of                                   | Yes                        | Yes/2000                   |
| Mora, City of   | No                         | No                         |
| Morris, City of                                       | Yes                        | Yes                        |
| Morrison County                                       | No                         | No                         |
| Motley, City of                                       | No                         | No                         |
| Mound, City of  | Yes                        | Yes                        |
| Mound HRA   | Yes                        | Yes                        |
| Mounds View, City of                                  | Yes                        | Yes/2000                   |
| Mounds View EDA                                       | Yes                        | Yes                        |
| Mountain Iron, City of                                | Yes                        | Yes/2000                   |
| Mountain Iron HRA                                     | Yes                        | Yes                        |
| 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                        |
| New London (Township of)                              | No                         | No                         |
| New Market (Township of)                              | No                         | No                         |
| Newport, City of                                      | No                         | No                         |
| New Prague, City of                                   | Yes                        | Yes                        |
| New Scandia (Township of)                             | No                         | No                         |
| New Ulm, City of                                      | Yes                        | Yes                        |
| New Ulm EDA   | Yes                        | Yes                        |
| New York Mills EDA                                    | No                         | No                         |
| Nicollet County                                       | No                         | No                         |
| Nobles County   | Yes                        | Yes/2000                   |
| Norman County   | 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        |
|---|---------------------|---------------------------|
| North Branch, City of                       | Yes                 | Yes/2000                  |
| North Branch EDA                            | Yes                 | No/City Policy            |
| Northeast Northland Foundation              | No                  | No                        |
| North End Area Revitalization, Inc.         | Other               | Other/Established by DTED |
| Northern (Township of)                      | No                  | No                        |
| Northfield, City of                         | Yes                 | Yes                       |
| Northfield EDA                              | Yes                 | Yes                       |
| 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                       |
| 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                             | No                  | No                        |
| Olivia EDA                                  | No                  | No                        |
| Olmstead County                             | No                  | No                        |
| Onamia, City of                             | No                  | No                        |
| Orono, City of                              | No                  | No                        |
| Osseo, City of                              | No                  | No                        |
| Otsego, City of                             | No                  | No                        |
| Owatonna, City of                           | Yes                 | Yes                       |
| Owatonna EDA                                | Yes                 | Yes                       |
| Park Rapids, City of                        | No                  | No                        |
| Parkers Prairie, City of                    | Yes                 | Yes/2000                  |
| Paynesville, City of                        | Yes                 | Yes                       |
| Pelican Rapids, City of                     | No                  | No                        |
| Pennington County                           | No                  | No                        |
| Pequot Lakes, City of                       | Yes                 | Yes/2000                  |
| Perham, City of                             | No                  | No                        |
| Pierz, City of                              | No                  | No                        |
| Pine City, City of                          | No                  | No                        |
| Pine Island, City of                        | No                  | No                        |
| Pine River, City of                         | Yes                 | Yes                       |
| 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                       |
| Proctor, City of                            | Yes                 | Yes                       |
| Ramsey, City of                             | Yes                 | Yes                       |
| Ramsey County HRA                           | No                  | No                        |
| Red Lake Falls, City of                     | No                  | No                        |
| Red Wing, City of                           | Yes                 | Yes/2000                  |
| Red Wing HRA                                | No                  | No                        |
| Red Wing Port Authority                     | Yes                 | Yes/Resolution - 2000     |
| Redwood County                              | No                  | No                        |
| Redwood Falls, City of                      | Yes                 | Yes                       |
| Renville, City of                           | No                  | No                        |
| Rice Lake (Township of)                     | No                  | No                        |
| Richfield, City of                          | Yes                 | Yes/2000                  |
| Richfield HRA                               | Yes                 | Yes                       |
| Robbinsdale, City of                        | Yes                 | Yes                       |
| Robbinsdale EDA                             | Yes                 | Yes                       |
| Rochester (Township of)                     | No                  | No                        |
| Rochester, City of                          | Yes                 | Yes                       |
| Rockford, City of                           | Yes                 | Yes                       |
| Rockford (Township of)                      | No                  | No                        |
| Rogers, City of                             | No                  | No                        |
| Roseau, 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> |
|--|----------------------------|---------------------------|
| Roseau County  | No                         | No                        |
| Rosemount, City of                                     | No                         | No                        |
| Rosemount Port Authority                               | Yes                        | Yes                       |
| Roseville, City of                                     | No                         | No                        |
| Sacred Heart, City of                                  | No                         | No                        |
| Saint Anthony, City of                                 | Yes                        | Yes                       |
| Saint Anthony Village                                  | No                         | No                        |
| Saint Augusta (Township of)                            | No                         | No                        |
| Saint Charles, City of                                 | Yes                        | Yes                       |
| Saint Cloud, City of                                   | No                         | No                        |
| Saint Cloud, HRA                                       | Yes                        | Yes/2000                  |
| Saint Francis, City of                                 | No                         | No                        |
| Saint James, City of                                   | No                         | No                        |
| Saint James HRA  | No                         | No                        |
| Saint Joseph, City of                                  | Yes                        | Yes                       |
| Saint Joseph (Township of)                             | No                         | No                        |
| Saint Louis County                                     | Yes                        | Yes                       |
| Saint Louis Park, City of                              | Yes                        | Yes                       |
| Saint Louis Park EDA                                   | Yes                        | Yes                       |
| Saint Michael, City of                                 | No                         | No                        |
| Saint Paul, City of                                    | No                         | 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                       |
| 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                       |
| Savage EDA   | Yes                        | No/City Policy            |
| Scott County   | Yes                        | Yes                       |
| Sebek, City of   | No                         | No                        |
| Shakopee, City of                                      | Yes                        | Yes                       |
| Shoreview, City of                                     | Yes                        | Yes                       |
| Shorewood, City of                                     | No                         | No                        |
| Slayton EDA  | No                         | No                        |
| Sleepy Eye, City of                                    | No                         | No                        |
| Sleepy Eye EDA   | Yes                        | Yes                       |
| South Saint Paul, City of                              | Yes                        | Yes                       |
| South St. Paul HRA                                     | Yes                        | Yes                       |
| South East and South Central Minnesota Initiative Fund | 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                       |
| Spring Grove, City of                                  | Yes                        | Yes                       |
| Spring Lake Park, City of                              | No                         | No                        |
| Spring Lake Park Township                              | No                         | No                        |
| Spring Valley, City of                                 | Yes                        | Yes                       |
| Spring Valley EDA                                      | Yes                        | Yes/2000                  |
| Staples, City of                                       | Yes                        | Yes                       |
| Staples EDA  | Yes                        | Yes                       |
| Stearns County   | Yes                        | Yes/2000                  |
| Stearns County HRA                                     | Yes                        | Yes                       |
| Steele County  | No                         | No                        |
| Stevens County   | No                         | No                        |
| Stewartville, City of                                  | No                         | No                        |
| Stillwater, City of                                    | Yes                        | Yes                       |
| Stockton, City of                                      | No                         | No                        |
| Swift County   | Yes                        | Yes                       |
| Swift County HRA                                       | Yes                        | No                        |
| Swift County RDA                                       | Yes                        | No                        |
| Thief River Falls, City of                             | Yes                        | Yes                       |
| Traverse County  | No                         | No                        |
| Thomson (Township of)                                  | No                         | No                        |
| Two Harbors, City of                                   | Yes                        | Yes                       |
| Two Harbors Development Commission                     | Yes                        | Yes                       |
| Upper Minnesota Valley Regional Development Commission | 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    |
|--|-------------------------|-----------------------|
| 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                    |
| Virginia, City of                              | No                      | No                    |
| Wabasha, City of                               | Yes                     | Yes/2000              |
| Wabasso, City of                               | No                      | No                    |
| Waconia, City of                               | No                      | No                    |
| Wadena, City of                                | No                      | No                    |
| Waite Park, City of                            | No                      | No                    |
| Wakefield (Township of)                        | No                      | No                    |
| Walker, City of                                | No                      | No                    |
| Warroad Port Authority                         | No                      | No                    |
| Waseca, City of                                | No                      | No                    |
| Waseca HRA                                     | No                      | No                    |
| Watab (Township of)                            | No                      | No                    |
| Watertown, City of                             | Yes                     | Yes                   |
| Waterville, City of                            | Yes                     | Yes                   |
| Watkins, City of                               | Yes                     | Yes                   |
| 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                   |
| 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                   |
| Winona, City of                                | Yes                     | Yes                   |
| Winona, Port Authority                         | Yes                     | Yes                   |
| Winsted, City of                               | Yes                     | Yes                   |
| Woodbury, City of                              | Yes                     | Yes/2000              |
| Woodbury EDA                                   | Yes                     | Yes                   |
| Worthington, City of                           | Yes                     | Yes/2000              |
| Wright County                                  | No                      | No                    |
| Wright County Economic Development Partnership | No                      | No                    |
| Wyoming, City of                               | Yes                     | Yes                   |
| Wyoming (Township of)                          | No                      | No                    |
| Zimmerman EDA                                  | No                      | No                    |
| Zumbrota, City of                              | Yes                     | Yes                   |
| Zumbrota EDA                                   | Yes                     | Yes                   |
|  | Yes - 42.5% (230)       | Yes - 38.8% (210)     |
|  | No - 56.4% (305)        | No - 60.4% (327)      |
|  | Other - 0.9% (5)        | Other - 0.6% (3)      |
|  | Missing Data - 0.2% (1) | Missing Data 0.2% (1) |

RLF = Revolving Loan Fund

2000 = Criteria was submitted in the 2000 Business Assistance Report. Criteria submitted in 2000 Business Assistance Report can be reviewed at DTED's website: ([www.dted.state.us](http://www.dted.state.us), click on Communities, then Business Subsidy Reporting, then Business Assistance Reports, then 2000 Business Assistance Report).



## **APPENDIX K:**

### **Listing of Agencies that Submitted Criteria in 2001 for Business Subsidies Per M.S. § 116J.993 - § 116J.995**

NOTE: If criteria 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

| Agency Name                                     |
|---|
| Aitken, City of                                 |
| Albany, City of                                 |
| Albert Lea Port Authority                       |
| Albert Lea, City of                             |
| Albertville, City of                            |
| Alexandria, City of                             |
| Annandale, City of                              |
| Annandale EDA                                   |
| Anoka, City of *                                |
| Apple Valley, City of                           |
| Arrowhead Regional Development Commission       |
| Austin, City of                                 |
| Barnesville EDA                                 |
| Baxter, City of                                 |
| Becker, City of, EDA                            |
| Belle Plaine, City of                           |
| Belview, City of                                |
| Benson, City of                                 |
| Big Lake, City of                               |
| Big Lake EDA                                    |
| Blaine Area Development Company                 |
| Blue Earth EDA                                  |
| Brainerd, City of                               |
| Brooklyn Center, City of                        |
| Brooklyn Park, City of                          |
| Brooklyn Park, City of EDA                      |
| Burnsville EDA                                  |
| Caledonia, City of                              |
| Chaska, City of                                 |
| Chaska EDA                                      |
| Chisago County HRA - EDA                        |
| Clearwater County                               |
| Cloquet, City of                                |
| Coon Rapids, City of                            |
| Cottage Grove, City of                          |
| Cottonwood, City of                             |
| Cottonwood County                               |
| Delano, City of                                 |
| Dilworth, City of                               |
| Duluth, City of                                 |
| Duluth EDA                                      |
| Duluth Seaway Port Authority                    |
| Eden Prairie, City of                           |
| Eden Valley, City of                            |
| Elk River, City of                              |
| Elk River EDA                                   |
| Elk River HRA                                   |
| Fairmount, City of                              |
| Faribault, City of                              |
| Faribault EDA                                   |
| Farmington HRA                                  |
| Fergus Falls, City of                           |
| Forest Lake, City of                            |
| Glencoe, City of                                |
| Glyndon, City of                                |
| Grand Rapids EDA                                |
| Ham Lake, City of                               |
| Hastings, City of                               |
| Hopkins, City of                                |
| Hopkins HRA                                     |
| Howard Lake, City of                            |
| Hugo, City of                                   |
| Hutchinson Community Development Commission     |
| Jackson, City of                                |
| Kimball, City of                                |
| Koochiching Development Authority               |
| La Crescent, City of                            |
| Lake City, City of                              |
| Lauderdale, City of                             |
| Litchfield, City of                             |
| Little Falls, City of                           |
| Long Lake EDA                                   |
| Luverne EDA                                     |
| Mahtomedi, City of                              |
| Maple Grove, City of                            |
| Mapleton, City of                               |
| Meeker County                                   |
| Melrose Area Development Authority              |
| Minneapolis Community Development Agency        |
| MN Department of Trade and Economic Development |
| Monticello, City of                             |

| Agency Name                                   |
|---|
| Monticello EDA                                |
| Monticello HRA                                |
| Morris, City of                               |
| Mound, City of                                |
| Mound HRA                                     |
| Mounds View EDA                               |
| Mountain Iron HRA                             |
| New Hope, City of                             |
| New Prague, City of                           |
| New Ulm, City of                              |
| New Ulm EDA                                   |
| Northfield, City of                           |
| Northfield EDA                                |
| Oakdale, City of                              |
| Owatonna, City of                             |
| Owatonna EDA                                  |
| Paynesville, City of                          |
| Pine River, City of                           |
| Prior Lake, City of                           |
| Proctor, City of                              |
| Ramsey, City of                               |
| Red Wing Port Authority                       |
| Redwood Falls, City of                        |
| Richfield HRA                                 |
| Robbinsdale, City of                          |
| Robbinsdale EDA                               |
| Rochester, City of                            |
| Rockford, City of                             |
| Rosemount Port Authority                      |
| Saint Anthony, City of                        |
| Saint Charles, City of                        |
| Saint Joseph, City of                         |
| Saint Louis County                            |
| Saint Louis Park, City of                     |
| Saint Louis Park EDA                          |
| Sartell, City of                              |
| Savage, City of                               |
| Scott County                                  |
| Shakopee, City of                             |
| Shoreview, City of                            |
| Sleepy Eye EDA                                |
| South Saint Paul, City of                     |
| South Saint Paul HRA                          |
| Spicer, City of                               |
| Spring Grove, City of                         |
| Spring Valley, City of                        |
| Staples, City of                              |
| Staples EDA                                   |
| Stearns County HRA                            |
| Stillwater, City of                           |
| Swift County                                  |
| Thief River Falls, City of                    |
| Two Habor, City of                            |
| Two Habor Development Commission              |
| Watertown, City of                            |
| Waterville, City of                           |
| Watkins, City of                              |
| White Bear (Township of)                      |
| Winnebago, City of                            |
| Winona, City of                               |
| Winona Port Authority                         |
| Winsted, City of                              |
| Woodbury EDA                                  |
| Wyoming, City of                              |
| Zumbrota, City of                             |
| Zumbrota EDA                                  |
| * Received copy of criteria but no 2001 MBAF. |

Note: If criteria are not attached to the report readers may review copies at DTED 's web site: ([www.dted.state.us](http://www.dted.state.us), click on Communities, then Business Subsidies Reporting) and the Minnesota Legislature Reference Library.

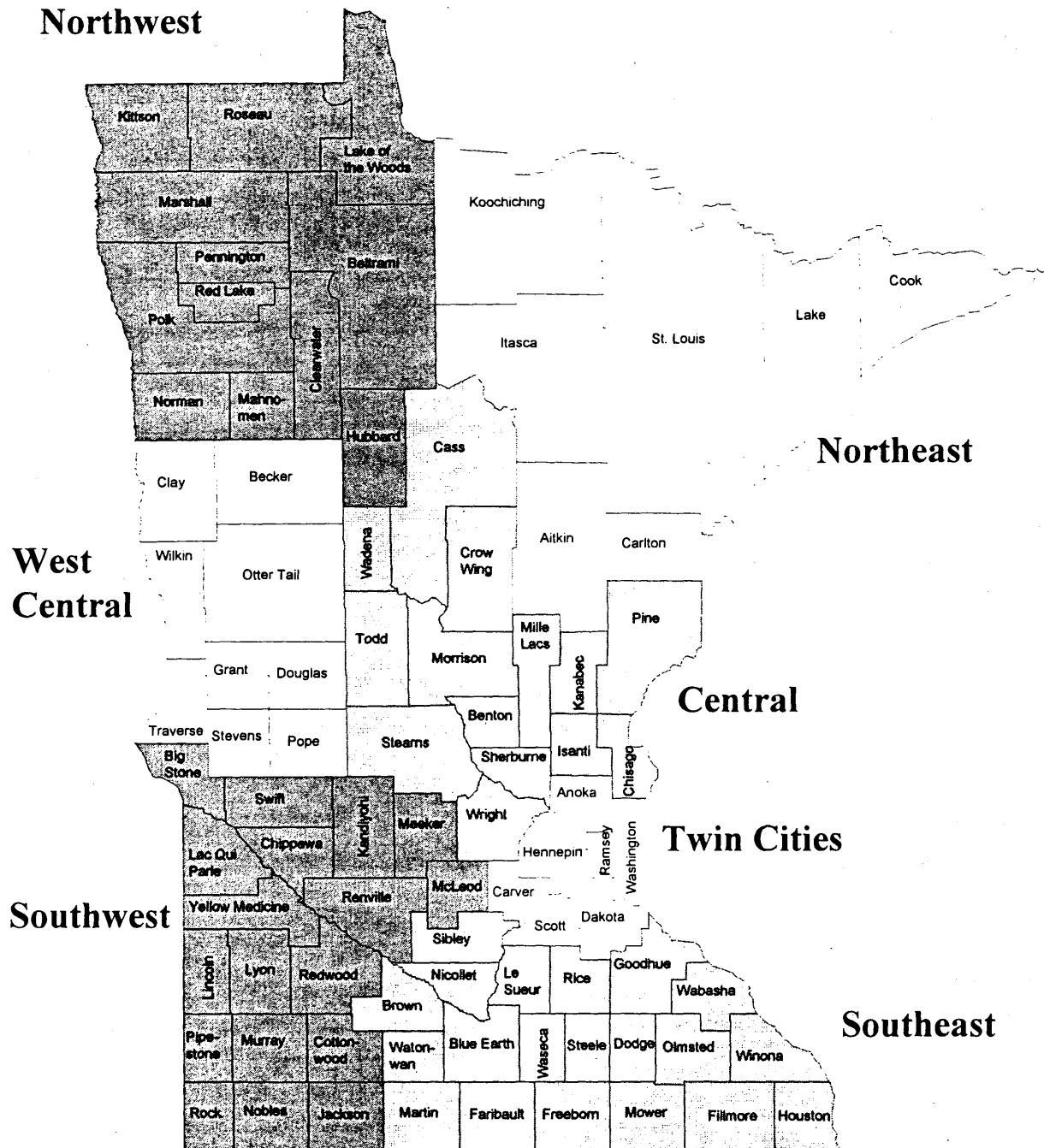
## **APPENDIX L:**

### **County Representation in DTED Economic Development Regions**

# ***APPENDIX L***

## ***County Representation***

### ***in DTED Economic Development Regions***



**APPENDIX M:**

**Business Assistance Forms Postmarked after June 1, 2001  
and Excluded from Analysis**

# 2001 Minnesota Business Assistance Form

RECEIVED JUL 17 2001

- 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)<br><b>City of Andover</b>   |  | 2. Name of person completing this form<br><b>David Carlberg</b>   |   |                       |                |                     |   |            |          |              |                              |
| 3. Street address<br><b>1685 Crosstown Blvd. NW</b>   |  | 4. City<br><b>Andover</b>   | 5. ZIP code<br><b>55304</b>                         |                       |                |                     |   |            |          |              |                              |
| 6. County<br><b>Anoka</b>   | 7. Phone number<br><b>(763) 755-5100</b> | 8. Fax number<br><b>(763) 755-8923</b>  | 9. E-mail address<br><b>dcarlberg@ci.andover.mn</b> |                       |                |                     |   |            |          |              |                              |
| 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.<br><table border="0"> <tr> <td><b>Jim Dickinson,</b></td> <td><b>Finance</b></td> <td><b>763 755-5100</b></td> <td><b>1685 Crosstown Blvd. NW, Andover, MN</b></td> </tr> <tr> <td>Name/Title</td> <td>Director</td> <td>Phone number</td> <td>Street address City ZIP code</td> </tr> </table>                   |  |   |   | <b>Jim Dickinson,</b> | <b>Finance</b> | <b>763 755-5100</b> | <b>1685 Crosstown Blvd. NW, Andover, MN</b> | Name/Title | Director | Phone number | Street address City ZIP code |
| <b>Jim Dickinson,</b>   | <b>Finance</b>                           | <b>763 755-5100</b>   | <b>1685 Crosstown Blvd. NW, Andover, MN</b>         |                       |                |                     |   |            |          |              |                              |
| Name/Title  | Director                                 | 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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date - <b>6/20/00</b> and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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<br><br>Street address      City      State      ZIP code |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><input type="checkbox"/> No<br>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 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.)  |  |  |
| <input type="checkbox"/> 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.)   |  |  |
| <input checked="" type="checkbox"/> 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.) |  |  |
| <input type="checkbox"/> Yes (Complete the remainder of this section.) <input checked="" type="checkbox"/> 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 (Specify reason.) _____  |  |  |
| 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)   |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No, recipient <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> to repay the assistance.   |  |  |
| 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)  |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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

Postmarked 7/6/01



RECEIVED JUL 17 2001

ANDOVER ECONOMIC DEVELOPMENT AUTHORITY  
COUNTY OF ANOKA  
STATE OF MINNESOTA

RES. NO. EDA 007-00

A RESOLUTION ADOPTING BUSINESS SUBSIDY CRITERIA.

WHEREAS, Minnesota Statutes, Sections 116J.993 through 116J.995 (the "Statutes") require the adoption of criteria for the granting of business subsidies as defined in the Statutes; and,

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

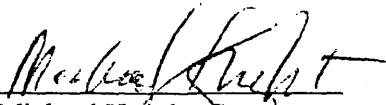
WHEREAS, the EDA has performed all actions required by law to be performed prior to the adoption and approval of the proposed business subsidies, including the holding of a public hearing upon published notice as required by law on June 20, 2000.

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of the Andover 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 in the office of the City Clerk.

Adopted by the EDA of the City of Andover on this 20<sup>th</sup> day of June 2000.

ATTEST:

CITY OF ANDOVER

  
Michael Knight, Secretary

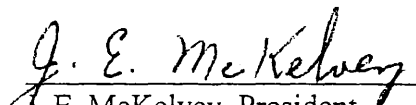
  
J. E. McKelvey, President

EXHIBIT A  
Andover Economic Development Authority  
Business Subsidy Criteria  
June 20, 2000

RECEIVED JUL 17 2001

**1 PURPOSE AND AUTHORITY**

- 1.1 The purpose of this document is to establish the criteria for the Andover Economic Development Authority (the Grantor) for granting of business subsidies for private development. These criteria shall be used as a guide in the processing and reviewing applications requesting business subsidies.
- 1.2 The EDA's ability to grant business subsidies is governed by the limitations established in Minnesota Statutes 116J.993 through 116J.994 (the Statutes).
- 1.3 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.
- 1.4 These criteria are to be used in conjunction with other relevant policies of the Grantor.
- 1.5 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.
- 1.6 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**

- 2.1 All business subsidies must meet a public purpose.
- 2.2 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.
- 2.3 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.
- 2.4 The creation of tax base shall not be the sole public purpose of a subsidy.

- 2.5 The wage floor for wages to be paid for the jobs created shall be the State minimum wage in effect at the time the subsidy is granted. 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**

- 3.1 All new projects approved by the EDA 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 no contractual rights on the part of any potential developer.
- 3.2 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.
- 3.3 The business subsidy shall be provided within applicable state legislative restrictions, debt limit guidelines, and other appropriate financial requirements and policies.
- 3.4 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 of Andover at the time of approval.
- 3.5 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 underwriting of the project to help ensure that the request for assistance is valid.
- 3.6 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.
- 3.7 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.

- 3.8 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.
- 3.9 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 of Andover 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**

- 4.1 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.
- 4.2 The subsidy agreement may be incorporated into a broader development agreement for a project.
- 4.3 The subsidy agreement will describe the requirements for the recipient to provide the reporting information required by the Statutes.

CITY OF ANDOVER  
COUNTY OF ANOKA  
STATE OF MINNESOTA

RECEIVED JUL 17 2000

RES. NO. R121-00

A RESOLUTION ADOPTING BUSINESS SUBSIDY CRITERIA.

WHEREAS, Minnesota Statutes, Sections 116J.993 through 116J.995 (the "Statutes") require the adoption of criteria for the granting of business subsidies as defined in the Statutes; and,

WHEREAS, the City of Andover (the "City") has determined that it is necessary and appropriate to adopt business subsidy criteria pursuant to the Statutes; and,

WHEREAS, the City 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 June 20, 2000.

NOW, THEREFORE, BE IT RESOLVED by the City Council (the "Council") of the City of Andover, Minnesota, 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 in the office of the City Clerk.

Adopted by the City Council of the City of Andover on this 20<sup>th</sup> day of June 2000.

ATTEST:

CITY OF ANDOVER

Victoria Volk  
Victoria Volk, City Clerk

J. E. McKelvey  
J. E. McKelvey, Mayor

EXHIBIT A  
City of Andover  
Business Subsidy Criteria  
June 20, 2000

RECEIVED JUL 17 2001

**1 PURPOSE AND AUTHORITY**

- 1.1 The purpose of this document is to establish the criteria for the City of Andover (the Grantor) for granting of business subsidies for private development. These criteria shall be used as a guide in the processing and reviewing applications requesting business subsidies.
- 1.2 The City's ability to grant business subsidies is governed by the limitations established in Minnesota Statutes 116J.993 through 116J.994 (the Statutes).
- 1.3 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.
- 1.4 These criteria are to be used in conjunction with other relevant policies of the Grantor.
- 1.5 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.
- 1.6 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**

- 2.1 All business subsidies must meet a public purpose.
- 2.2 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.
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- 2.5 The wage floor for wages to be paid for the jobs created shall be the State minimum wage in effect at the time the subsidy is granted. The City will seek to create jobs with higher wages as appropriate for the overall public purpose of the subsidy.

### **3 BUSINESS SUBSIDY APPROVAL CRITERIA**

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- 3.6 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.
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- 3.8 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.
- 3.9 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.

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- 4.1 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.
- 4.2 The subsidy agreement may be incorporated into a broader development agreement for a project.
- 4.3 The subsidy agreement will describe the requirements for the recipient to provide the reporting information required by the Statutes.



# 2001 Minnesota Business Assistance Form

RECEIVED JUL 24 2001

- # 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)<br><u>Becker Township</u>   |  | 2. Name of person completing this form<br><u>Judy Shermak, Clerk</u>  |                             |
| 3. Street address<br><u>P.O. Box 248</u>  |  | 4. City<br><u>Becker</u>  | 5. ZIP code<br><u>55308</u> |
| 6. County<br><u>Sherburne</u>   | 7. Phone number<br><u>763-261-5301</u> | 8. Fax number<br><u>763-261-5301</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.   |  |   |                             |
| 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<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><input checked="" type="checkbox"/> Other (Please specify) <u>Township</u> |  | <input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria)<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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 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? <i>(Mark one.)</i>  |   |  |
| <input type="checkbox"/> Yes <i>(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.)</i>   |   |  |
| <input checked="" type="checkbox"/> 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? <i>(Mark one.)</i> |   |  |
| <input type="checkbox"/> Yes <i>(Complete the remainder of this section.)</i> <input checked="" type="checkbox"/> No <i>(Stop here and submit form to DTED.)</i>  |   |  |
| 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. <i>(Attach additional pages if necessary.)</i>                            |   |  |
| 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 <i>(Mark all that apply.):</i>  |   |  |
| <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? <i>(Mark one.)</i>   |   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No, recipient <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> to repay the assistance.  |   |  |
| 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? <i>(Mark one.)</i>  |   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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**

# 2001 Minnesota Business Assistance Form

RECEIVED AUG 1 2001

- 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)<br>City of Blooming Prairie   |                                 | 2. Name of person completing this form<br>Michael G Jones  |                              |
| 3. Street address<br>138 Highway Ave. S P O Box 68  |                                 | 4. City<br>Blooming Prairie  | 5. ZIP code<br>55917         |
| 6. County<br>Steele   | 7. Phone number<br>507-583-7573 | 8. Fax number<br>507-583-4520  | 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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input type="checkbox"/> Yes (Indicate hearing date - _____ and <u>attach criteria</u> )<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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 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.)  |  |  |
| <input type="checkbox"/> 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.)   |  |  |
| <input checked="" type="checkbox"/> 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.) |  |  |
| <input type="checkbox"/> Yes (Complete the remainder of this section.) <input checked="" type="checkbox"/> 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 (Specify reason.) _____  |  |  |
| 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)   |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No, recipient <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> to repay the assistance.   |  |  |
| 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)  |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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

Postmarked 7-31-01 @m

# 2001 Minnesota Business Assistance Form

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- # 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)<br>City of Bloomington  |                                 | 2. Name of person completing this form<br>Terri Heaton  |   |
| 3. Street address<br>2215 West Old Shakopee Road  |                                 | 4. City<br>Bloomington  | 5. ZIP code<br>55431                              |
| 6. County<br>Hennepin   | 7. Phone number<br>952-563-8790 | 8. Fax number<br>952-563-8789   | 9. E-mail address<br>theaton@ci.bloomington.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<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><input type="checkbox"/> Other (Please specify) _____ |                                 | <input type="checkbox"/> Yes (Indicate hearing date - _____ and <u>attach criteria</u> )<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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 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**

# 2001 Minnesota Business Assistance Form

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- 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)<br><u>Blue Earth County</u>   |  | 2. Name of person completing this form<br><u>Lisa Lyons</u>  |  |
| 3. Street address<br><u>204 South Fifth Street</u>  |  | 4. City<br><u>Mankato</u>  | 5. ZIP code<br><u>56001</u>                                |
| 6. County<br><u>Blue Earth</u>  | 7. Phone number<br><u>(507) 389-8182</u> | 8. Fax number<br><u>(507) 389-8819</u>   | 9. E-mail address<br><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<br><input checked="" type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><input type="checkbox"/> Other (Please specify: ) |  | <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>1/4/00</u> and <u>attach criteria</u> )<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - )<br><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<br><u>Minnesota Elevator, Inc.</u>  | 15. Address where business subsidy or financial assistance will be used<br><u>Mankato</u><br><u>19336 607th Ave.</u> <u>MN</u> <u>56001</u><br>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.)<br><input checked="" type="checkbox"/> No |   |
| Name of parent corporation   | Street address City State ZIP code  |

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 value by type in Questions 24 and 25.)<br><div style="text-align: right; font-size: 1.2em;">\$ 295,000</div>   | 21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)<br><div style="text-align: right; font-size: 1.2em;">2/22/00</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.)<br><div style="text-align: right; font-size: 1.2em;">8/31/00</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.)<br><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) and total dollar value for each type.<br><br><input type="checkbox"/> not applicable, agreement provided financial assistance<br><br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> loan (only principal)<br/> <input type="checkbox"/> grant (i.e., forgivable loan)<br/> <input type="checkbox"/> tax abatement<br/> <input checked="" type="checkbox"/> TIF or other tax reduction or deferral<br/> <input type="checkbox"/> guarantee of payment<br/> <input type="checkbox"/> contribution of property or infrastructure<br/> <input type="checkbox"/> preferential use of governmental facilities<br/> <input type="checkbox"/> land contribution<br/> <input type="checkbox"/> other (Specify subsidy type.) _____           </div> <div style="text-align: right;"> <div style="font-size: 1.2em;">\$ 195,000</div><br/> <div style="font-size: 1.2em;">\$ _____</div><br/> <div style="font-size: 1.2em;">\$ _____</div><br/> <div style="font-size: 1.2em;">\$ &gt;100,000</div><br/> <div style="font-size: 1.2em;">\$ _____</div><br/> <div style="font-size: 1.2em;">\$ _____</div><br/> <div style="font-size: 1.2em;">\$ _____</div><br/> <div style="font-size: 1.2em;">\$ _____</div> </div> </div> | 25. If the assistance was one of the four types of financial assistance, please indicate the type(s).<br><br><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy<br><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> assistance for property polluted by contaminants<br/> <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<br/> <input type="checkbox"/> assistance for pollution control or abatement<br/> <input type="checkbox"/> assistance for a TIF soils condition district           </div> <div style="text-align: right;"> <div style="font-size: 1.2em;">\$ _____</div><br/> <div style="font-size: 1.2em;">\$ _____</div><br/> <div style="font-size: 1.2em;">\$ _____</div><br/> <div style="font-size: 1.2em;">\$ _____</div> </div> </div> |  |            |  |            |
| 26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)<br><br><input type="checkbox"/> not applicable, assistance was not in the form of TIF<br><br><input checked="" type="checkbox"/> redevelopment<br><input type="checkbox"/> renewal and renovation<br><input type="checkbox"/> soils condition<br><input type="checkbox"/> economic development<br><input type="checkbox"/> mined underground space<br><input type="checkbox"/> hazardous substance subdistrict   | 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)<br><br><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)<br><br><input checked="" type="checkbox"/> No<br><br>Grantor(s) and value of the agreement(s):<br><br><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 | <u>8/2002</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                | <u>18</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>3</u>               | _____                                 | _____   | _____         | \$ <u>3.01</u>                   |
| \$11.00 to \$12.99               | <u>2</u>               | _____                                 | _____   | _____         | \$ <u>3.01</u>                   |
| \$13.00 to \$14.99               | <u>1</u>               | _____                                 | _____   | _____         | \$ <u>3.01</u>                   |
| \$15.00 and higher               | <u>2</u>               | _____                                 | _____   | _____         | \$ <u>3.01</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

Postmarked 6/18/01 m

# 2001 Minnesota Business Assistance Form

RECEIVED SEP 10 2001

- 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)<br>CITY OF BRANDON  |                                 | 2. Name of person completing this form<br>GENE WENSTROM   |                              |
| 3. Street address<br>PO BOX 177   |                                 | 4. City<br>BRANDON  | 5. ZIP code<br>56305         |
| 6. County<br>DOUGLAS  | 7. Phone number<br>306 501 0000 | 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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date <u>8-6-01</u> and <u>attach criteria</u> )<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - )<br><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.)<br><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.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><input checked="" 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 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.)  |  |  |
| <input type="checkbox"/> 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.)   |  |  |
| <input checked="" type="checkbox"/> 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.) |  |  |
| <input type="checkbox"/> Yes (Complete the remainder of this section.) <input type="checkbox"/> 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 (Specify reason.) _____  |  |  |
| 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)   |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No, recipient <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> to repay the assistance.   |  |  |
| 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)  |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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

Postmarked 9/7/01 (m)

**CITY OF BRANDON  
BUSINESS SUBSIDY POLICY**

RECEIVED SEP 10 2004

This Policy is adopted for purposes of the business subsidies act (the "Act"). which is Minnesota Statutes Sections 116J.993 through 116J.995, as amended. 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.

The granting of subsidies shall be guided by the following principles and criteria:

Each project shall be evaluated based on its perceived importance and benefit to the community. From all perspectives deemed relevant, including created or retained employment positions, where applicable.

The Act now provides that, after public hearing thereon, if the creation or retention of jobs is determined not to be a goal of a business subsidy, the wage and job goals may be set at zero. Where creation or retention of jobs is a goal, the specific number of jobs to be created or retained shall be stated in the subsidy agreement. Where creation of new jobs is required, those jobs shall have a wage floor of \$ 8.00 per hour.

The specific minimum requirements under Section 116J.994, Subdivision 2, of the Act, that a Recipient must meet in return for the business subsidy shall be, where applicable:

1. The retention of existing jobs,
2. The creation of the specified number of new jobs at or exceeding the wage floor, and/or
3. Where the subsidy relates to the acquisition of personal property or the acquisition and/or physical development of real property, the substantial completion of the acquisition or development thereof.

Where applicable, the foregoing shall also be stated measurable, specific and tangible goals for the subsidy under the related subsidy agreement, as provided in Section 116J.994, Subdivision 3 of the Act.

It is recognized that a particular project which does not include as a goal the creation or Retention of jobs may nonetheless be worthy of support and subsidy in respect of other perceived benefits.

In cases where the objective is the retention of existing jobs, the recipient of the subsidy shall be required to provide reasonable specific and demonstrable evidence of the job loss, absent the subsidy.

Subject to the wage floor, where applicable, 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 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, as may be permitted by but subject to the procedural and other requirements of the Act.

As provided in the Act, deviations from the criteria of this Policy are permitted by documenting in writing the reasons for the deviation and attaching a copy of the document to the next annual report to the Minnesota Department of Trade and Economic Development (DTED).

This policy is intended to conform to the requirements of the Act, including the year 2000 amendments thereto. A copy of this Policy (and any amendments hereto) shall be submitted along with the first annual report to DTED following its adoption.

Adopted by: Brandon City CNCL.

Date of Adoption: 8-6-01

Date of Public Hearing: 8-6-01

motion by Council member Patt Johnson to adopt the business subsidy policy using 8.00/hr for the wage floor, seconded by Council member Mary Dee Korkowski. motion carried with Mike Randt, Mary Dee Korkowski, Doug Johnson, Greg Bitzan and Patt Johnson voting in FAVOR.  
VOTING AGAINST. NONE

# 2001 Minnesota Business Assistance Form

RECEIVED JUL 11 2001

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- 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)<br><u>Brown Co. Economic Development</u>   |  | 2. Name of person completing this form<br><u>Mark Veglahn</u>   |                              |
| 3. Street address<br><u>Partners, Inc.<br/>300 2nd Ave SW</u>  |  | 4. City<br><u>Sleepy Eye</u>  | 5. ZIP code<br><u>56085</u>  |
| 6. County<br><u>Brown</u>  | 7. Phone number<br><u>507-794-7992</u> | 8. Fax number<br><u>507-794-5290</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.  |  |   |                              |
| 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 type="checkbox"/> City government<br><input checked="" type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><input type="checkbox"/> Other (Please specify.) |  | <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>10-25-99</u> and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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 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**



# 2001 Minnesota Business Assistance Form

RECEIVED JUN 7 2001

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- # 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)<br>City of Buffalo   |                                 | 2. Name of person completing this form<br>Deborah Scherber   |  |
| 3. Street address<br>212 Central Avenue  |                                 | 4. City<br>Buffalo   | 5. ZIP code<br>55313                                   |
| 6. County<br>Wright  | 7. Phone number<br>763-682-1181 | 8. Fax number<br>763-682-6376  | 9. E-mail address<br>laureen.bodin@cityofbuffalomn.org |
| 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.<br><div style="display: flex; justify-content: space-between;"> <div>Laureen Bodin</div> <div>763-684-5404</div> <div>212 Central Ave., Buffalo, 55313</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>Name/TitleAsst. Administrator</div> <div>Phone number</div> <div>Street address</div> <div>City</div> <div>ZIP code</div> </div> |                                 |  |  |
| 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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria)<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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.)<br><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 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



## 2001 Minnesota Business Assistance Form

RECEIVED JUN 1 2001

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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 Information About Grantor

|   |  |  |  |
|---|--|--|--|
| 1. Name of grantor (funding entity)<br><u>Champlin EDA</u>  |  | 2. Name of person completing this form<br><u>John W. Cox</u>   |  |
| 3. Street address<br><u>11955 Champlin Drive</u>  |  | 4. City<br><u>Champlin</u>   | 5. ZIP code<br><u>55316</u>                        |
| 6. County<br><u>Hennepin</u>  | 7. Phone number<br><u>(763) 923-7104</u> | 8. Fax number<br><u>(763) 421-5256</u>   | 9. E-mail address<br><u>JCox@Litchamplin.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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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<br><u>Elm Creek Investors LLP</u>  |  | 15. Address where business subsidy or financial assistance will be used<br><u>11050 Old Jefferson</u> <u>Champlin Mn</u><br><u>55316</u> |          |
|   |  | Street address   | City     |
|   |  | State  | ZIP code |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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.)

2 plants - Mpls      landlocked at existing sites  
 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.)<br><br><u>June 13, 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.)   |  |         |            |         |            |
| 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.)<br><br><input type="checkbox"/> business subsidy <input checked="" type="checkbox"/> financial assistance  |  |         |            |         |            |
| 24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.<br><br><input type="checkbox"/> not applicable, agreement provided financial assistance<br><input type="checkbox"/> loan (only principal) \$ _____<br><input checked="" type="checkbox"/> grant (i.e., forgivable loan) \$ _____<br><input type="checkbox"/> tax abatement \$ _____<br><input type="checkbox"/> TIF or other tax reduction or deferral \$ _____<br><input type="checkbox"/> guarantee of payment \$ _____<br><input type="checkbox"/> contribution of property or infrastructure \$ _____<br><input type="checkbox"/> preferential use of governmental facilities \$ _____<br><input type="checkbox"/> land contribution \$ _____<br><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).<br><br><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy<br><input type="checkbox"/> assistance for property polluted by contaminants \$ _____<br><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 \$ _____<br><input type="checkbox"/> assistance for pollution control or abatement \$ _____<br><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.)<br><br><input type="checkbox"/> not applicable, assistance was not in the form of TIF<br><input checked="" type="checkbox"/> redevelopment<br><input type="checkbox"/> renewal and renovation<br><input type="checkbox"/> soils condition<br><input type="checkbox"/> economic development<br><input type="checkbox"/> mined underground space<br><input type="checkbox"/> hazardous substance subdistrict   | 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)<br><br><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)<br><input checked="" type="checkbox"/> No<br>Grantor(s) and value of the agreement(s):<br><table> <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>June 2002</u>                       | <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No |
| C) Other wage goals  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>June 2002</u>                       | <input type="checkbox"/> Yes <input checked="" 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 checked="" 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>75</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               | _____                  | _____                                 | _____   | _____         | \$ _____                         |

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 falling 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

# 2001 Minnesota Business Assistance Form

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- # 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)<br><b>CHIPPEWA COUNTY</b>  |  | 2. Name of person completing this form<br><b>Jon CLAUSON</b>  |   |
| 3. Street address <b>629 No. 1th St.</b>   |  | 4. City<br><b>MONTVIDEO</b>   | 5. ZIP code<br><b>56265</b>                               |
| 6. County<br><b>CHIPPEWA</b>   | 7. Phone number<br><b>320-269-7447</b> | 8. Fax number<br><b>320-269-7412</b>  | 9. E-mail address<br><b>JCLAUSON@CO. CHIPEWA, 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 type="checkbox"/> City government<br><input checked="" type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><input type="checkbox"/> Other (Please specify.) |  | <input checked="" type="checkbox"/> Yes (Indicate hearing date - <b>9-21-99</b> and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - )<br><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<br><b>UNITED FARMERS ELEVATOR</b>   |  | 15. Address where business subsidy or financial assistance will be used<br><b>Box 32, MILAN MN 56262</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.)<br><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

|   |  |         |            |         |            |
|---|--|---------|------------|---------|------------|
| <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;">32,000 (est.)</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;">8-17-99</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;">JUNE, 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) \$ _____<br/> <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____<br/> <input checked="" type="checkbox"/> tax abatement \$ <u>32,000</u><br/> <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____<br/> <input type="checkbox"/> guarantee of payment \$ _____<br/> <input type="checkbox"/> contribution of property or infrastructure \$ _____<br/> <input type="checkbox"/> preferential use of governmental facilities \$ _____<br/> <input type="checkbox"/> land contribution \$ _____<br/> <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 \$ _____<br/> <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 \$ _____<br/> <input type="checkbox"/> assistance for pollution control or abatement \$ _____<br/> <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 checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment<br/> <input type="checkbox"/> renewal and renovation<br/> <input type="checkbox"/> soils condition<br/> <input type="checkbox"/> economic development<br/> <input type="checkbox"/> mined underground space<br/> <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.)<br/> <input type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <p style="text-align: center; font-size: 1.2em;">CITY OF MILAN</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Grantor</td> <td style="width: 50%; border-bottom: 1px solid black;">Value (\$)</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) EXPANDING TRANSPORTATION OF AG. COMMODITIES. IMPROVE HIGHWAY ACCESS.

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>6-02</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                 | <u>1</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                 | <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

## 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

# 2001 Minnesota Business Assistance Form

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- # 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)<br><b>CHIPPEWA COUNTY</b>   |  | 2. Name of person completing this form<br><b>JOE CLAUSON</b>  |  |
| 3. Street address <b>629 No. 11th St.</b>   |  | 4. City<br><b>MONTVIDEO</b>   | 5. ZIP code<br><b>56265</b>                                |
| 6. County<br><b>CHIPPEWA</b>  | 7. Phone number<br><b>320-269-7447</b> | 8. Fax number<br><b>320-269-7412</b>  | 9. E-mail address<br><b>JCLAUSON@COO. CHIPEWA. 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.")<br><br><input type="checkbox"/> City government<br><input checked="" type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date - <b>4-21-99</b> and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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<br><br><b>CLARA CITY FARMERS ELEVATOR</b>  |  | 15. Address where business subsidy or financial assistance will be used<br><b>110 SW 1<sup>ST</sup> AVE., CLARA CITY, MN 56222</b> |                     |
| Street address  |  | City   | State ZIP code      |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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

|  |   |         |            |                       |  |         |            |
|--|---|---------|------------|-----------------------|--|---------|------------|
| <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;">40,000 (est.)</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;">8-15-00</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.)</p> <p style="text-align: center; font-size: 1.2em;">SEPT., 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) \$ _____<br/> <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____<br/> <input checked="" type="checkbox"/> tax abatement \$ 40,000<br/> <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____<br/> <input type="checkbox"/> guarantee of payment \$ _____<br/> <input type="checkbox"/> contribution of property or infrastructure \$ _____<br/> <input type="checkbox"/> preferential use of governmental facilities \$ _____<br/> <input type="checkbox"/> land contribution \$ _____<br/> <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 \$ _____<br/> <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 \$ _____<br/> <input type="checkbox"/> assistance for pollution control or abatement \$ _____<br/> <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 checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF<br/> <input type="checkbox"/> redevelopment<br/> <input type="checkbox"/> renewal and renovation<br/> <input type="checkbox"/> soils condition<br/> <input type="checkbox"/> economic development<br/> <input type="checkbox"/> mined underground space<br/> <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 checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)<br/> <input type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <p style="text-align: center; font-size: 1.2em;">CITY OF CLARA CITY</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Grantor</td> <td style="width: 50%;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">MACCERAY SCHOOL DIST.</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table> | Grantor | Value (\$) | MACCERAY SCHOOL DIST. |  | Grantor | Value (\$) |
| Grantor  | Value (\$)  |         |            |                       |  |         |            |
| MACCERAY SCHOOL DIST.  |   |         |            |                       |  |         |            |
| 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) EXPANDING TRANSPORTATION FOR AG. COMMODITIES.

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>9/2002</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        | _____                  | _____                                 | _____  | _____         | \$ _____                         |
| less than \$7.00                 | _____                  | _____                                 | _____  | _____         | \$ _____                         |
| \$7.00 to \$8.99                 | _____                  | _____                                 | _____  | _____         | \$ _____                         |
| \$9.00 to \$10.99                | <u>3</u>               | _____                                 | _____  | _____         | \$ <u>UNKNOWN</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>3</u>               | _____                                 | _____   | _____         | \$ <u>UNKNOWN</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 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



## 2001 Minnesota Business Assistance Form

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- # 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)<br><b>CHIPPEWA COUNTY</b>   |  | 2. Name of person completing this form<br><b>Jon CLAUSON</b>  |  |
| 3. Street address <b>629 No. 11th St.</b>   |  | 4. City<br><b>MONTEVIDEO</b>  | 5. ZIP code<br><b>56265</b>                                |
| 6. County<br><b>CHIPPEWA</b>  | 7. Phone number<br><b>320-269-7447</b> | 8. Fax number<br><b>320-269-7412</b>  | 9. E-mail address<br><b>JCLAUSON@COO. CHIPEWA. 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.")<br><input type="checkbox"/> City government<br><input checked="" type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><b>9-21-99</b><br><input checked="" type="checkbox"/> Yes (Indicate hearing date - and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - )<br><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.)<br><input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)                                    |  |   |  |

AGREEMENTS SIGNED BUT NO PAYMENTS MADE.

### Section 2 Information About Recipient

|   |  |
|---|--|
| 14. Name of business or organization receiving subsidy or financial assistance<br><b>REBEL CAMPER SALES</b>   | 15. Address where business subsidy or financial assistance will be used<br><b>700 NW 5th St</b><br><b>CLARA CITY, MN 56222</b> |
| Street address  | City State ZIP code  |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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.)

CLARA CITY, MN      NEW CONSTRUCTION  
 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;">12,300</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;">9-21-99</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;">12/99</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 checked="" 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 checked="" type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____<br/> <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____<br/> <input type="checkbox"/> tax abatement      \$ _____<br/> <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____<br/> <input type="checkbox"/> guarantee of payment      \$ _____<br/> <input type="checkbox"/> contribution of property or infrastructure      \$ _____<br/> <input type="checkbox"/> preferential use of governmental facilities      \$ _____<br/> <input type="checkbox"/> land contribution      \$ _____<br/> <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      \$ _____<br/> <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      \$ _____<br/> <input type="checkbox"/> assistance for pollution control or abatement      \$ _____<br/> <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 checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment<br/> <input type="checkbox"/> renewal and renovation<br/> <input type="checkbox"/> soils condition<br/> <input type="checkbox"/> economic development<br/> <input type="checkbox"/> mined underground space<br/> <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 checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p style="text-align: center; font-weight: bold; font-size: 1.1em;">CITY OF CLARA CITY</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;">MACCRAV School DIST.</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 (\$) | MACCRAV School DIST. |  | Grantor | Value (\$) |
| Grantor   | Value (\$)   |         |            |                      |  |         |            |
| MACCRAV School DIST.  |  |         |            |                      |  |         |            |
| 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Target attainment dates (month & year)<br>_____ | All goals attained?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|---|---|
| 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.)  |  |  |
| <input type="checkbox"/> 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.)   |  |  |
| <input checked="" type="checkbox"/> 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.) |  |  |
| <input type="checkbox"/> Yes (Complete the remainder of this section.) <input checked="" type="checkbox"/> 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 (Specify reason.) _____  |  |  |
| 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)   |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No, recipient <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> to repay the assistance.   |  |  |
| 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)  |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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

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RESOLUTION ESTABLISHING A  
TAX ABATEMENT POLICY

WHEREAS, Minnesota Statutes, Sections 469.1812 to 469.1815 (the "Act") provides that the County Board (Board), may under certain circumstances abate a portion of the property taxes imposed by the County on property located within the County; and

WHEREAS, after published notice as provided under the Act, the Board shall conduct a public hearing with respect to the proposal to abate certain property taxes on certain properties located within the County; and

WHEREAS, the Act provides that the Board may grant an abatement of taxes imposed by the County on certain properties if the Board expects the benefits of an abatement agreement to at least equal the costs of the proposed abatement and that such abatement will be in the public interest because it will (i) increase or preserve tax base, (ii) provide employment opportunities within the County, (iii) provide or help acquire or construct public facilities, (iv) help redevelop or renew blighted areas, (v) help provide access to services for residents of the County, (vi) finance or provide public infrastructure.

NOW, THEREFORE, BE IT RESOLVED that the County Board of Commissioners shall establish a policy for consideration and approval of County tax abatements as follows:

1. Local approval. The Board shall consider an abatement of real estate taxes if the local unit of government has approved an abatement plan for the property requesting the abatement.
2. Properties for which abatements will apply. The Board shall consider an abatement of a portion of the real estate taxes on properties classified as either commercial or industrial.
3. Non-competing businesses. The Board shall consider the abatement of a portion of real estate taxes on properties that represent a non-competing business to other existing businesses within the local taxing district or if a competing business has been approved for a tax abatement plan.
4. Minimum valuation increase. The Board shall consider abatement requests where the new construction value to the property shall exceed \$100,000.
5. Terms of Abatement. The duration of any abatement request shall be for no longer than 10 years.
6. Review and Modification. The Board shall reserve the right to review and modify the abatement every second year after it was approved.

7. Tax Increment Financing Districts (TIF). The property receiving the abatement may not be located within a Tax Increment Financing District (TIF).

8. Maximum Annual Abatement Amount Per Parcel. The maximum annual abatement for a parcel equals the political subdivision's total local tax rate multiplied by the total net tax capacity of the parcel.

9. Maximum Annual Abatement Amount Per Taxing District. The total of all the abatements granted by each of the eligible political subdivisions in any one year may not exceed the greater of (a) 5% of its current year levy or (b) \$100,000.00.

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED JUL 5 2001

MINNESOTA



Trade &  
Economic  
Development

Please complete lines 1 through 16 for all agreements.

|   |   |  |  |
|---|---|--|--|
| 1. Funding government agency name<br>Chisago County HRA-EDA                 |   | 2. Contact name<br>Mark Vahlsing   |  |
| 3. Agency street address<br>6448 Main Street - PO box 410                   |   | 4. City<br>North Branch  |  |
| 5. Zip code<br>55056  | 6. Phone number (area code)<br>651-674-5664 | 8. Type of government agency<br>___ City <u>X</u> County ___ Regional ___ State<br>___ Other (Please indicate) _____ |  |
|   | 7. Fax number (area code)<br>651-674-2996   |  |  |
| 9. Name of business receiving assistance<br>County Line Iron, Inc.          |   | 10. Industry of recipient (SIC code)<br>3444   |  |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br>TIF |   | 12. Name of TIF district (if applicable)<br>Tax Increment Financing Dist #1  |  |
| 13. Date of business assistance agreement<br>6/18/97                        | 14. Date assistance first provided<br>--    | 15. Date project (building/machinery/etc.) was placed in service<br>4/98   | 16. Dollar value of business assistance<br>\$132,000 |

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<br>10 jobs  |                                    | 18. Average hourly wage level goals for business receiving assistance<br>\$10.00   |  |
| 19. Actual jobs created since business received assistance<br>6  |                                    | 20. Actual average hourly wage paid to employees hired since business received assistance<br>\$13.50   |  |
| 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                   | ___  |  |
| 3  | \$8.00 to \$9.99                   | 1.35   |  |
| 5  | \$10.00 to \$11.99                 | 1.35   |  |
| 2  | \$12.00 and higher                 | 1.35   |  |
| If necessary, please attach additional documentation.  |                                    | If necessary, please attach additional documentation.  |  |

Please complete lines 25 through 27 for all agreements.

(22 FT employees)

|   |   |
|---|---|
| 25. Last date actual wage and job creation levels documented<br>Dec 2000  | 26. Date this Minnesota Business Assistance Form completed<br>6/25/01 |
| 27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project.<br><input checked="" 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)

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade &  
Economic  
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED JUL 5 2001

|   |  |  |   |
|---|--|--|---|
| 1. Funding government agency name<br>Chisago County HRA-EDA                           |  | 2. Contact name<br>Mark Vahlsing, Exec. Director   |   |
| 3. Agency street address<br>6448 Main, PO Box 410                                     |  | 4. City<br>North Branch, MN  |   |
| 5. Zip code<br>55056  | 6. Phone number (area code)<br>651-674-5664  | 8. Type of government agency<br>___ City <u>X</u> County ___ Regional ___ State<br>___ Other (Please indicate) _____ |   |
|   | 7. Fax number (area code)<br>651-674-2996    |  |   |
| 9. Name of business receiving assistance<br>Crossroads Motel (Super 8)                |  | 10. Industry of recipient (SIC code)   |   |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br>Tax Abatement |  | 12. Name of TIF district (if applicable)   |   |
| 13. Date of business assistance agreement<br>7/21/99                                  | 14. Date assistance first provided<br>5/2000 | 15. Date project (building/machinery/etc.) was placed in service<br>5/2000   | 16. Dollar value of business assistance<br>\$50,000 |

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<br>5  |                    | 18. Average hourly wage level goals for business receiving assistance<br>7.00 - 7.50   |                     |
| 19. Actual jobs created since business received assistance<br>4 full time, 20 part time  |                    | 20. Actual average hourly wage paid to employees hired since business received assistance<br>7.00 - 7.50   |                     |
| 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    |
| Full-time Part-time  | (excl. benefits)   |  | Full-time Part-time |
| _____  | less than \$7.00   | _____  | _____               |
| <u>5</u>   | \$7.00 to \$7.99   | _____  | <u>1</u> <u>20</u>  |
| _____  | \$8.00 to \$9.99   | _____  | <u>3</u> <u>1</u>   |
| _____  | \$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<br>First Report  | 26. Date this Minnesota Business Assistance Form completed<br>July 3, 2001 |
| 27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project.<br><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)

# 2001 Minnesota Business Assistance Form

RECEIVED JUN 28 2001

- 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)<br><u>City of Clarissa</u>   |  | 2. Name of person completing this form<br><u>Suzanne Cuchna</u>   |  |
| 3. Street address<br><u>202 Main St. W., Box 396</u>   |  | 4. City<br><u>Clarissa</u>  | 5. ZIP code<br><u>56440</u>                    |
| 6. County<br><u>Todd</u>   | 7. Phone number<br><u>218-756-2125</u> | 8. Fax number<br><u>218-756-2181</u>  | 9. E-mail address<br><u>clarissa@hctel.net</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<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><input type="checkbox"/> Other (Please specify.) _____ |  | <input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria)<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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 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



# 2001 Minnesota Business Assistance Form

RECEIVED JUN 8 2001

COPY

- 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)<br><u>City of Cold Spring</u>   |  | 2. Name of person completing this form<br><u>Larry J. Lahr, City Administrator</u>  |   |
| 3. Street address<br><u>27 Red River Avenue South</u>   |  | 4. City<br><u>Cold Spring</u>   | 5. ZIP code<br><u>56320</u>                         |
| 6. County<br><u>Stearns</u>   | 7. Phone number<br><u>320.685.3653</u> | 8. Fax number<br><u>320.685.8551</u>  | 9. E-mail address<br><u>coldspring@cloudnet.com</u> |
| 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.<br><u>Larry J. Lahr</u> <u>685-3653</u> <u>27 Red River Avenue South</u><br>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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date <u>7/11/00</u> <u>attach criteria</u> )<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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<br><br>Street address      City      State      ZIP code |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><input type="checkbox"/> No<br>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 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

Postmarked 6/7/01 (m)

COPY

EXHIBIT A

RECEIVED JUN 8 2001

## BUSINESS SUBSIDY POLICY AND CRITERIA

THE CITY OF COLD SPRING, COUNTY OF STEARNS, MINNESOTA

ADOPTED: July 11, 2000

### Section 1. Definitions

- 1.1 **Act** means Minnesota Statutes, sections 116J.993 to 116J.995, as hereinafter amended, also referred to as the Business Subsidy Act.
- 1.2 **Authority** means the City of Cold Spring.
- 1.3 **Business Subsidy** means a 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. Forms of financial assistance listed in *Appendix A* are not a Business Subsidy under the Act.
- 1.4 **County** means the County of Stearns.
- 1.5 **Criteria** means those elements considered by the Grantors as a guide in the consideration of potential Recipients requesting a Business Subsidy. Meeting the Criteria does not presume that a project will automatically be approved nor does it create any contractual rights on the part of any applicant.
- 1.6 **Grantor** means the City of Cold Spring.
- 1.7 **Recipient** means any for-profit business entity that receives a Business Subsidy or any nonprofit business entity meeting the requirements of section 116J.993, subd. 6 of the Act.
- 1.8 **Subsidy Agreement** means an agreement between the Grantor and a Recipient that meets the requirements of section 116J.994, subd. 3 of the Act. The Subsidy Agreement may be incorporated into a broader development agreement for a project. The terms listed

under *Appendix B* are required under the Act.

**Section 2. Public Policy.** Increasing the tax base may not be used as a public purpose, nor can job retention be used unless job loss is imminent and demonstrable.

- 2.1 A Business Subsidy must have a defined public purpose. Public purposes that could apply to the project, among others, are listed in *Appendix C*.
- 2.2 A statement of the public purpose must be given in the Subsidy Agreement.

**Section 3. Business Subsidy Criteria.** A Grantor reserves the right to approve a Business Subsidy that varies from the Criteria as listed [**in this section 3 or in Appendix D**], if the Grantor determines a valid public purpose will be served. Criteria may be amended at any time, subject to a public hearing, the notice of which shall be published ten days prior to the hearing.

- 3.1 Any Business Subsidy approved by a Grantor shall be in compliance with the requirements of State and local law, including conformance with the comprehensive plan of the City. A Grantor can approve a request for a Business Subsidy, however, if changes in the comprehensive plan, the zoning ordinance or other local laws or policies are under active consideration by the City.
- 3.2 Prior to consideration or approval of a Business Subsidy, an applicant shall provide the following, if requested by a Grantor:
  - (i) Demonstrate general development capability and specific capability for the type and size of project proposed;
  - (ii) Provide requested market and financial feasibility studies, appraisals, soil borings, information provided to private lenders regarding the project, or other information or data that the Grantor, or its financial advisor, requests to independently determine the need for a Business Subsidy. A Grantor may also rely on data provided by an applicant to financial institution.
- 3.3 A Grantor will award a Business Subsidy within the shortest reasonable term of years.
- 3.4 A Grantor shall require the following commitments of a Recipient, if applicable to the type of project under consideration:

- (i) The Recipient must retain ownership of the project at least until the project is completed, its occupancy stabilized, project management established, and Business Subsidy repayment is initiated.
- (ii) The Recipient must continue operations at the site where the Business Subsidy is used for at least five years from receipt of the benefit.

**3.5** The Recipient of a Business Subsidy will be required to meet wage and job goals determined by the Grantor on a case by case basis. The setting of wage and job goals will be sensitive to prevailing wage rates, local economic conditions, external economic forces over which neither the Grantor nor the Recipient has control, the financial resources of the Recipient, the competitive environment in which the Recipient's business exists, and the public purpose for which the Grantor is providing the Business Subsidy.

**Section 4. Subsidy Agreement.** A Recipient of a Business Subsidy is required by the Act to enter into a Subsidy Agreement with a Grantor.

- 4.1** The Subsidy Agreement between the Grantor and the Recipient must meet the requirements set forth in *Appendix B* but may be incorporated into the development agreement for the project.
- 4.2** For a subsidy exceeding \$100,000, an applicable Grantor must hold a public hearing unless a hearing is otherwise required, with public notice in the official newspaper at least ten-days before the public hearing. The notice must be sufficiently conspicuous in size and placement, make the information available in printed paper copies, and if possible, on the Internet

## **APPENDIX A**

### **EXEMPTIONS FROM THE BUSINESS SUBSIDY ACT**

The Business Subsidy, Act at section 116J.993, subdivision 3, exempts the following forms of financial assistance from the limitations of the Act:

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.662, 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 derived from assistance to educational institutions;
  14. Funds from bonds allocated under chapter 474A [qualified tax exempt bonds];
  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 [pollution clean-up];
  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; and
  18. General changes in tax increment financing law and other general tax law changes of a principally technical nature.

## **APPENDIX B**

### **REQUIREMENTS FOR SUBSIDY AGREEMENTS**

Section 116J.994, subdivision 3 of the Business Subsidy Act requires a Recipient must enter into a Subsidy Agreement with a Grantor that includes the following:

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. 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 at the site 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;
8. A list of all financial assistance by all grantors for the project; and
9. Wage and job goals, including
  - a. Goals for the number of jobs created, which may include separate goals for the number of part-time and full-time jobs, or where job loss is imminent and demonstrable, goals for the number of jobs retained;
  - b. Wage goals for the jobs created or retained, including specific goals to be attained within two years of the date the benefit was received.

## **APPENDIX C**

### **SUGGESTIONS FOR SUBSIDY PUBLIC PURPOSES**

1. The project provides a service or meets a consumer need not currently addressed in the city, hereinafter referred to as the "City".
2. The project represents a significant investment in an area of the City that is economically depressed.
3. The project will remove blighting influences or rehabilitate an area of the City in need of revitalization.
4. The project will stimulate additional capital investment in a geographic area of the City and act as a catalyst for future (re)development.
5. The project will cause surrounding property values to increase and will stabilize the area.

6. The project will anchor a needed commercial center for the City.
7. The project will enhance the viability of other businesses in the City.
8. The project will assist in the processing, packaging, distribution, or marketing of agricultural products grown in the region.
9. The project will assist in the orderly growth of the City and generate significant economic spin off.
10. The project will prevent the closure of business needed in the community due to merger, physical expansion, change in market or economic factors, downsizing, and other factors.
11. The project will employ a classification of people in the community at large who are not fully employed.
12. A business subsidy will permit the project to employ more people, pay higher wages, be of better quality, or in some way be of more value to the City.

*Increasing the tax base may not be used as a public purpose, nor can job retention be used unless job loss is imminent and demonstrable.*

#### APPENDIX D

##### BUSINESS SUBSIDY CRITERIA

The Grantors hereby express its support for the use of business subsidies that generally meet the criteria listed below.

1. **But for Test.** There is a substantial likelihood that the project may not go forward without the business subsidy requested. This criteria must be supported by representations of the applicant for business subsidy.
2. **Redevelopment.** The project will remove, prevent or reduce blight or other adverse conditions of the property, thereby protecting the City's property values and the general public health, safety, and welfare.
3. **Attraction of New Business.** The project will attract or retain competitive and financially strong commercial and industrial companies, which offer the potential for significant growth in employment and tax base.
4. **Highest and Best Land Use.** The use of the business subsidy will encourage quality construction and promote the highest and best use of land, consistent with the Comprehensive Plan of the City.



5. Needed Services. The project will provide a needed service in the City or applicable service area, including health care, convenience and social services which are not currently available.
6. Unmet Housing Needs. The project will provide housing alternatives the City needs but which are not available.
7. Economic Feasibility. The recipient can demonstrate that it has experience and adequate financing for the project, and that the project can be completed in a timely manner.
8. Impact on City Services and Infrastructure. The project will not significantly and adversely increase the demands for service needs in the City.
9. Job Creation. The project will create or retain jobs which pay desirable wages and benefits in the area. The Grantors may take into account the special needs of small or growth-phase businesses with potential to create high paying jobs in the future.
10. Tax Base. The project will increase the City's tax base and generate new property tax revenue.

**EXTRACT OF MINUTES OF A MEETING OF THE  
CITY COUNCIL OF THE CITY OF COLD SPRING, MINNESOTA  
July 11, 2000**

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Pursuant to due call and notice thereof, a regular meeting of the City Council (the "Council") of the City of Cold Spring (the "City"), Stearns County, Minnesota, was duly called and held at the City Hall in said City on July 11, 2000, at 7:00 P.M.

The following members were present: Mayor Eric Vogt and Council Members Brigetta Klemek, Earl Danzeisen Frank Schriener and Laurie Larson. Absent: none.

---

Mayor Vogt announced that a public hearing would now be held to establish Business Subsidy Criteria. Brigetta Klemek introduced the following resolution and moved for its adoption:

**RESOLUTION NO. 00-24**

**A RESOLUTION ADOPTING BUSINESS SUBSIDY CRITERIA**

WHEREAS, the City of Cold Spring, Minnesota (the "City") acknowledges the need to provide financial assistance to businesses in the City to further the economic and development objectives of the City; and

WHEREAS, State of Minnesota Statutes 116J.993 through 116J.995 requires the city to establish Business Subsidy Criteria before any new business subsidy can be provided; and

WHEREAS, the City has performed all actions required by law to be performed prior to the adoption of Business Subsidy Criteria, including the holding of a public hearing upon published notice as required by law.

BE IT RESOLVED by the City Council ("the Council") of the City as follows:

1. The City hereby adopts a Business Subsidy Criteria Policy as attached hereto as Exhibit A, in fulfillment of the requirements of Minnesota Statutes 116J.993 through 116J.995 (a copy of Exhibit A is on file in the office of the City Clerk).

The motion for the foregoing resolution was seconded by Frank Schreiner and carried.

---

**CERTIFICATION**

STATE OF MINNESOTA

)SS

COUNTY OF STEARNS

I, the undersigned, being the duly qualified and acting City Administrator of the City of Cold Spring, Stearns County, Minnesota, DO HEREBY CERTIFY, that I have carefully compared the preceding extract of minutes of a meeting of the City Council of said City held on the date therein indicated with the original minutes thereof on file in my office and that the same is a full, true and correct transcript thereof insofar as said minutes related to the adoption of business subsidy criteria.

WITNESS my hand officially and the official seal of the City on June 6, 2001



Larry J. Lahr  
City Administrator

(CITY SEAL)



## 2001 Minnesota Business Assistance Form

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- 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)<br>City of Columbia Heights   |                                   | 2. Name of person completing this form<br>Tim Johnson   |  |                |  |      |  |          |  |
| 3. Street address<br>590 40th Avenue NE.  |                                   | 4. City<br>Columbia Heights   | 5. ZIP code<br>55421                                       |                |  |      |  |          |  |
| 6. County<br>Anoka  | 7. Phone number<br>(763) 706-3673 | 8. Fax number<br>(763) 706-3671   | 9. E-mail address<br>Tim.Johnson@ci.columbia-heights.mn.us |                |  |      |  |          |  |
| 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.<br>Walter R. Fehst, City Manager (763) 706-3610 590 40th Ave. NE, Columbia Heights, MN 55421                        |                                   |   |  |                |  |      |  |          |  |
| 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 (Indicate hearing date - _____ and attach criteria)  |  |                |  |      |  |          |  |
| <input type="checkbox"/> County government  |                                   | <input checked="" type="checkbox"/> No  |  |                |  |      |  |          |  |
| <input type="checkbox"/> Regional government  |                                   | <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)                                |  |                |  |      |  |          |  |
| <input type="checkbox"/> State government   |                                   | <input type="checkbox"/> Other (Please attach explanation.)   |  |                |  |      |  |          |  |
| <input type="checkbox"/> Other (Please specify.) _____  |                                   |   |  |                |  |      |  |          |  |
| 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 |  |      |  |       |  |          |  |
|  |  |   |  |      |  |       |  |          |  |
|  |  |   |  |      |  |       |  |          |  |
|  |  |   |  |      |  |       |  |          |  |
|  |  |   |  |      |  |       |  |          |  |
| 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 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

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade &  
Economic  
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED JUL 11 2001

|  |   |   |  |
|--|---|---|--|
| 1. Funding government agency name<br>City of Columbia Heights  |   | 2. Contact name<br>Kenneth R. Anderson  |  |
| 3. Agency street address<br>590 40th Avenue NE   |   | 4. City<br>Columbia Heights   |  |
| 5. Zip code<br>55421   | 6. Phone number (area code)<br>(763) 706-3670     | 8. Type of government agency<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State<br><input type="checkbox"/> Other (Please indicate) _____ |  |
|  | 7. Fax number (area code)<br>(763) 706-3671       |   |  |
| 9. Name of business receiving assistance<br>Metro Assemblies, Inc.   |   | 10. Industry of recipient (SIC code)  |  |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br>TIF Pay-As-You-Go<br>Business Revolving Loan Fund (BRLF) |   | 12. Name of TIF district (if applicable)<br>M.U.R.P.  |  |
| 13. Date of business assistance agreement<br>Aug. 1, 1995  | 14. Date assistance first provided<br>March, 1996 | 15. Date project (building/machinery/etc.) was placed in service  | 16. Dollar value of business assistance<br>TIF - \$50,416<br>BRLF - \$25,000 |

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<br>2 jobs within 2 years of first payment  |           | 18. Average hourly wage level goals for business receiving assistance<br>at least \$6 per hour   |   |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |   |  |                  |  |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |
|---|-----------|--|---|-------------------|---|-----------|-----------|------------------|--|-------|-------|------------------|-------|-------|-------|------------------|-------|-------|-------|------------------|-------|-------|-------|--------------------|-------|-------|-------|--------------------|-------|---|--|------------------|--|-------------------|---|-----------|-----------|------------------|--|-------|-------|------------------|-------|-------|-------|------------------|-------|-------|-------|------------------|-------|-------|-------|--------------------|-------|-------|-------|--------------------|-------|
| 19. Actual jobs created since business received assistance  |           | 20. Actual average hourly wage paid to employees hired since business received assistance<br>\$10.52/hr  |   |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |   |  |                  |  |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |
| 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>_____</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 | _____ | _____ | _____ | \$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>_____</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 | _____ | _____ | _____ | \$8.00 to \$9.99 | _____ | _____ | _____ | \$10.00 to \$11.99 | _____ | _____ | _____ | \$12.00 and higher | _____ |
| 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   | _____                                       |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |   |  |                  |  |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |
| 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   | _____                                       |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |   |  |                  |  |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |
| _____   | _____     | \$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   | 26. Date this Minnesota Business Assistance Form completed<br>April 1, 1999 |
| 27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project.<br><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)

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade &  
Economic  
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED JUL 11 2001

|  |   |   |   |
|--|---|---|---|
| 1. Funding government agency name<br>City of Columbia Heights  |   | 2. Contact name<br>Kenneth R. Anderson<br>Community Development Director                                      |   |
| 3. Agency street address<br>590 40th Avenue NE   |   | 4. City<br>Columbia Heights,  |   |
| 5. Zip code<br>55421   | 6. Phone number (area code)<br>(763) 706-3670 | 8. Type of government agency<br>X City ___ County ___ Regional ___ State<br>___ Other (Please indicate) _____ |   |
|  | 7. Fax number (area code)<br>(763) 706-3671   |   |   |
| 9. Name of business receiving assistance<br>Medtronic, Inc.  |   | 10. Industry of recipient (SIC code)<br>5047  |   |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br>Forgivable Loan Grant<br>TIF Pay-As-You-Go |   | 12. Name of TIF district (if applicable)<br>53rd Avenue   |   |
| 13. Date of business assistance agreement<br>Nov. 1, 1996<br>Sept. 12, 1996  | 14. Date assistance first provided<br>1998    | 15. Date project (building/machinery/etc.) was placed in service  | 16. Dollar value of business assistance 949,675 TIF<br>250,000 Grant to City<br>250,000 forgivable loan |

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<br>156  |                                       | 18. Average hourly wage level goals for business receiving assistance<br>\$10 per hour and above  |       |
| 19. Actual jobs created since business received assistance<br>Was 111<br>Currently 167   |                                       | 20. Actual average hourly wage paid to employees hired since business received assistance<br>\$24.34  |       |
| 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.) (*SEE BELOW) |       |
| 21. Job Creation   | Hourly Wage Level<br>(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.   |       |

\*No breakdown on # of jobs, hrly wage for 56 addtn'l jobs created. Medtronic will submit to DTD by Nov. 2001

|   |  |
|---|--|
| 25. Last date actual wage and job creation levels documented<br>12-31-98  | 26. Date this Minnesota Business Assistance Form completed<br>March 30, 1999 |
| 27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project.<br><input checked="" 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)

# 2001 Minnesota Business Assistance Form

RECEIVED OCT 1 2001

- 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)<br><u>Cottonwood Township</u>   |  | 2. Name of person completing this form<br><u>John Griebel</u>  |                              |
| 3. Street address<br><u>P.O. Box 149</u>  |  | 4. City<br><u>Searles, MN</u>  | 5. ZIP code<br><u>56084</u>  |
| 6. County<br><u>Brown</u>   | 7. Phone number<br><u>(507) 625-7973</u> | 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.")<br><br><input type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><input checked="" type="checkbox"/> Other (Please specify.) <u>Township</u> |  | 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.)<br><br><input type="checkbox"/> Yes (Indicate hearing date - _____ and <u>attach criteria</u> )<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><br><input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No ( <u>Stop here, go to section 5 on page 4.</u> )   |  |  |                              |

## 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.)<br><br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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 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

Postmarked 10/10/01 (n)



# 2001 Minnesota Business Assistance Form

RECEIVED JUL 16 2001

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- 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)<br><u>CITY OF EVELETH</u>   |  | 2. Name of person completing this form<br><u>Raymond J. Eck</u>  |                             |                                       |                                 |  |                        |                          |
| 3. Street address<br><u>413 GRANT AVE</u>   |  | 4. City<br><u>EVELETH</u>  | 5. ZIP code<br><u>55734</u> |                                       |                                 |  |                        |                          |
| 6. County<br><u>ST. LOUIS</u>   | 7. Phone number<br><u>218-744-2581</u> | 8. Fax number<br><u>218-744-5644</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.<br><table border="1"> <tr> <td>Name/Title<br/><u>R-ECK City Clerk</u></td> <td>Phone number<br/><u>744-2581</u></td> <td>Street address<br/><u>413 P. RICE ST.</u></td> <td>City<br/><u>EVELETH</u></td> <td>ZIP code<br/><u>55734</u></td> </tr> </table>  |  |  |                             | Name/Title<br><u>R-ECK City Clerk</u> | Phone number<br><u>744-2581</u> | Street address<br><u>413 P. RICE ST.</u> | City<br><u>EVELETH</u> | ZIP code<br><u>55734</u> |
| Name/Title<br><u>R-ECK City Clerk</u>   | Phone number<br><u>744-2581</u>        | Street address<br><u>413 P. RICE ST.</u>   | City<br><u>EVELETH</u>      | ZIP code<br><u>55734</u>              |                                 |  |                        |                          |
| 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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>8-2-00</u> and <u>attach criteria</u> )<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><input checked="" 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 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

Postmarked 7/12/01



# 2001 Minnesota Business Assistance Form

RECEIVED JUL 15 2001

- # 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)<br><u>Emmett Economic Development</u>   |                                    | 2. Name of person completing this form<br><u>Tiffany Anderson</u>   |  |
| 3. Street address<br><u>413 Pine Street</u>   |                                    | 4. City<br><u>Emmett</u>  | 5. ZIP code<br><u>55731</u>                      |
| 6. County<br><u>Scott</u>   | 7. Phone number<br><u>744-1296</u> | 8. Fax number<br><u>744-1296</u>  | 9. E-mail address<br><u>tanderson@emmett.org</u> |
| 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.<br><u>Tiffany Anderson</u><br>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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date <u>8/21/2000</u> and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><input type="checkbox"/> Other (Please attach explanation.) |  |
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## 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.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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 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.)

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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.):

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☐ 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:

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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

JUL 16 2001

RESOLUTION ADOPTING CRITERIA FOR BUSINESS SUBSIDIES

WHEREAS, the City of Eveleth wishes to submit an application to the Minnesota Department of Trade and Economic Development (DTED) for economic development projects within the City, and

WHEREAS, DTED requires that all applicants adopt a set of standards to ensure that DTED eligibility guidelines are met, and

WHEREAS, the Minnesota Business Subsidies Law as set forth in Minnesota Statute 116J.994 Subd. 2 states that business subsidies may not be granted until the grantor has adopted criteria after a public hearing for awarding business subsidies, and

WHEREAS, the City of Eveleth held such a public hearing on August 24, 2000, proposing language to meet the requirements of the Business Subsidies Law which also satisfies the requirements of DTED,

WHEREAS, those in attendance at the public hearing fully supported the proposed language,

NOW THEREFORE BE IT RESOLVED, that the City of Eveleth adopt the following language as presented at the public hearing as part of the criteria to be met by parties applying for business subsidies through the City of Eveleth:

The wage floor shall not be less than the wage standards currently set by the Minnesota Investment Act and the Department of Trade and Economic Development as part of their eligibility guidelines for funding, said amount including cost of benefits.

In addition, the following information shall be provided by the recipient to meet the mandates of the business subsidies agreement:

- 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.
- 9) goals for the number of jobs created, which may include separate goals for the number of part-time or

Resolution No. 3509 - (Cont'd)

full-time jobs, or, in cases where job loss is specific  
and demonstrable, goals for the number of jobs  
retained

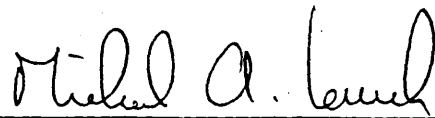
10) wage goals for the jobs created or retained.

The foregoing resolution was offered by Councilor Pollack and on his motion supported by Councilor Sabetti was declared carried on the following vote:

Ayes: Councilors Sabetti, Kallevig, Pollack, Matos and Mayor Lenich

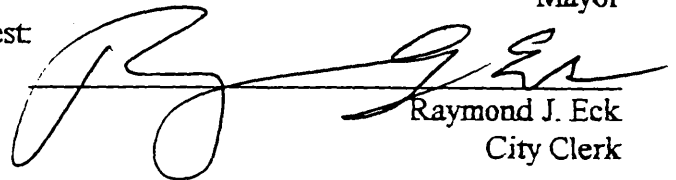
Nays: None

Passed: September 5, 2000



Michael Lenich  
Mayor

Attest



Raymond J. Eck  
City Clerk

Published: September 14, 2000

# 2001 Minnesota Business Assistance Form

RECEIVED AUG 8 2001

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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 Information About Grantor

|   |                                 |  |  |                           |              |                               |            |            |              |                |               |
|---|---------------------------------|--|--|---------------------------|--------------|-------------------------------|------------|------------|--------------|----------------|---------------|
| 1. Name of grantor (funding entity)<br>GRANT COUNTY   |                                 | 2. Name of person completing this form<br>JIM STANDISH   |  |                           |              |                               |            |            |              |                |               |
| 3. Street address<br>10 SECOND STREET NE  |                                 | 4. City<br>ELBOW LAKE  | 5. ZIP code<br>56531-1007                        |                           |              |                               |            |            |              |                |               |
| 6. County<br>GRANT  | 7. Phone number<br>218 685-4494 | 8. Fax number<br>218 685-4498  | 9. E-mail address<br>jim.standish@co.grant.mn.us |                           |              |                               |            |            |              |                |               |
| 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.<br><table border="1"> <tr> <td>JIM STANDISH, COORDINATOR</td> <td>218 685-4494</td> <td>10 2nd St. NE, ELBOW LAKE, MN</td> <td>56531-1007</td> </tr> <tr> <td>Name/Title</td> <td>Phone number</td> <td>Street address</td> <td>City ZIP code</td> </tr> </table>   |                                 |  |  | JIM STANDISH, COORDINATOR | 218 685-4494 | 10 2nd St. NE, ELBOW LAKE, MN | 56531-1007 | Name/Title | Phone number | Street address | City ZIP code |
| JIM STANDISH, COORDINATOR   | 218 685-4494                    | 10 2nd St. NE, ELBOW LAKE, MN  | 56531-1007                                       |                           |              |                               |            |            |              |                |               |
| 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.")<br><input type="checkbox"/> City government<br><input checked="" type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input type="checkbox"/> Yes (Indicate hearing date - _____ and <u>attach criteria</u> )<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No ( <u>Stop here, go to section 5 on page 4.</u> )                                 |                                 |  |  |                           |              |                               |            |            |              |                |               |

## 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.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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 General Information About the Agreement

|   |   |  |            |  |            |
|---|---|--|------------|--|------------|
| <p>20. Total dollar value of business subsidy or financial assistance (<i>Please separate value by type in Questions 24 and 25.</i>)</p>  | <p>21. Date agreement signed (<i>In addition to the agreement date, indicate any dates the agreement was amended.</i>)</p>  |  |            |  |            |
| <p>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>)</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? (<i>Mark one.</i>)</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 <b>type(s)</b> and <b>total dollar value for each type.</b></p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____<br/> <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____<br/> <input type="checkbox"/> tax abatement      \$ _____<br/> <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____<br/> <input type="checkbox"/> guarantee of payment      \$ _____<br/> <input type="checkbox"/> contribution of property or infrastructure      \$ _____<br/> <input type="checkbox"/> preferential use of governmental facilities      \$ _____<br/> <input type="checkbox"/> land contribution      \$ _____<br/> <input type="checkbox"/> other (<i>Specify subsidy type.</i>) _____ \$ _____         </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      \$ _____<br/> <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      \$ _____<br/> <input type="checkbox"/> assistance for pollution control or abatement      \$ _____<br/> <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? (<i>Mark one.</i>)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment<br/> <input type="checkbox"/> renewal and renovation<br/> <input type="checkbox"/> soils condition<br/> <input type="checkbox"/> economic development<br/> <input type="checkbox"/> mined underground space<br/> <input type="checkbox"/> hazardous substance subdistrict         </p>   | <p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (<i>Mark one.</i>)</p> <p> <input type="checkbox"/> Yes (<i>Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.</i>)<br/> <input 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: 50%;"></td> <td style="border-bottom: 1px solid black; width: 50%; 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 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 (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 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, 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.

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|   |   |   |   |
|---|---|---|---|
| 1. Funding government agency name<br>GRANT COUNTY                           |   | 2. Contact name<br>JIM STANDISH   |   |
| 3. Agency street address<br>10 SECOND STREET NE                             |   | 4. City<br>ELBOW LAKE   |   |
| 5. Zip code<br>56531-1007   | 6. Phone number (area code)<br>218 685 - 4494 | 8. Type of government agency<br>City <input type="checkbox"/> County <input checked="" type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> |   |
|   | 7. Fax number (area code)<br>218 685-4498     | Other (Please indicate) _____   |   |
| 9. Name of business receiving assistance<br>HOFFMAN COOP OIL                |   | 10. Industry of recipient (SIC code)<br>RETAIL AGRONOMY   |   |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br>TIF |   | 12. Name of TIF district (if applicable)<br>HOFFMAN COOP OIL  |   |
| 13. Date of business assistance agreement<br>10/1/98                        | 14. Date assistance first provided<br>7/6/00  | 15. Date project (building/machinery/etc.) was placed in service<br>3/99  | 16. Dollar value of business assistance<br>\$75,000 |

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          |
|  |                                    |  | Part-time          |
|  | less than \$7.00                   |  | less than \$7.00   |
|  | \$7.00 to \$7.99                   |  | \$7.00 to \$7.99   |
| 1  | \$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<br>2/1/01  | 26. Date this Minnesota Business Assistance Form completed<br>8/6/01 |
| 27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project.<br><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)

# 2001 Minnesota Business Assistance Form

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- 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)<br>City of Goodview   |                                 | 2. Name of person completing this form<br>Daryl Zimmer   |  |
| 3. Street address<br>4140 Fifth Street  |                                 | 4. City<br>Goodview  | 5. ZIP code<br>55987                     |
| 6. County<br>Winona   | 7. Phone number<br>507-452-1630 | 8. Fax number<br>507-452-2174  | 9. E-mail address<br>dzimmer@luminet.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.")<br><br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><br><input type="checkbox"/> Yes (Indicate hearing date - _____ and <u>attach criteria</u> )<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><br><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.)<br><br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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 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

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# 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<br>City of Ham Lake                        |  | 2. Contact name<br>Doris Nivala   |   |
| 3. Agency street address<br>15544 Central Ave. NE                            |  | 4. City<br>Ham Lake   |   |
| 5. Zip code<br>55304   | 6. Phone number (area code)<br>763-434-9555    | 8. Type of government agency<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State<br><input type="checkbox"/> Other (Please indicate) _____ |   |
|  | 7. Fax number (area code)<br>763-434-9599      |   |   |
| 9. Name of business receiving assistance<br>Al-Cast Mold & Pattern, Inc.     |  | 10. Industry of recipient (SIC code)  |   |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br>Loan |  | 12. Name of TIF district (if applicable)<br>N/A   |   |
| 13. Date of business assistance agreement<br>12/28/98                        | 14. Date assistance first provided<br>12/28/98 | 15. Date project (building/machinery/etc.) was placed in service<br>12/28/98  | 16. Dollar value of business assistance<br>\$55,000 |

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<br>8  |                                    | 18. Average hourly wage level goals for business receiving assistance<br>\$10 - \$12 per hour  |  |
| 19. Actual jobs created since business received assistance<br>11   |                                    | 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 (\$)  |  |
| Full-time  | Part-time                          |  |  |
|  | less than \$7.00                   |  |  |
|  | \$7.00 to \$7.99                   |  |  |
|  | \$8.00 to \$9.99                   |  |  |
| 8  | \$10.00 to \$11.99                 | \$4.24   |  |
|  | \$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  | 26. Date this Minnesota Business Assistance Form completed<br>8/28/01 |
| 27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project.<br><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)

ED Hadden 651-215-3841  
**2001 Minnesota Business Assistance Form**

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- # 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)<br><b>HUBBARD County</b>   |  | 2. Name of person completing this form<br><b>JACK PAUL</b>  |  |
| 3. Street address<br><b>301 Court Ave</b>  |  | 4. City<br><b>PARK RAPIDS</b>   | 5. ZIP code<br><b>56470</b>                        |
| 6. County<br><b>Hubbard</b>  | 7. Phone number<br><b>218 732 2310</b> | 8. Fax number   | 9. E-mail address<br><b>jpaul@co.hubbard.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 type="checkbox"/> City government<br><input checked="" type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><input type="checkbox"/> Other (Please specify.) _____ |  | <input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria)<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><input checked="" 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 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 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, 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**





## 2001 Minnesota B

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|                   |                  |       |               |            |   |
|-------------------|------------------|-------|---------------|------------|---|
| Post-It® Fax Note | 7671             | Date  | 6/4/01        | # of pages | 4 |
| To                | MN Dept. Trade & | From  | Dan Haines    |            |   |
| Co./Dept.         | Comm. Dev.       | Co.   | City of I & H |            |   |
| Phone #           |                  | Phone | 651-450-2516  |            |   |
| Fax #             | 651-215-3841     | Fax # |               |            |   |

- The 2001 Minnesota Business Assistance Form (MBAF) assistance agreement signed from January 1, 2000 through December 31, 1999. 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)<br><u>City of Inver Grove Heights</u>   |  | 2. Name of person completing this form<br><u>Dan Haines</u>  |                              |
| 3. Street address<br><u>8150 Barbara Avenue</u>   |  | 4. City<br><u>Inver Grove Heights</u>  | 5. ZIP code<br><u>55077</u>  |
| 6. County<br><u>Dakota</u>  | 7. Phone number<br><u>651-450-2516</u> | 8. Fax number<br><u>651-450-2502</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.   |  |  |                              |
| 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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>12/13/99</u> and <u>attach criteria</u> )<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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 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:

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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

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# 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<br>City of Maple Grove                    |   | 2. Contact name<br>Fredric Christiansen   |  |
| 3. Agency street address<br>12800 Arbor Lakes Parkway                       |   | 4. City<br>Maple Grove  |  |
| 5. Zip code<br>55369  | 6. Phone number (area code)<br>(763) 494-6320 | 8. Type of government agency<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State<br><input type="checkbox"/> Other (Please indicate) _____ |  |
|   | 7. Fax number (area code)<br>(763) 494-6419   |   |  |
| 9. Name of business receiving assistance<br>Told Development                |   | 10. Industry of recipient (SIC code)<br>6552  |  |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br>TIF |   | 12. Name of TIF district (if applicable)<br>Wedgwood X  |  |
| 13. Date of business assistance agreement<br>11/9/99                        | 14. Date assistance first provided<br>11/9/99 | 15. Date project (building/machinery/etc.) was placed in service<br>12/20/00  | 16. Dollar value of business assistance<br>199,664 |

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.) SEE ATTACHED |                    | 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 (\$)  |  |
| 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 | _____  |  |
| 95  | \$12.00 and higher | \$30.00  |  |
| 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<br>6/8/01  | 26. Date this Minnesota Business Assistance Form completed<br>6/8/01 |
| 27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project.<br><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)

No specific goals are listed in the agreement. The firm occupying the building was a new business created at the time of building occupancy. Current employment at this firm is ninety-five (95) jobs. We are using that employment level as the job goal for item #21.

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# 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<br>City of Maple Grove                    |   | 2. Contact name<br>Fredric Christiansen   |  |
| 3. Agency street address<br>12800 Arbor Lakes Parkway                       |   | 4. City<br>Maple Grove  |  |
| 5. Zip code<br>55369  | 6. Phone number (area code)<br>(763) 494-6320 | 8. Type of government agency<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State<br><input type="checkbox"/> Other (Please indicate) _____ |  |
|   | 7. Fax number (area code)<br>(763) 494-6419   |   |  |
| 9. Name of business receiving assistance<br>Scimed Life Systems, Inc.       |   | 10. Industry of recipient (SIC code)<br>3841  |  |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br>TIF |   | 12. Name of TIF district (if applicable)<br>Scimed TIF - Phase II   |  |
| 13. Date of business assistance agreement<br>12/19/96                       | 14. Date assistance first provided<br>7/27/99 | 15. Date project (building/machinery/etc.) was placed in service<br>2/5/99  | 16. Dollar value of business assistance<br>4,081,370 |

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<br>252  |                   | 18. Average hourly wage level goals for business receiving assistance<br>16.00   |                  |
| 19. Actual jobs created since business received assistance<br>432  |                   | 20. Actual average hourly wage paid to employees hired since business received assistance<br>21.00   |                  |
| 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 |
| Full-time  | Part-time         | (excl. benefits)   | Full-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<br>6/8/01  | 26. Date this Minnesota Business Assistance Form completed<br>6/8/01 |
| 27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project.<br><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)

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# 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<br><b>City of Maple Grove</b>                    |  | 2. Contact name<br><b>Fredric Christiansen</b>  |  |
| 3. Agency street address<br><b>12800 Arbor Lakes Pkwy</b>                          |  | 4. City<br><b>Maple Grove</b>   |  |
| 5. Zip code<br><b>55369</b>  | 6. Phone number (area code)<br><b>763-494-6320</b>   | 8. Type of government agency<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State<br><input type="checkbox"/> Other (Please indicate) _____ |  |
|  | 7. Fax number (area code)<br><b>763-494-6419</b>     |   |  |
| 9. Name of business receiving assistance<br><b>Caliber Devolp. Corp.</b>           |  | 10. Industry of recipient (SIC code)<br><b>6552/1542</b>  |  |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br><b>TIF</b> |  | 12. Name of TIF district (if applicable)<br><b>Eagle Lake TIF-Caliber IV</b>  |  |
| 13. Date of business assistance agreement<br><b>4/5/99</b>                         | 14. Date assistance first provided<br><b>6/28/00</b> | 15. Date project (building/machinery/etc.) was placed in service<br><b>permit 6/23/00</b>   | 16. Dollar value of business assistance<br><b>\$311,408.05</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   |                                    | 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 (\$)  |  |
| Full-time Part-time  |                                    |  |  |
| _____  | less than \$7.00                   | _____  |  |
| _____  | \$7.00 to \$7.99                   | _____  |  |
| _____  | \$8.00 to \$9.99                   | _____  |  |
| _____  | \$10.00 to \$11.99                 | _____  |  |
| <b>100</b>   | \$12.00 and higher                 | <b>15.00</b>   |  |
| 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<br><b>Due 3/1/2003 Bldg not completed</b>  | 26. Date this Minnesota Business Assistance Form completed<br><b>6/5/01</b> |
| 27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project.<br><input checked="" 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)

EXHIBIT A  
(Estimated Job Creation)

Eagle Lake Business Centre IV  
Maple Grove, Minnesota

As of March 1 2000

| <u>Job Classification</u> | <u>Salary Range</u>   | <u>Number of Jobs</u> |
|---------------------------|-----------------------|-----------------------|
| Office - Administration   | Less than \$30,000    | 25                    |
| Office - Management       | \$30,000 - \$40,000   | 22                    |
| Office - Executive        | Greater than \$40,000 | 20                    |
| Warehouse - Production    | Less than \$30,000    | 26                    |
| Warehouse                 | Greater than \$30,000 | <u>7</u>              |
|                           | Total Number of Jobs  | 100                   |

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade &  
Economic  
Development

Please complete lines 1 through 16 for all agreements.

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|   |  |   |   |
|---|--|---|---|
| 1. Funding government agency name<br><br>City of Maple Grove                    |  | 2. Contact name<br><br>Fred Christiansen  |   |
| 3. Agency street address<br><br>12800 Arbor Lakes Pkwy                          |  | 4. City<br><br>Maple Grove  |   |
| 5. Zip code<br><br>55369  | 6. Phone number (area code)<br>763-494-6320<br>7. Fax number (area code)<br>763-494-6419 | 8. Type of government agency<br><br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State<br><br><input type="checkbox"/> Other (Please indicate) _____ |   |
| 9. Name of business receiving assistance<br><br>Caliber Dev. Corp.              |  | 10. Industry of recipient (SIC code)<br><br>6552/1542   |   |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br><br>TIF |  | 12. Name of TIF district (if applicable)<br><br>Eagle Lake TIF-Caliber II   |   |
| 13. Date of business assistance agreement<br><br>8/17/98                        | 14. Date assistance first provided<br><br>10/19/98                                       | 15. Date project (building/machinery/etc.) was placed in service<br><br>12/31/98 est  | 16. Dollar value of business assistance<br><br>\$154,952.32 |

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   |           | Hourly Wage Level (excl. benefits) | 24. Hourly Value of Voluntary Benefits (\$) |
| Full-time  | Part-time |                                    |   | Full-time  | Part-time |                                    |   |
| _____  | _____     | 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                 | _____                                       |
| 80   | _____     | \$12.00 and higher                 | 15.00                                       | 125  | _____     | \$12.00 and higher                 | 17.00 +                                     |
| 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<br><br>6/1/01  | 26. Date this Minnesota Business Assistance Form completed<br><br>6/5/01 |
| 27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project.<br><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)



Caliber II (5)

**EXHIBIT A****Estimated Job Creation  
Eagle Lake Business Centre II  
Maple Grove, Minnesota****As of July 15, 1998**

| <u>Job Classification</u>   | <u>Salary Range</u>   | <u>Number of Jobs</u> |
|-----------------------------|-----------------------|-----------------------|
| Office-Administration       | Less than \$30,000    | 20                    |
| Office-Management           | \$30,000-\$40,000     | 15                    |
| Office-Executive            | Greater than \$40,000 | 15                    |
| Warehouse-Production        | Less than \$30,000    | 24                    |
| Warehouse                   | Greater than \$30,000 | 6                     |
| <b>Total Number of Jobs</b> |                       | <b>80</b>             |

(4)

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade &  
Economic  
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED JUN 8 2001

|   |  |   |   |
|---|--|---|---|
| 1. Funding government agency name<br>City of Maple Grove                    |  | 2. Contact name<br>Fredric Christiansen   |   |
| 3. Agency street address<br>12800 Arbor Lakes Pkwy                          |  | 4. City<br>Maple Grove  |   |
| 5. Zip code<br>55369  | 6. Phone number (area code)<br>763-494-6320    | 8. Type of government agency<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State<br><input type="checkbox"/> Other (Please indicate) |   |
|   | 7. Fax number (area code)<br>763-494-6419      |   |   |
| 9. Name of business receiving assistance<br>Caliber Develop. Corp.          |  | 10. Industry of recipient (SIC code)<br>6552/1542   |   |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br>TIF |  | 12. Name of TIF district (if applicable)<br>Eagle Ridge Caliber I   |   |
| 13. Date of business assistance agreement<br>10/06/97                       | 14. Date assistance first provided<br>11/12/97 | 15. Date project (building/machinery/etc.) was placed in service<br>12/15/98  | 16. Dollar value of business assistance<br>\$384,460.45 |

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<br>160  |                   | 18. Average hourly wage level goals for business receiving assistance<br>\$15.00 + per hr  |                  |
| 19. Actual jobs created since business received assistance<br>176  |                   | 20. Actual average hourly wage paid to employees hired since business received assistance<br>\$17.00 + per hr  |                  |
| 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 |
| Full-time  | Part-time         | (excl. benefits)   | Full-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.  |                   | 24. Hourly Value of Voluntary Benefits (\$)  |                  |
|  |                   | 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.  |                  |

Please complete lines 25 through 27 for all agreements.

|   |  |
|---|--|
| 25. Last date actual wage and job creation levels documented<br>6/1/01  | 26. Date this Minnesota Business Assistance Form completed<br>6/5/01 |
| 27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project.<br><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)

(4)

Crisper I

**EXHIBIT A****Estimated Job Creation  
Eagle Lake Business Centre  
Maple Grove, Minnesota****As of October 7, 1997**

| <u>Job Classification</u> | <u>Salary Range</u>         | <u>Number of Jobs</u> |
|---------------------------|-----------------------------|-----------------------|
| Office - Administration   | Less than \$30,000          | 40                    |
| Office - Management       | \$30,000 - \$40,000         | 35                    |
| Office - Executive        | Greater than \$40,000       | 30                    |
| Warehouse - Production    | Less than \$30,000          | 43                    |
| Warehouse                 | Greater than \$30,000       | <u>12</u>             |
|                           | <b>Total Number of Jobs</b> | <b>160</b>            |



# 2000 Minnesota Business Assistance Form

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- 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)<br><u>City of Maple Grove</u>  |  | 2. Name of person completing this form<br><u>Shelly Peterson</u>  |  |
| 3. Street address<br><u>12800 Arbor Lakes Pkwy</u>   |  | 4. City<br><u>Maple Grove</u>   | 5. ZIP code<br><u>55369</u>                              |
| 6. County<br><u>Hennepin</u>   | 7. Phone number<br><u>763-494-6320</u> | 8. Fax number<br><u>763-494-6419</u>  | 9. E-mail address<br><u>speterson@ci.maple-grove.mn.</u> |
| 10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.<br><u>Fredric Christiansen</u> <u>Same</u>   |  |   |  |
| Name/Title<br><u>Finance Director</u>  | 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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9/20/99</u> and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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<br><u>Northwest Athletic Club</u>   |  | 15. Address where business subsidy or financial assistance will be used<br><u>12601 82nd Ave N Maple Grove 55369</u><br>Street address City ZIP code |  |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><input type="checkbox"/> No<br><u>Sranmark Realty/Club Sports Incl</u> <u>1700 Broadway Denver MN 80290</u><br>Name of parent corporation Street address City State ZIP code |  |  |  |

|  |  |  |            |  |            |
|--|--|--|------------|--|------------|
| 17. Industry of recipient's facility (Mark one.):<br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Manufacturing<br/> <input type="checkbox"/> Retail Trade         </div> <div style="width: 30%;"> <input type="checkbox"/> Services<br/> <input type="checkbox"/> Wholesale Trade         </div> <div style="width: 30%;"> <input type="checkbox"/> Finance, Insurance, Real Estate<br/> <input type="checkbox"/> Construction         </div> <div style="width: 10%; text-align: right;"> <input checked="" type="checkbox"/> Other (please specify) <u>Health and Fitness Center</u> </div> </div>                         |  |  |            |  |            |
| 18. Did the recipient relocate as a result of signing this agreement? (Mark one.)<br><input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)<br><input checked="" type="checkbox"/> No (Go to Question 19.)<br><hr/> <div style="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.)<br><input type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota  |  |  |            |  |            |
| <b>Section 3 General Information About the Agreement</b>   |  |  |            |  |            |
| 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.)<br><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">750,000</div>   | 21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)<br><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">9/30/99</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.)<br><div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 100px;">9/15/00</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.)<br><div style="display: flex; justify-content: center; margin-top: 5px;"> <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).<br><br><input type="checkbox"/> not applicable, agreement provided financial assistance<br><input type="checkbox"/> loan<br><input checked="" type="checkbox"/> grant (i.e., forgivable loan)<br><input type="checkbox"/> tax abatement<br><input checked="" type="checkbox"/> TIF or other tax reduction or deferral<br><input type="checkbox"/> guarantee of payment<br><input type="checkbox"/> contribution of property or infrastructure<br><input type="checkbox"/> preferential use of governmental facilities<br><input type="checkbox"/> land contribution<br><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).<br><br><input type="checkbox"/> not applicable, agreement provided a business subsidy<br><input type="checkbox"/> assistance for property polluted by contaminants<br><input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost<br><input type="checkbox"/> assistance for pollution control or abatement<br><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.)<br><br><input type="checkbox"/> not applicable, assistance was not in the form of TIF<br><input checked="" type="checkbox"/> redevelopment<br><input type="checkbox"/> renewal and renovation<br><input type="checkbox"/> soils condition<br><input type="checkbox"/> economic development<br><input type="checkbox"/> mined underground space<br><input type="checkbox"/> hazardous substance subdistrict   | 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)<br><br><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)<br><input checked="" type="checkbox"/> No<br><br>Grantor(s) and value of the agreement(s):<br><br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;"></td> <td style="border-bottom: 1px solid black; width: 50%; 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. §16J.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) provide city with Rec. Facility  
☒ Other (please specify) including outdoor pool without  
☐ Other (please specify) city paid capital expenditures

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

3

### 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

Adopted 9/20/99

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### Proposed Policy for Business Subsidies

**Purpose:** The purpose of this policy is to set guidelines that would enable the City Of Maple Grove to comply with Minnesota Statutes 116J.993, et seq.

**Objective:** The objective of the City of Maple Grove is to attract and enhance commercial and industrial development thereby increasing opportunities for Maple Grove residents and the job base and tax base of the City.

**Definition Of Business Subsidy:** A business 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.

This policy will be used for business subsidies that exceed \$25,000.

A proposed subsidy shall be considered to offset land costs, site development costs, building costs and design specifications that exceed the City's minimum requirements.

#### Policy Guidelines:

The City shall evaluate each request for a business subsidy based on the best interest of the City and its residents. In determining whether to provide a subsidy, the City shall consider factors it deems appropriate, which may include the following:

- Proposed number and type of jobs created.
- Estimated taxable value of the proposed development.
- The commitment of the proposed development to continue operations at the site where the subsidy is used for at least five years after the benefit date.
- The ability of the proposed development to fulfil or provide a desired amenity, facility or service that is not provided by the City.

The City recognizes that each proposed development is unique and has specific characteristics that make the proposed development desirable to the City and in making its determination, the City may use some or all of the foregoing factors. The City Council will make a determination as to whether the proposed subsidy is in the best interests of the City; provided that if the subsidy is in excess of \$100,000 the determination shall be preceded by a public hearing.



29.

The goals for the contribution do not include specific job or wage goals, but are to provide the City with access to an outdoor pool with a construction cost in excess of \$2,000,000 and other health club facilities, without capital expenditure or the ongoing expense of operating those facilities.

(2)

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade &  
Economic  
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED JUN 8 2001

|  |   |   |  |
|--|---|---|--|
| 1. Funding government agency name<br><b>City of Maple Grove</b>                    |   | 2. Contact name<br><b>Fred Christiansen</b>   |  |
| 3. Agency street address<br><b>12800 Arbor Lakes Pkwy</b>                          |   | 4. City<br><b>Maple Grove</b>   |  |
| 5. Zip code<br><b>55369</b>  | 6. Phone number (area code)<br><b>763-494-6320</b>  | 8. Type of government agency<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State<br><input type="checkbox"/> Other (Please indicate) _____ |  |
|  | 7. Fax number (area code)<br><b>763-494-6419</b>    |   |  |
| 9. Name of business receiving assistance<br><b>Springrose Partners</b>             |   | 10. Industry of recipient (SIC code)<br><b>6552/1542</b>  |  |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br><b>TIF</b> |   | 12. Name of TIF district (if applicable)<br><b>Wedgwood-Rio Sensor</b>  |  |
| 13. Date of business assistance agreement<br><b>7/14/97</b>                        | 14. Date assistance first provided<br><b>5/8/97</b> | 15. Date project (building/machinery/etc.) was placed in service<br><b>10/15/97</b>   | 16. Dollar value of business assistance<br><b>170,336.77</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<br><b>28.5 Positions</b>  |                                    | 18. Average hourly wage level goals for business receiving assistance<br><b>Approx 16.00</b>   |       |
| 19. Actual jobs created since business received assistance<br><b>72</b>  |                                    | 20. Actual average hourly wage paid to employees hired since business received assistance<br><b>Approx 15.32</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 (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<br><b>1/1/2001</b>   | 26. Date this Minnesota Business Assistance Form completed |
| 27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project.<br><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)

February 6, 2001

Fred Christiansen  
City of Maple Grove  
12800 Arbor Lakes Parkway  
Maple Grove MN 55369

Accompanying, please find Springrose Partners' Jobs Report as required by March 1, 2001 in connection with the TIF financing agreement dated July 14, 1997.

Estimated Job Creation

Springrose Partners LLP  
7001 East Fish Lake Road  
Maple Grove, MN

As of January 1, 2000

| Job Classification     | Salary Range          | Number of Jobs Planned at 7/14/1997 | Number of Jobs Actual at 1/1/2001 |
|------------------------|-----------------------|-------------------------------------|-----------------------------------|
| Office- Administration | Less than \$30,000    | 9                                   | 24                                |
| Office- Management     | \$30,000-40,000       | 3                                   | 23                                |
| Office- Executive      | Greater than \$40,000 | 14                                  | 25                                |
| Warehouse - Production | Less than \$30,000    | 2.5                                 | 0                                 |
| Warehouse              | Greater than \$30,000 | 0                                   | 0                                 |
| Other                  |                       |                                     |                                   |
| <b>Total:</b>          |                       | <b>28.5</b>                         | <b>72</b>                         |

9.62  
14.42  
21.63

Please contact me should you have any questions.

Sincerely,

  
Steve Springrose  
Springrose Partners, LLP

Springrose Partners, LLP

12505 58<sup>th</sup> Avenue North

Plymouth, MN 55442 USA

612-559-4794 voice 612-559-0205 fax 612-532-4232 mobile/page  
sspringrose @msn.com

①

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade &  
Economic  
Development

Please complete lines 1 through 16 for all agreements.

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|  |  |   |   |
|--|--|---|---|
| 1. Funding government agency name<br><b>City of Maple Grove</b>                    |  | 2. Contact name<br><b>Fredric Christiansen</b>  |   |
| 3. Agency street address<br><b>12800 Arbor Lakes Pkwy</b>                          |  | 4. City<br><b>Maple Grove</b>   |   |
| 5. Zip code<br><b>55369</b>  | 6. Phone number (area code)<br><b>763-494-6320</b>   | 8. Type of government agency<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State<br><input type="checkbox"/> Other (Please indicate) _____ |   |
|  | 7. Fax number (area code)<br><b>763-494-6419</b>     |   |   |
| 9. Name of business receiving assistance<br><b>MBY Co.</b>                         |  | 10. Industry of recipient (SIC code)<br><b>6552</b>   |   |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br><b>TIF</b> |  | 12. Name of TIF district (if applicable)<br><b>Wedgwood-MBY</b>   |   |
| 13. Date of business assistance agreement<br><b>11/20/95</b>                       | 14. Date assistance first provided<br><b>12/1/95</b> | 15. Date project (building/machinery/etc.) was placed in service<br><b>8/9/96</b>   | 16. Dollar value of business assistance<br><b>\$601,613</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<br><b>5</b>   |                   | 18. Average hourly wage level goals for business receiving assistance<br><b>\$8-10 per hr</b>  |                    |
| 19. Actual jobs created since business received assistance<br><b>190</b>   |                   | 20. Actual average hourly wage paid to employees hired since business received assistance<br><b>15.88 per hr</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   |
| Full-time  | Part-time         | (excl. benefits)   | Hourly Wage Level  |
| _____  | _____             | _____  | 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 |
| 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<br><b>1/1/01</b>   | 26. Date this Minnesota Business Assistance Form completed |
| 27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project.<br><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)

① mBy

**EXHIBIT A****JOB GOALS**

Net increase in Minnesota jobs - 5  
Wages - \$8 to \$10 per hour



# 2001 Minnesota Business Assistance Form

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- 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)<br><u>Marion Township</u>   |  | 2. Name of person completing this form<br><u>Janet Heftmann, Clerk</u>  |                             |
| 3. Street address<br><u>c/o 2850 Oakview Ct SE</u>  |  | 4. City<br><u>Rochester</u>   | 5. ZIP code<br><u>55904</u> |
| 6. County<br><u>Olmsted</u>   | 7. Phone number<br><u>507-288-6834</u> | 8. Fax number<br><u>507-288-6834</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.   |  |   |                             |
| 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.")<br><br><input type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><input type="checkbox"/> Other (Please specify.) <u>none were issued!</u> |  | 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.)<br><br><input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><br><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   |  | 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.)<br><br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><input type="checkbox"/> No |  |   |                     |
| Name of parent corporation   |  | Street address  | City State ZIP code |

*No agreed was signed in 2000.*

**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? <i>(Mark one.)</i>  |   |  |
| <input type="checkbox"/> Yes <i>(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.)</i>   |   |  |
| <input type="checkbox"/> 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? <i>(Mark one.)</i> |   |  |
| <input type="checkbox"/> Yes <i>(Complete the remainder of this section.)</i> <input type="checkbox"/> No <i>(Stop here and submit form to DTED.)</i>   |   |  |
| 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. <i>(Attach additional pages if necessary.)</i>                            |   |  |
| 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 <i>(Mark all that apply.)</i>   |   |  |
| <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? <i>(Mark one.)</i>   |   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No, recipient <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> to repay the assistance.  |   |  |
| 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? <i>(Mark one.)</i>  |   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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



## 2001 Minnesota Business Assistance Form

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- 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)<br><b>IRA OF CITY OF MELROSE</b>   |  | 2. Name of person completing this form<br><b>GEORGE O'BRIEN</b>  |  |
| 3. Street address<br><b>16 E. 1st ST. S.</b>   |  | 4. City<br><b>MELROSE</b>  | 5. ZIP code<br><b>MN 56352</b>             |
| 6. County<br><b>STEARNS</b>  | 7. Phone number<br><b>320 256 4600</b> | 8. Fax number<br>_____   | 9. E-mail address<br><b>RVM@Meltel.net</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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria)<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><input checked="" 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 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

# 2001 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 Information About Grantor

|   |  |  |                              |
|---|--|--|------------------------------|
| 1. Name of grantor (funding entity)<br><i>City of Mendota Heights</i>   |  | 2. Name of person completing this form<br><i>L.E. SHAUGHNESSY</i>  |                              |
| 3. Street address<br><i>101 VICTORIA CURVE</i>  |  | 4. City<br><i>Mendota Heights</i>  | 5. ZIP code<br><i>55118</i>  |
| 6. County<br><i>DAKOTA</i>  | 7. Phone number<br><i>651-452-1850</i> | 8. Fax number<br><i>651-452-8940</i>   | 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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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 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  
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St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



# 2000 Minnesota Business Assistance Form

RECEIVED JUN 29 2001

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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) 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)<br><u>City of Mendota Heights</u>   |  | 2. Name of person completing this form<br><u>L. SHAUGHNESSY</u>   |                                 |
| 3. Street address<br><u>1101 VICTORIA CURVE</u>   |  | 4. City<br><u>Mendota Heights</u>   | 5. ZIP code<br><u>Mn. 55118</u> |
| 6. County<br><u>Dakota</u>  | 7. Phone number<br><u>651-452-1850</u> | 8. Fax number<br><u>651-452-8940</u>  | 9. E-mail address               |
| 10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.<br><u>K. Batchelder</u> <u>651-452-1850</u> <u>1101 VICTORIA CURVE</u> <u>Mendota Heights</u> <u>55118</u><br>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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date <u>10-5-99</u> and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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<br><u>LEXINGTON BUSINESS PARK IV LLC</u>   | 15. Address where business subsidy or financial assistance will be used<br><u>CentrePoint Drive Mendota Hts 551</u><br>Street address      City      ZIP code |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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

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.)<br><br><u>166,000</u>  | 21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)<br><br><u>12-10-99</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.)<br><br><u>9-1-2000</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.)<br><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance   |   |               |                  |               |                  |
| 24. If the agreement provided a business subsidy, please indicate the type(s).<br><br><input type="checkbox"/> not applicable, agreement provided financial assistance<br><input type="checkbox"/> loan<br><input type="checkbox"/> grant (i.e., forgivable loan)<br><input checked="" type="checkbox"/> tax abatement<br><input type="checkbox"/> TIF or other tax reduction or deferral<br><input type="checkbox"/> guarantee of payment<br><input type="checkbox"/> contribution of property or infrastructure<br><input type="checkbox"/> preferential use of governmental facilities<br><input type="checkbox"/> land contribution<br><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).<br><br><input type="checkbox"/> not applicable, agreement provided a business subsidy<br><input type="checkbox"/> assistance for property polluted by contaminants<br><input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost<br><input type="checkbox"/> assistance for pollution control or abatement<br><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.)<br><br><input type="checkbox"/> not applicable, assistance was not in the form of TIF<br><input checked="" type="checkbox"/> redevelopment<br><input type="checkbox"/> renewal and renovation<br><input type="checkbox"/> soils condition<br><input type="checkbox"/> economic development<br><input type="checkbox"/> mined underground space<br><input type="checkbox"/> hazardous substance subdistrict  | 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)<br><br><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)<br><input checked="" type="checkbox"/> No<br><br>Grantor(s) and value of the agreement(s):<br><br><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.)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Enhancing economic diversity     | <input type="checkbox"/> Increasing tax base (cannot be only purpose) |
| <input checked="" type="checkbox"/> Creating high-quality job growth | <input type="checkbox"/> Other (please specify) _____                 |
| <input type="checkbox"/> Job retention                               | <input type="checkbox"/> Other (please specify) _____                 |
| <input type="checkbox"/> Stabilizing the community                   | <input type="checkbox"/> 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 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                 | 10                     | _____                                 | _____  | _____         | \$ _____                         |
| \$9.00 to \$10.99                | 10                     | _____                                 | _____  | _____         | \$ _____                         |
| \$11.00 to \$12.99               | 10                     | _____                                 | _____  | _____         | \$ _____                         |
| \$13.00 to \$14.99               | 10                     | _____                                 | _____  | _____         | \$ _____                         |
| \$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 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

Handwritten signature: D. H. 11/12/01



# 2000 Minnesota Business Assistance Form

ED Hunter 296-0550

RECEIVED JUN 2 5 1999

- 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)<br><u>City of Mendota Heights</u>   |  | 2. Name of person completing this form<br><u>L. Shaughnessy</u>  |                             |
| 3. Street address<br><u>1101 VICTORIA CURVE</u>   |  | 4. City<br><u>Mendota Heights</u>  | 5. ZIP code<br><u>55118</u> |
| 6. County<br><u>Dakota</u>  | 7. Phone number<br><u>651-452-1850</u> | 8. Fax number<br><u>651-452-8940</u>   | 9. E-mail address           |
| 10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.<br><u>K. Batchelder</u> <u>651-452-1850</u> <u>1101 Victoria Curve MHTS</u> <u>55118</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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>10/5</u> and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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<br><u>Fennis Incentives</u>  | 15. Address where business subsidy or financial assistance will be used<br><u>Northland Drive Mendota Heights 55120</u> |                |          |
|   | Street address  | City           | ZIP code |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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.)

Eagan      space wanted to own office  
 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.)<br><u>\$ 79,500</u>  | 21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)<br><u>12-20-99</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.)<br><u>6-1-2000</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.)<br><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance   |   |         |            |         |            |
| 24. If the agreement provided a business subsidy, please indicate the type(s).<br><input type="checkbox"/> not applicable, agreement provided financial assistance<br><input type="checkbox"/> loan<br><input type="checkbox"/> grant (i.e., forgivable loan)<br><input type="checkbox"/> tax abatement<br><input type="checkbox"/> TIF or other tax reduction or deferral<br><input type="checkbox"/> guarantee of payment<br><input checked="" type="checkbox"/> contribution of property or infrastructure<br><input type="checkbox"/> preferential use of governmental facilities<br><input type="checkbox"/> land contribution<br><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).<br><input type="checkbox"/> not applicable, agreement provided a business subsidy<br><input type="checkbox"/> assistance for property polluted by contaminants<br><input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost<br><input type="checkbox"/> assistance for pollution control or abatement<br><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.)<br><input type="checkbox"/> not applicable, assistance was not in the form of TIF<br><input checked="" type="checkbox"/> redevelopment<br><input type="checkbox"/> renewal and renovation<br><input type="checkbox"/> soils condition<br><input type="checkbox"/> economic development<br><input type="checkbox"/> mined underground space<br><input type="checkbox"/> hazardous substance subdistrict  | 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)<br><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)<br><input checked="" type="checkbox"/> No<br>Grantor(s) and value of the agreement(s):<br><table> <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.)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Enhancing economic diversity     | <input type="checkbox"/> Increasing tax base (cannot be only purpose) |
| <input checked="" type="checkbox"/> Creating high-quality job growth | <input type="checkbox"/> Other (please specify) _____                 |
| <input type="checkbox"/> Job retention                               | <input type="checkbox"/> Other (please specify) _____                 |
| <input type="checkbox"/> Stabilizing the community                   | <input type="checkbox"/> 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 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               | <u>2</u>               | _____                                 | _____  | _____         | \$_____                          |
| \$13.00 to \$14.99               | <u>4</u>               | <u>2</u>                              | _____  | _____         | \$_____                          |
| \$15.00 and higher               | <u>2</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               | _____                  | _____                                 | _____   | _____         | \$_____                          |

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



# 2000 Minnesota Business Assistance Form

RECEIVED JUN 29 2001

- 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)<br><u>City of Mendota Heights</u>   |  | 2. Name of person completing this form<br><u>L. SHAUGHNESSY</u>   |                             |
| 3. Street address<br><u>1101 VICTORIA CURVE</u>   |  | 4. City<br><u>Mendota Hts.</u>  | 5. ZIP code<br><u>55118</u> |
| 6. County<br><u>Dakota</u>  | 7. Phone number<br><u>651-452-1850</u> | 8. Fax number<br><u>651-452-8940</u>  | 9. E-mail address           |
| 10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.<br><u>K Batchelder</u> <u>651-452-1850</u> <u>1101 Victoria Curve M Hts.</u> <u>55118</u><br>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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date <u>10-5-99</u> and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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<br><u>MAYFLOWER DISTRIBUTING CO.</u>   | 15. Address where business subsidy or financial assistance will be used<br><u>Mendota Hts</u> <u>55120</u><br>Street address      City      ZIP code |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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.)

Eagan Mn.      needed more room  
 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.)<br><br><u>145,000</u>  | 21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)<br><br><u>12-10-99</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.)<br><br><u>9-1-2000</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.)<br><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance   |   |         |            |  |  |         |            |  |  |
| 24. If the agreement provided a business subsidy, please indicate the type(s).<br><br><input type="checkbox"/> not applicable, agreement provided financial assistance<br><br><input type="checkbox"/> loan<br><input type="checkbox"/> grant (i.e., forgivable loan)<br><input type="checkbox"/> tax abatement<br><input checked="" type="checkbox"/> TIF or other tax reduction or deferral<br><input type="checkbox"/> guarantee of payment<br><input type="checkbox"/> contribution of property or infrastructure<br><input type="checkbox"/> preferential use of governmental facilities<br><input type="checkbox"/> land contribution<br><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).<br><br><input type="checkbox"/> not applicable, agreement provided a business subsidy<br><br><input type="checkbox"/> assistance for property polluted by contaminants<br><input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost<br><input type="checkbox"/> assistance for pollution control or abatement<br><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.)<br><br><input type="checkbox"/> not applicable, assistance was not in the form of TIF<br><input checked="" type="checkbox"/> redevelopment<br><input type="checkbox"/> renewal and renovation<br><input type="checkbox"/> soils condition<br><input type="checkbox"/> economic development<br><input type="checkbox"/> mined underground space<br><input type="checkbox"/> hazardous substance subdistrict  | 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)<br><br><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)<br><input checked="" type="checkbox"/> No<br><br>Grantor(s) and value of the agreement(s):<br><br><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.)*

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Enhancing economic diversity     | <input type="checkbox"/> Increasing tax base (cannot be only purpose) |
| <input checked="" type="checkbox"/> Creating high-quality job growth | <input type="checkbox"/> Other <i>(please specify)</i> _____          |
| <input type="checkbox"/> Job retention                               | <input type="checkbox"/> Other <i>(please specify)</i> _____          |
| <input type="checkbox"/> Stabilizing the community                   | <input type="checkbox"/> Other <i>(please specify)</i> _____          |

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 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                 | <u>20</u>              | <u>10</u>                             | _____  | _____         | \$ _____                         |
| \$9.00 to \$10.99                | <u>19</u>              | _____                                 | _____  | _____         | \$ _____                         |
| \$11.00 to \$12.99               | <u>15</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 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

*Section 5* 6/27/01

# 2000 Minnesota Business Assistance Form

RECEIVED JUL 29 2001

- 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)<br><u>City of Mendota Heights</u>   |  | 2. Name of person completing this form<br><u>L. SHAUGHNESSY</u>   |                             |
| 3. Street address<br><u>1101 Victoria Curve</u>   |  | 4. City<br><u>Mendota Heights</u>   | 5. ZIP code<br><u>55118</u> |
| 6. County<br><u>DAKOTA</u>  | 7. Phone number<br><u>651-452-1850</u> | 8. Fax number<br><u>651-452-8940</u>  | 9. E-mail address           |
| 10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.<br><u>K. Batchelder Adm. 651-452-1850 1101 Victoria Curve Mendota Heights 55118</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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date <u>10-5-99</u> and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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<br><u>LEXINGTON BUSINESS PARK V LLC</u>  | 15. Address where business subsidy or financial assistance will be used<br><u>Center Point Drive Mendota Heights 55120</u> |
| Street address  | City ZIP code  |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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

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.)<br><br><u>166,000-</u>   | 21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)<br><br><u>12-10-99</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.)<br><br><u>12-31-2000</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.)<br><br><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance   |   |               |                  |               |                  |
| 24. If the agreement provided a business subsidy, please indicate the type(s).<br><br><input type="checkbox"/> not applicable, agreement provided financial assistance<br><input type="checkbox"/> loan<br><input type="checkbox"/> grant (i.e., forgivable loan)<br><input type="checkbox"/> tax abatement<br><input checked="" type="checkbox"/> TIF or other tax reduction or deferral<br><input type="checkbox"/> guarantee of payment<br><input type="checkbox"/> contribution of property or infrastructure<br><input type="checkbox"/> preferential use of governmental facilities<br><input type="checkbox"/> land contribution<br><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).<br><br><input type="checkbox"/> not applicable, agreement provided a business subsidy<br><input type="checkbox"/> assistance for property polluted by contaminants<br><input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost<br><input type="checkbox"/> assistance for pollution control or abatement<br><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.)<br><br><input type="checkbox"/> not applicable, assistance was not in the form of TIF<br><input checked="" type="checkbox"/> redevelopment<br><input type="checkbox"/> renewal and renovation<br><input type="checkbox"/> soils condition<br><input type="checkbox"/> economic development<br><input type="checkbox"/> mined underground space<br><input type="checkbox"/> hazardous substance subdistrict  | 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)<br><br><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)<br><input checked="" type="checkbox"/> No<br>Grantor(s) and value of the agreement(s):<br><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) \_\_\_\_\_  
☐ 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 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 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                 | <u>10</u>              | _____                                 | _____  | _____         | \$_____                          |
| \$9.00 to \$10.99                | <u>10</u>              | _____                                 | _____  | _____         | \$_____                          |
| \$11.00 to \$12.99               | <u>10</u>              | _____                                 | _____  | _____         | \$_____                          |
| \$13.00 to \$14.99               | <u>16</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                 | _____                  | _____                                 | _____   | _____         | \$_____                          |
| \$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 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

Deborah A. 6/27/00

# 2001 Minnesota Business Assistance Form

RECEIVED JUL 13 2001

- 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)<br><b>MIN DEPARTMENT OF COMMERCE</b>  |  | 2. Name of person completing this form<br><b>JEREMY DE FIEBRE</b>  |   |
| 3. Street address<br><b>85 7th Place E Suite 500</b>  |  | 4. City<br><b>ST. PAUL</b>   | 5. ZIP code<br><b>55101</b>                             |
| 6. County<br><b>RAMSEY</b>  | 7. Phone number<br><b>(651) 297-1221</b> | 8. Fax number<br><b>651-297-7891</b>   | 9. E-mail address<br><b>JEREMY.DEFIEBRE@STATE.MN.US</b> |
| 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.<br><b>Min Stahl</b> <b>296-2467</b> <b>SAME AS ABOVE</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.")<br><br><input type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input checked="" type="checkbox"/> State government<br><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.)<br><br><input type="checkbox"/> Yes (Indicate hearing date - _____ and <u>attach criteria</u> )<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><br><input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No ( <u>Stop here</u> , 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.)<br><br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><input checked="" 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 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

# 2001 Minnesota Business Assistance Form

RECEIVED AUG 22 2001

- 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)<br><b>City of Moose Lake</b>  |  | 2. Name of person completing this form<br><b>David R. Talbot, Jr.</b>   |   |
| 3. Street address<br><b>412 Fourth Street PO Box 870</b>  |  | 4. City<br><b>Moose Lake</b>  | 5. ZIP code<br><b>55767-0870</b>              |
| 6. County<br><b>Carlton</b>   | 7. Phone number<br><b>218-485-4142</b> | 8. Fax number<br><b>218-485-4522</b>  | 9. E-mail address<br><b>mooseman@lcp2.net</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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date - <b>8/26/99</b> and <u>attach criteria</u> )<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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<br><b>Moose Lake Lodge, LLC</b>  | 15. Address where business subsidy or financial assistance will be used<br><b>4867 State Highway No 73<br/>Moose Lake, MN 55767</b> |
| Street address  | City State ZIP code   |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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) Motel

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><b>\$281,500</b></p>  | <p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><b>09/03/1999</b></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><b>12/17/1999</b></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 checked="" type="checkbox"/> loan (only principal) \$ _____<br/> <input checked="" type="checkbox"/> grant (i.e., forgivable loan) \$ _____<br/> <input type="checkbox"/> tax abatement \$ _____<br/> <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____<br/> <input type="checkbox"/> guarantee of payment \$ _____<br/> <input checked="" type="checkbox"/> contribution of property or infrastructure \$ _____<br/> <input type="checkbox"/> preferential use of governmental facilities \$ _____<br/> <input checked="" type="checkbox"/> land contribution \$ _____<br/> <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 \$ _____<br/> <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 \$ _____<br/> <input type="checkbox"/> assistance for pollution control or abatement \$ _____<br/> <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<br/> <input type="checkbox"/> renewal and renovation<br/> <input type="checkbox"/> soils condition<br/> <input checked="" type="checkbox"/> economic development<br/> <input type="checkbox"/> mined underground space<br/> <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.)<br/> <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) Increased Tourism

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | _____                                  | <input checked="" 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 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                 | _____                  | _____                                 | <u>7</u>   | _____         | \$ <u>n/a</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                 | _____                  | _____                                 | _____   | _____         | \$ _____                         |
| \$7.00 to \$8.99                 | _____                  | _____                                 | <u>9</u>  | _____         | \$ <u>n/a</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 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

CITY OF MOOSE LAKE

Business Subsidy Criteria

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1. PURPOSE

- 1.01 The purpose of this document is to establish the City's criteria for granting of business subsidies, as defined in Minnesota Statutes 116J.993, Subdivision 3, for private development. This criteria shall be used as a guide in processing and reviewing applications requesting business subsidies.
- 1.02 The criteria set forth in this document are guidelines only. The City reserves the right in its discretion to approve business subsidies that vary from the criteria stated herein if the City determines that the subsidy nevertheless serves a public purpose.
- 1.03 The City may amend this document at any time. Amendments to these criteria are subject to public hearing requirements pursuant to Minnesota Statutes, Sections 116J.993 through 116J.994.

2. STATUTORY LIMITATIONS

- 2.01 In accordance with the Business Subsidy Criteria, Business Subsidy requests must comply with applicable State Statutes. The City of Moose Lake's ability to grant business subsidies is governed by the limitations established in Minnesota Statutes 116J.993 through 116J.994.

3. PUBLIC POLICY REQUIREMENT

- 3.01 All business subsidies 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

4. BUSINESS SUBSIDY APPROVAL CRITERIA

- 4.01 All new projects approved by the City of Moose Lake 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 no contractual rights on the part of any potential developer.
- 4.02 The business subsidy shall be provided within applicable state legislative restrictions, debt limit guidelines, and other appropriate financial requirements and policies.
- 4.03 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.
- 4.04 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 City may undertake an independent underwriting of the project to help ensure that the request for assistance is valid.
- 4.05 Prior to approval of a business subsidies financing plan, 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 City or its financial consultants may require in order to proceed with an independent underwriting.

- 4.06 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.
- 4.07 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.
- 4.08 A recipient of a business subsidy must make a commitment to continue operations at the site where the subsidy is used for at least five years after the benefit date.
- 4.09 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.
- 4.10 Recipients of any business subsidy will be required to meet wage and job goals determined by the city on a case-by-case basis, giving consideration to the nature of the development, the purpose of the subsidy, local economic conditions and similar factors.

## 5. TAX INCREMENT PROJECT EVALUATION CRITERIA

- 5.01 All tax increment requests will be evaluated under the general criteria in Section 1 to 4 and the specific criteria in this Section. Changes in local markets, costs of construction, and interest rates may cause changes in the amounts of Tax Increment subsidies that a given project may require at any given time.
- 5.02 Some criteria, by their very nature, must remain subjective. However, wherever possible "benchmark" criteria have been established for review purposes. The fact that a given proposal meets one or more "benchmark" criteria does not mean that it is entitled to funding under this policy, but rather that the City is in a position to proceed with evaluations of (and comparisons between) various business subsidy requests, using uniform standards whenever possible.
- 5.03 Following are the evaluation criteria that will be used by the City of Moose Lake
  - A. All business subsidy requests should optimize the private development potential of a site.
  - B. All business subsidy requests should obtain the highest possible private to public financial investment ratio. The Council establishes a benchmark ratio of 3 parts private to 1 part public funding for manufacturing/warehouse projects. Housing and retail/commercial projects shall be reviewed on an individual basis.
  - C. All business subsidy requests should create or retain the highest feasible number of jobs on the site at the highest feasible wages.
  - D. All business subsidy requests should create the highest possible ratio of property taxes paid before and after redevelopment. Given the different assessment circumstances in the City, this ratio will vary widely. However, under normal circumstances, the Council will expect at least a 1:2 ratio of taxes paid before and after redevelopment.

- E. Business subsidy requests should normally not be used to support speculative industrial, commercial, and office projects. In general, speculative projects are defined as those projects which have letters of intent or pre-leasing for less than 50% of the available leasable space.
- F. All business subsidy requests will be reviewed to determine the feasibility to provide the City with equity participation in new developments (through a share of the profits), or to treat the business subsidy as a second mortgage with fixed payments.
- G. All business subsidy requests involving displacement of low and moderate income residents should give specific attention to the re-housing needs of those residents. Normally, this should be done as a part of the business subsidy. Adequate solutions to these re-housing needs will be required as a matter of public policy.
- H. All business subsidy requests will need to meet the "but for" test. Business subsidies will not be granted unless the need for the City's economic participation is sufficient that, without that assistance the project could not proceed in the manner as proposed.
- I. Business subsidies will not be used when the developer's credentials, in the sole judgement of the City, are inadequate due to past track record relating to: completion of projects, general reputation and/or bankruptcy, or other problems or issues considered relevant by the City.
- J. Business subsidies will not be used to support projects that place demands on City services, or other capital or operating expenditures, that exceed the average city expenditures for similar facilities. Consideration will be given to the total public costs that are required to support the project, including offsite facilities costs that are required.
- K. Business subsidies will not normally be used for projects that would generate significant environmental problems in the opinion of the local, state, or federal governments.

## 2001 Minnesota Business Assistance Form

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- 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 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)<br>City of Newport   |                                 | 2. Name of person completing this form<br>Larry Bodahl  |  |
| 3. Street address<br>596 7th Avenue  |                                 | 4. City<br>Newport  | 5. ZIP code<br>55055                     |
| 6. County<br>Washington  | 7. Phone number<br>651-459-5677 | 8. Fax number<br>651-459-9883   | 9. E-mail address<br>lbodahl@mninter.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 checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><input type="checkbox"/> Other (Please specify.) _____ |                                 | <input type="checkbox"/> Yes (Indicate hearing date-_____ and <u>attach criteria</u> )<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing -_____.)<br><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.)<br><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 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.)

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| 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

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- 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)<br><u>City of Norwood Young America</u>  |  | 2. Name of person completing this form<br><u>Susan K. Iverson, Clerk-Treasurer</u>   |  |
| 3. Street address<br><u>10 1st Ave NE</u>  |  | 4. City<br><u>Norwood Young America</u>  | 5. ZIP code<br><u>55368</u>                    |
| 6. County<br><u>Carver</u>   | 7. Phone number<br><u>(952) 467-1800</u> | 8. Fax number<br><u>(952) 467-1818</u>   | 9. E-mail address<br><u>siverson@n-y-a.com</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 checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><input type="checkbox"/> Other (Please specify.) _____ |  | <input checked="" type="checkbox"/> Yes (Indicate hearing date <u>9-27-99</u> and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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<br><u>Lakeview Clinic Building Corporation</u>  |  | 15. Address where business subsidy or financial assistance will be used<br><u>55368</u><br><u>400 Faxon Rd. Norwood Young America</u><br>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.)<br><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) Health Care

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 by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p><u>\$175,000</u></p>  | <p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>10/12/99</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>6/2/00</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).</p> <p> <input type="checkbox"/> not applicable, agreement provided financial assistance<br/> <input type="checkbox"/> loan<br/> <input type="checkbox"/> grant (i.e., forgivable loan)<br/> <input type="checkbox"/> tax abatement<br/> <input checked="" type="checkbox"/> TIF or other tax reduction or deferral<br/> <input type="checkbox"/> guarantee of payment<br/> <input type="checkbox"/> contribution of property or infrastructure<br/> <input type="checkbox"/> preferential use of governmental facilities<br/> <input type="checkbox"/> land contribution<br/> <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<br/> <input type="checkbox"/> assistance for property polluted by contaminants<br/> <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost<br/> <input type="checkbox"/> assistance for pollution control or abatement<br/> <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<br/> <input type="checkbox"/> redevelopment<br/> <input type="checkbox"/> renewal and renovation<br/> <input type="checkbox"/> soils condition<br/> <input checked="" type="checkbox"/> economic development<br/> <input type="checkbox"/> mined underground space<br/> <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.)<br/> <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  
☒ 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>6/2/02</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>6/2/02</u>                          | <input checked="" 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>11</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                 | _____                  | _____                                 | _____   | _____         | \$ _____                         |
| \$7.00 to \$8.99                 | _____                  | _____                                 | _____   | _____         | \$ _____                         |
| \$9.00 to \$10.99                | <u>2</u>               | _____                                 | _____   | _____         | <u>\$2.92</u>                    |
| \$11.00 to \$12.99               | <u>2</u>               | _____                                 | _____   | <u>4</u>      | <u>\$5.84</u>                    |
| \$13.00 to \$14.99               | <u>2</u>               | _____                                 | _____   | <u>4</u>      | <u>\$7.30</u>                    |
| \$15.00 and higher               | <u>2</u>               | _____                                 | _____   | <u>3</u>      | <u>\$9.78</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 (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

**City of Norwood Young America  
Business Subsidy Criteria  
September 27, 1999**

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**1 PURPOSE AND AUTHORITY**

- 1.1 The purpose of this document is to establish the criteria for the City of Norwood Young America (the "Grantor") for granting of business subsidies for private development. These criteria shall be used as a guide in the processing and reviewing applications requesting business subsidies.
- 1.2 The City of Norwood Young America's ability to grant business subsidies is governed by the limitations established in Minnesota Statutes 116J.993 through 116J.994 (the "Statutes").
- 1.3 These criteria are to be used in conjunction with other relevant policies of the Grantor.
- 1.4 The criteria set forth in this document are guidelines only. The Grantor reserves the right in its discretion to approve business subsidies that vary from the criteria stated herein if the Grantor determines that the subsidy nevertheless serves a public purpose.
- 1.5 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 POLICY REQUIREMENT**

- 2.1 All business subsidies 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

**3 BUSINESS SUBSIDY APPROVAL CRITERIA**

- 3.1 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.
- 3.2 All new projects approved by the City of Norwood Young America 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 no contractual rights on the part of any potential developer.
- 3.3 The business subsidy shall be provided within applicable state legislative restrictions, debt limit guidelines, and other appropriate financial requirements and policies.
- 3.4 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.
- 3.5 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 underwriting of the project to help ensure that the request for assistance is valid.
- 3.6 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

**City of Norwood Young America****September 27, 1999**

project, and other information or data that the Grantor or its financial consultants may require in order to proceed with an independent underwriting.

- 3.7 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.
- 3.8 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.
- 3.9 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 at the site where the subsidy is used 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.
- 3.12 Recipients of any business subsidy will be required to meet wage and job goals determined by the Grantor on a case-by-case basis, giving consideration to the nature of the development, the purpose of the subsidy, local economic conditions and similar factors.

**4 Subsidy Agreement**

- 4.1 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.
- 4.2 The subsidy agreement may be incorporated into a broader development agreement for a project.

# 2001 Minnesota Business Assistance Form

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- # 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)<br>City of Oakdale  |                                   | 2. Name of person completing this form<br>Richard McNamara  |  |
| 3. Street address<br>1584 Hadley Avenue North   |                                   | 4. City<br>Oakdale  | 5. ZIP code<br>55128                       |
| 6. County<br>Washington   | 7. Phone number<br>(651) 730-2809 | 8. Fax number<br>(651) 730-2818   | 9. E-mail address<br>rich@ci.oakdale.mn.us |
| 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.<br>Same   |                                   |   |  |
| 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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>4/25/00</u> attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)                                    |                                   |   |  |

66 jobs at minimum of \$7.20/an hour. Also see attached.

## Section 2 Information About Recipient

|   |  |   |                     |
|---|--|---|---------------------|
| 14. Name of business or organization receiving subsidy or financial assistance<br>CSM Investors, Inc.   |  | 15. Address where business subsidy or financial assistance will be used<br>3350, 3400 Granada Ave., Oakdale, MN 55128 |                     |
|   |  | Street address  | City State ZIP code |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><input type="checkbox"/> No |  | 6744, 6866 33rd St. N., Oakdale, MN 55128   |                     |
| CSM Corporation   |  | 2575 University Ave. W., Ste. 150, St. Paul, MN 55114   |                     |
| 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.)      New Company/Construction

☐ 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.)<br><br>\$54,000 annually for 8 years   | 21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)<br><br>5/1/00  |         |            |       |       |         |            |       |       |
| 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.)      8/1/01  |   |         |            |       |       |         |            |       |       |
| 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.)<br><br><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.<br><br><input type="checkbox"/> not applicable, agreement provided financial assistance<br><br><input type="checkbox"/> loan (only principal)      \$ _____<br><input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____<br><input checked="" type="checkbox"/> tax abatement      \$ 54,000<br><input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____<br><input type="checkbox"/> guarantee of payment      \$ _____<br><input type="checkbox"/> contribution of property or infrastructure      \$ _____<br><input type="checkbox"/> preferential use of governmental facilities      \$ _____<br><input type="checkbox"/> land contribution      \$ _____<br><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).<br><br><input type="checkbox"/> not applicable, agreement provided a business subsidy<br><br><input type="checkbox"/> assistance for property polluted by contaminants      \$ _____<br><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      \$ _____<br><input type="checkbox"/> assistance for pollution control or abatement      \$ _____<br><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.)<br><br><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF<br><br><input type="checkbox"/> redevelopment<br><input type="checkbox"/> renewal and renovation<br><input type="checkbox"/> soils condition<br><input type="checkbox"/> economic development<br><input type="checkbox"/> mined underground space<br><input type="checkbox"/> hazardous substance subdistrict  | 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)<br><br><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)<br><br><input checked="" type="checkbox"/> No<br><br>Grantor(s) and value of the agreement(s):<br><br><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 | 8-03                                   | <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                 | 66                     | _____                                 | _____  | _____         | \$ _____                         |
| \$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                 | 62                     | _____                                 | _____   | _____         | \$ _____                         |
| \$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



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## EXHIBIT A

### *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 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:             | the City Council of the City of Oakdale, Minnesota |
| Date of Adoption:       | April 25, 2000                                     |
| Date of Public Hearing: | April 25, 2000                                     |

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade &  
Economic  
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED JUN 4 2001

|  |  |   |  |
|--|--|---|--|
| 1. Funding government agency name<br><b>City of Oakdale</b>                        |  | 2. Contact name<br><b>Richard McNamara</b>  |  |
| 3. Agency street address<br><b>1584 Hadley Avenue North</b>                        |  | 4. City<br><b>Oakdale</b>   |  |
| 5. Zip code<br><b>55128</b>  | 6. Phone number (area code)<br><b>(651) 730-2809</b> | 8. Type of government agency<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State<br><input type="checkbox"/> Other (Please indicate) _____ |  |
| 7. Fax number (area code)<br><b>(651) 730-2818</b>                                 |  |   |  |
| 9. Name of business receiving assistance<br><b>Imation</b>                         |  | 10. Industry of recipient (SIC code)  |  |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br><b>TIF</b> |  | 12. Name of TIF district (if applicable)<br><b>1-8</b>  |  |
| 13. Date of business assistance agreement<br><b>7/1/97</b>                         | 14. Date assistance first provided<br><b>8/1/99</b>  | 15. Date project (building/machinery/etc.) was placed in service<br><b>1/1/98</b>   | 16. Dollar value of business assistance<br><b>\$3,500,000 maximum over 9 years</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<br><b>10</b>  |                                    | 18. Average hourly wage level goals for business receiving assistance<br><b>\$8.00</b>   |       |
| 19. Actual jobs created since business received assistance<br><b>1,511</b>   |                                    | 20. Actual average hourly wage paid to employees hired since business received assistance<br><b>\$66,378 annual average salary</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 (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.  |                                    | 23. Job Creation   |       |
|  |                                    | Hourly Wage Level (excl. 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.  |       |
|  |                                    |  |       |

Please complete lines 25 through 27 for all agreements.

|   |  |
|---|--|
| 25. Last date actual wage and job creation levels documented<br><b>12/22/00</b>   | 26. Date this Minnesota Business Assistance Form completed<br><b>5/11/01</b> |
| 27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project.<br><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)



## 2001 Minnesota Business Assistance Form

RECEIVED JUN 13 2001

- # 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)<br><u>Olmsted County</u>  |  | 2. Name of person completing this form<br><u>Robert M. Bendzick</u>   |   |
| 3. Street address<br><u>151 4th St SE</u>   |  | 4. City<br><u>Rochester</u>   | 5. ZIP code<br><u>55904</u>                               |
| 6. County<br><u>Olmsted</u>   | 7. Phone number<br><u>507-295-8546</u> | 8. Fax number<br><u>507-287-2666</u>  | 9. E-mail address<br><u>Bendzick.Bob@Co.Olmsted.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.")<br><input type="checkbox"/> City government<br><input checked="" type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><u>10-24-2000</u><br><input checked="" type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><input checked="" 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 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

# **Olmsted County Business Subsidies Policy**

Page 1 of 4

**BACKGROUND:** From time to time Olmsted County is asked by various entities to provide some form of business subsidy to a private sector business. A variety of vehicles are available to the County to provide assistance including grants, tax-exempt conduit debt, tax-increment districts, and abatement of taxes.

This policy is being adopted for purposes of compliance with the business subsidy act set out as Minnesota Statutes, Sections 116J.993 through 116J.995 (the "Act"). The Act requires the County to adopt a policy that sets forth criteria the County will use to consider awarding business subsidies. Requests from other governments for housing or other types of assistance are also to be subject to this policy.

The following criteria may be used in evaluating business subsidies in addition to other policy requirements of the Board of Commissioners. The County will retain flexibility to apply these criteria as appropriate to specific projects. The County may deviate from its criteria, but any such deviation shall be approved by the Board of Commissioners, and any deviations from the criteria shall be documented by the County in its annual written report to the Department of Trade and Economic Development, as allowed under the Act.

The County recognizes that business subsidies create costs to taxpayers and that a subsidy request must provide sufficient public benefit to the community as a whole to warrant the costs.

**This policy does not pertain to Tax Increment Financing Districts created by underlying local governments over which the County has no control.**

**This policy supersedes all prior adopted business subsidy policies and becomes effective upon adoption by the County Board.**

**CRITERIA TO BE CONSIDERED:** An applicant for a business subsidy must answer these questions for review by County staff and the County Board.

1. Public Purpose. Business subsidies must serve a public purpose as determined by the County in light of the enabling legislation or authority authorizing the business subsidy to be made. Eligible public purposes include, among others, the provision of health care services at reduced cost, the provision of health care services previously unavailable in the community, the provision of services for persons with mental or physical disabilities, community development, recreation, civic or educational activities or services, social or welfare services, including the provision of food or shelter to needy individuals or families, the creation of employment opportunities or the retention of employment if job loss is specific and demonstrable. A business subsidy must meet a public purpose other than or in addition to increasing the tax base of the County and other taxing jurisdictions.

## **Olmsted County Business Subsidies Policy**

Page 2 of 4

2. **Policy Regarding Jobs and Wages.** Under the Act, the County is to set goals for the creation or retention of a specified number of jobs and wage goals for the jobs created or retained for each business subsidy and include such goals in the subsidy agreement.

Wage and job goals must be specified for the period ending not later than two years after the benefit date of the business subsidy, although the County may, in its discretion, require additional goals for a longer period or periods, or may, after an additional public hearing, extend the period for meeting the wage and job goals by up to one year.

- a) **Subsidies with no Wage and Job Goals.** If the public purpose to be furthered by the business subsidy relates primarily to purposes other than the creation or retention of employment opportunities, then job and wage goals shall be a minor consideration in the granting of the business subsidy. Notwithstanding the amount of the business subsidy, none or only a nominal number of jobs may be required if the Board of Commissioners finds that the business subsidy will serve a substantial public purpose other than the creation or retention of employment opportunities.
- b) **Number of Jobs Created.** If the public purpose to be furthered by the business subsidy relates primarily to the creation or retention of employment opportunities, then job and wage goals shall be a major consideration in the granting of the business subsidy. Where wage and job goals are a major consideration, each business subsidy agreement shall specify the number of jobs to be created by the recipient of the business subsidy. For purposes of this paragraph (b), (i) adjustments may be made for part-time employment positions and for higher wages and benefits; and (ii) a job is created only if it does not represent the transfer of a position already existing in the State of Minnesota.
- c) **Wages.** Where the creation and retention of jobs is determined to be a goal of the business subsidy, wages offered by the business receiving the business subsidy must provide a living wage that will not require employees to access governmental or not-for-profit assistance to live in the County. The County will not award business subsidies to entities paying wages below the Federal poverty line.

3. **Other Policies.** Because the County cannot anticipate every type of project that may pose a variety of public purposes and objectives, the County may consider any or all of the following criteria, as appropriate to a given project, in evaluating a proposed business subsidy.

- a) **Profitability.** The County will consider whether or not a business subsidy is necessary for a project to achieve financial feasibility. The County will not subsidize to add to a profit.
- b) **Broad Benefit.** The County will consider whether the business subsidy benefits only a few citizens or a limited area. Approved business subsidies must have a general community impact.

## Olmsted County Business Subsidies Policy

Page 3 of 4

- c) Other Subsidies. The County will consider whether the other governments or not-for-profits serving the project have considered a request for a subsidy of any kind, what findings they document, and the conclusion they reach.
- d) Retention of Jobs. The County will consider the proof offered to document the need for a business subsidy to retain currently existing jobs.
- e) Unfair Competition Between Businesses. The County will consider whether a business subsidy would give an unfair competitive advantage over pre-existing, taxpaying businesses in the County.
- f) Unfair Competition Between Local Governments. The County will consider whether underlying local governments are competing with each other and whether such competition is for the greater good or detriment of the whole County.
- g) Ability to Repay. The County will consider whether the business has the ability to repay the business subsidy in the event of success or failure. Some subsidies may be structured as start-up-loans.
- h) Precedent Set. The County will consider whether awarding a business subsidy would require that the County offer comparable terms to other organizations.
- i) Efficiency of Form of Subsidy. The County will consider whether the form of business subsidy requested requires excessive administrative effort to accomplish the task and the cost to other taxpayers of the administrative effort. County staff will prepare an analysis of the cost of the effort required to maintain the Subsidy.

**ANALYSIS OF FACTORS:** In order to grant a business subsidy, the County Board must find after a public hearing that the preponderance of the answers to the criteria questions are answered in such a way so as to justify the granting of a business subsidy. In addition no subsidy may be granted which Federal or State law prohibits.

## Olmsted County Business Subsidies Policy

Page 4 of 4

**PROCEDURE:** Entities that wish to seek a business subsidy from Olmsted County must provide:

- A. a general overall business plan narrative,
- B. complete answers to the above Criteria questions labeled by section and subsection,
- C. the attachments to this policy, A and B, must be completed,
- D. additional answers to background questions required by the County Board, Administration, and Finance, and
- E. an application fee deposit of a minimum of \$3,000 will be required from for-profit entities. If the initial deposit is insufficient more funds will be requested from the applicant. Staff are not allowed to work beyond the fees actually received and create a receivable. The fee will be used to reimburse the County for staff time and material costs; any excess will be returned.
- F. all of these materials must be supplied with a cover letter that certifies that the materials supplied are true and correct to the best knowledge of the signed applicant and that the signed applicant is authorized by the applying entity(ies) to make the application.

Upon receipt of the required materials from the applicant, County staff from the two departments and others as necessary will review the supplied materials and prepare a recommendation to the Board. Staff will provide the materials from the applicant and a recommendation to the Board in a request for Board Action. The applicant must allow adequate time for this step so that staff may make an adequate review. The amount of time required will vary depending upon the staff workload and assigned tasks.

- 1. If the County Board chooses to allow the request to advance to the public hearing step the Board will set a date for a public hearing (meeting the requirements of Minnesota Laws) and hold the hearing.
- 2. Upon closure of the public hearing the Board may direct the staff to prepare the required Board Resolution and a contract containing goals with the entity to receive the subsidy.
- 3. The applicant to receive the subsidy must agree in the contract to provide the reports necessary to meet the requirements of the Business Subsidy statute and County information needs.



**Olmsted County**  
**Projection of Property Taxes to be Generated and Subsidy Requested:**  
**Attachment A**

| Fill in<br>Calendar<br>Years |         | Taxable<br>Valuation | Tax<br>Generated | Subsidy or<br>Abatement<br>Requested | Cumulative<br>Subsidy | Tax<br>Remaining for<br>County |
|------------------------------|---------|----------------------|------------------|--------------------------------------|-----------------------|--------------------------------|
|                              | Year 1  |                      |                  |                                      |                       |                                |
|                              | Year 2  |                      |                  |                                      |                       |                                |
|                              | Year 3  |                      |                  |                                      |                       |                                |
|                              | Year 4  |                      |                  |                                      |                       |                                |
|                              | Year 5  |                      |                  |                                      |                       |                                |
|                              | Year 6  |                      |                  |                                      |                       |                                |
|                              | Year 7  |                      |                  |                                      |                       |                                |
|                              | Year 8  |                      |                  |                                      |                       |                                |
|                              | Year 9  |                      |                  |                                      |                       |                                |
|                              | Year 10 |                      |                  |                                      |                       |                                |
|                              | Year 11 |                      |                  |                                      |                       |                                |
|                              | Year 12 |                      |                  |                                      |                       |                                |
|                              | Year 13 |                      |                  |                                      |                       |                                |
|                              | Year 14 |                      |                  |                                      |                       |                                |
|                              | Year 15 |                      |                  |                                      |                       |                                |
|                              | Year 16 |                      |                  |                                      |                       |                                |
|                              | Year 17 |                      |                  |                                      |                       |                                |
|                              | Year 18 |                      |                  |                                      |                       |                                |
|                              | Year 19 |                      |                  |                                      |                       |                                |
|                              | Year 20 |                      |                  |                                      |                       |                                |
|                              | Year 21 |                      |                  |                                      |                       |                                |
|                              | Year 22 |                      |                  |                                      |                       |                                |
|                              | Year 23 |                      |                  |                                      |                       |                                |
|                              | Year 24 |                      |                  |                                      |                       |                                |
|                              | Year 25 |                      |                  |                                      |                       |                                |
|                              | Year 26 |                      |                  |                                      |                       |                                |
|                              | Year 27 |                      |                  |                                      |                       |                                |
|                              | Year 28 |                      |                  |                                      |                       |                                |
|                              | Year 29 |                      |                  |                                      |                       |                                |
|                              | Year 30 |                      |                  |                                      |                       |                                |

Class of Property:

Tax rates used for calculation of taxes:

Notes:

1) All numbers displayed above must be documented in such a way as to display all of the factors and formulas used in calculating them.

**Olmsted County**  
**Projection of Jobs and Wages to be Generated:**  
**Attachment B**

| Fill in<br>Calendar<br>Years |         | Total Jobs to<br>be Created | Total Wages<br>to be Paid for |              | Wage Range of Top 5<br>Employees at this<br>Location | Number of<br>Employees to<br>be Paid Less<br>Than MIF (1)<br>Wage<br>Thresholds |
|------------------------------|---------|-----------------------------|-------------------------------|--------------|--|---|
|                              |         |                             | Created Jobs                  | Average Wage |  |   |
|                              | Year 1  |                             |                               |              |  |   |
|                              | Year 2  |                             |                               |              |  |   |
|                              | Year 3  |                             |                               |              |  |   |
|                              | Year 4  |                             |                               |              |  |   |
|                              | Year 5  |                             |                               |              |  |   |
|                              | Year 6  |                             |                               |              |  |   |
|                              | Year 7  |                             |                               |              |  |   |
|                              | Year 8  |                             |                               |              |  |   |
|                              | Year 9  |                             |                               |              |  |   |
|                              | Year 10 |                             |                               |              |  |   |
|                              | Year 11 |                             |                               |              |  |   |
|                              | Year 12 |                             |                               |              |  |   |
|                              | Year 13 |                             |                               |              |  |   |
|                              | Year 14 |                             |                               |              |  |   |
|                              | Year 15 |                             |                               |              |  |   |
|                              | Year 16 |                             |                               |              |  |   |
|                              | Year 17 |                             |                               |              |  |   |
|                              | Year 18 |                             |                               |              |  |   |
|                              | Year 19 |                             |                               |              |  |   |
|                              | Year 20 |                             |                               |              |  |   |
|                              | Year 21 |                             |                               |              |  |   |
|                              | Year 22 |                             |                               |              |  |   |
|                              | Year 23 |                             |                               |              |  |   |
|                              | Year 24 |                             |                               |              |  |   |
|                              | Year 25 |                             |                               |              |  |   |
|                              | Year 26 |                             |                               |              |  |   |
|                              | Year 27 |                             |                               |              |  |   |
|                              | Year 28 |                             |                               |              |  |   |
|                              | Year 29 |                             |                               |              |  |   |
|                              | Year 30 |                             |                               |              |  |   |

**Notes:**

- 1) MIF is the Minnesota Investment Fund operated by the Minnesota Department of Trade and Economic Development (DTED). DTED sets minimum wage rates which must be met to qualify for assistance by the Fund. As of July 1, 2000 the Metro minimum wage rate eligible for subsidization was \$12.00 per hour.
- 2) Job and Wage projections on this form must be made for twice the length of the subsidy period requested.
- 3) All numbers displayed above must be documented in such a way as to display all of the factors and formulas used in calculating them.

# Affidavit of Publication

STATE OF MINNESOTA)

COUNTY OF WADENA)

Hydee Wright, being duly sworn, on oath says she is the publisher or authorized agent and employee of the publisher of the newspaper known as Wadena Pioneer Journal, and has full knowledge of the facts stated below:

(A) The newspaper has complied with all of the requirements constituting qualification as a qualified newspaper, as provided by Minnesota Statute 331A.02, 3311A.07, and other applicable laws, as amended.

(B) The printed Public Notice-Notice of Public Hearing to Review Proposed Business Subsidy Policy which is attached was cut from the columns of said newspaper, and was printed and published once each week, for two successive weeks; it was published on Thursday, the 16th day of November 2000, and there after printed and published on every Thursday to and including Thursday, the 23rd day of November 2000 and printed below is a copy of the lower case alphabet from A to Z, both inclusive, which is hereby acknowledged as being the size and kind of type used in the composition and publication of the notice:

abcdefghijklmnopqrstuvwxyz

BY: Hydee Wright  
TITLE: Receptionist

Subscribed and sworn to before me on this

23rd day of Nov, 2000



Elizabeth K. Miller  
Notary Public

## RATE INFORMATION

- 1) Lowest classified rate paid by commercial users for comparable space \$ \_\_\_\_\_  
(Line, word, or inch rate)
- 2) Maximum rate allowed by law for the above matter \$ \_\_\_\_\_  
(Line, word, or inch rate)
- 3) Rate actually charged for the above matter \$ \_\_\_\_\_  
(Line, word, or inch rate)

2000

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## Public Notice

### NOTICE OF PUBLIC HEARING TO REVIEW PROPOSED BUSINESS SUBSIDY POLICY

Notice is hereby given that the Wadena City Council will meet at approximately 6:00 p.m. on Tuesday, November 28, 2000 at the City Administrative Center, Council Chambers and review/discuss the proposed Business Subsidy Policy for possible adoption and implementation. Adoption by the Council of the Business Subsidy Policy may occur at the hearing.

The proposed Business Subsidy Policy is available for review prior to the public hearing and can be reviewed or receive a copy by contacting Bradley A. Swenson, City Administrator or Jarrod Olson, Community Developer at 222 2nd St. SE or calling 218-831-7707 for City Administrator or calling 218-831-7710 for Community Developer.

Public comment is welcome at this public hearing.  
Bradley A. Swenson  
City Administrator

11/16 & 11/23+



# 2001 Minnesota Business Assistance Form

RECEIVED JUN 4 2001

- # 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)<br><u>City of Onamia</u>  |  | 2. Name of person completing this form<br><u>R. McCullum</u>   |   |
| 3. Street address<br><u>P.O. Box 186</u>  |  | 4. City<br><u>Onamia</u>   | 5. ZIP code<br><u>56359</u>                       |
| 6. County<br><u>Miller</u>  | 7. Phone number<br><u>320-532-3311</u> | 8. Fax number<br><u>320-532-3434</u>   | 9. E-mail address<br><u>citymiller@ccenet.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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date - _____ and <u>attach criteria</u> )<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No ( <u>Stop here, go to section 5 on page 4.</u> )                                 |  |  |   |

## 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.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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 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

# 2000 Minnesota Business Assistance Form

RECEIVED JUN 12 2001

- 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)<br>City of Plato   |                                 | 2. Name of person completing this form<br>Kathleen Stuedemann   |                              |
| 3. Street address<br>PO Box 7  |                                 | 4. City<br>Plato MN   | 5. ZIP code<br>55370         |
| 6. County<br>McLeod  | 7. Phone number<br>320-238-2224 | 8. Fax number   | 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<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><input type="checkbox"/> Other (Please specify.) _____ |                                 | <input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria)<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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 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<br><br>PLATO WOODWORK   |  | 15. Address where business subsidy or financial assistance will be used<br><br>200 3RD ST SW Plato 55370<br>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.)<br><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.)<br><u>\$ 250,000</u>   | 21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)<br><u>MAY 31, 1995</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.)<br><u>MAY 31, 1995 — DEC. 31, 1997 (GRANT PERIOD)</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.)<br><input type="checkbox"/> business subsidy <input checked="" type="checkbox"/> financial assistance   |  |               |                  |               |                  |
| 24. If the agreement provided a business subsidy, please indicate the type(s).<br><br><input checked="" type="checkbox"/> not applicable, agreement provided financial assistance<br><input type="checkbox"/> loan<br><input type="checkbox"/> grant (i.e., forgivable loan)<br><input type="checkbox"/> tax abatement<br><input type="checkbox"/> TIF or other tax reduction or deferral<br><input type="checkbox"/> guarantee of payment<br><input type="checkbox"/> contribution of property or infrastructure<br><input type="checkbox"/> preferential use of governmental facilities<br><input type="checkbox"/> land contribution<br><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).<br><br><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy<br><input type="checkbox"/> assistance for property polluted by contaminants<br><input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost<br><input type="checkbox"/> assistance for pollution control or abatement<br><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.)<br><br><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF<br><input type="checkbox"/> redevelopment<br><input type="checkbox"/> renewal and renovation<br><input type="checkbox"/> soils condition<br><input type="checkbox"/> economic development<br><input type="checkbox"/> mined underground space<br><input type="checkbox"/> hazardous substance subdistrict  | 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)<br><br><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)<br><input checked="" type="checkbox"/> No<br>Grantor(s) and value of the agreement(s):<br><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 (\$) _____   |               |                  |               |                  |

CITY OF PLATO  
SPECIAL REVENUE FUND  
ECONOMIC DEVELOPMENT LOAN FUND #1  
STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS  
For the Year Ended December 31, 2000

|                              |           |                 |                  |
|------------------------------|-----------|-----------------|------------------|
| Cash balance January 1, 2000 | . . . . . |                 | \$117,704.15     |
| RECEIPTS                     |           |                 |                  |
| Principle Payment            | . . . . . | \$23,355.56     |                  |
| Interest on principle        | . . . . . | 8,832.04        |                  |
| Interest                     | . . . . . | <u>7,700.94</u> |                  |
| Total Receipts               | . . . . . | 39,888.54       | <u>39,888.54</u> |
| TOTAL BALANCE                | . . . . . |                 | 157,592.69       |
| DISBURSEMENTS - None         |           |                 |                  |
| Balance December 31, 2000    | . . . . . |                 | \$157,592.69     |

\* \* \* \*



## Trial Balance

For Fund - Board # 11

For the Fiscal Period 1981-82 Ending May 31, 1982

## ECONOMIC DEVELOPMENT FUND (11)

| Account                                  | Beginning Balance |           | Transactions |          | Ending Balance |           |
|--|-------------------|-----------|--------------|----------|----------------|-----------|
|  | Debit             | Credit    | Debit        | Credit   | Debit          | Credit    |
| 1-000 1101 CASH IN CHECKING ACCOUNT      | 0 00              |           | 100          | 0 00     | 0 00           |           |
| 1-000 1103 MONEY MARKET ACCOUNT          | 171,137.07        |           | 1,866.52     | 0 00     | 174,423.69     |           |
| 1-000 1106 RECEIVABLES ACCOUNT           | 0 00              |           | 0 00         | 0 00     | 0 00           |           |
| 1-000 1107 TOTAL ASSETS                  | 0 00              |           | 0 00         | 0 00     | 0 00           |           |
| 1-000 2101 ACCOUNTS PAYABLE              |                   | 0 00      | 0 00         | 0 00     |                | 0 00      |
| 1-000 2102 ENCUMBRANCE ACCOUNT           |                   | 0 00      | 0 00         | 0 00     |                | 0 00      |
| 1-000 2104 GRANTING ACCOUNT FUND BALANCE |                   | 81,565.58 | 0 00         | 0 00     |                | 81,565.58 |
| 1-000 2105 EXPENSE SUMMARY ACCOUNT       |                   | 0 00      | 0 00         | 0 00     |                | 0 00      |
| 1-000 2103 TOTAL LIABILITIES             |                   | 0 00      | 0 00         | 0 00     |                | 0 00      |
| 1-000 3111 MISCELLANEOUS REVENUE         |                   | 0 00      | 0 00         | 0 00     |                | 0 00      |
| 1-000 3112 INTEREST EARNED               |                   | 1,815.18  | 0 00         | 604.32   |                | 3,419.50  |
| 1-000 3113 INTEREST FROM LOAN            |                   | 0 00      | 0 00         | 0 00     |                | 0 00      |
| 1-000 3121 LOAN PAYMENT                  |                   | 8,041.06  | 0 00         | 2,037.36 |                | 10,098.42 |
| 1-000 3122 LOAN INTEREST                 |                   | 1,638.14  | 0 00         | 614.94   |                | 3,313.08  |
| 1-000 3131 TOTAL REVENUE                 |                   | 0 00      | 0 00         | 0 00     |                | 0 00      |
| 1-000 4101 MISCELLANEOUS EXPENSE         | 0 00              |           | 0 00         | 0 00     | 0 00           |           |
| 1-000 415 DEPRECIATION                   | 0 00              |           | 0 00         | 0 00     | 0 00           |           |
| Totals                                   | 171,137.07        | 98,149.36 | 1,866.52     | 3,286.52 | 174,423.69     | 98,396.58 |

\* Indicates the balance for the note (account) should be credit and is debit or should be debit and is credit



6-6-01 FAXED to 651-215-3841

## 2001 Minnesota Business Assistance Form

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- 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)<br><b>CITY OF ROGERS</b>  |  | 2. Name of person completing this form<br><b>GARY EITEL, CITY ADMINISTRATOR</b>   |                              |
| 3. Street address<br><b>12913 MAIN STREET</b>   |  | 4. City<br><b>ROGERS</b>  | 5. ZIP code<br><b>55374</b>  |
| 6. County<br><b>HENNEPIN</b>  | 7. Phone number<br><b>763-428-2253</b> | 8. Fax number<br><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 EDA would check "City government.")<br><br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><br><input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>6/13/00</u> and <u>attach criteria</u> )<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><br><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<br><b>ROGERS ASSOCIATES LLP</b><br><b>7841 WAYZATA BLVD</b><br><b>MINNEAPOLIS, MN 55426</b>  |  | 15. Address where business subsidy or financial assistance will be used <b>ROGERS INDUSTRIAL PARK</b><br><b>12999 WILFRED LANE, ROGERS, MN 55374</b><br>Street address City State ZIP code |  |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><input checked="" type="checkbox"/> No <b>NOT THAT WE ARE AWARE OF</b> |  |  |  |
| 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 checked="" type="checkbox"/> Other (please specify) <b>DISTRIBUTION CENTER</b> |

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><b>\$1,060,000 maximum</b></p>   | <p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><b>JUNE 13, 2000</b></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><b>PAY-As-You-Go 1<sup>st</sup> PAYMENT SCHEDULED FOR AUGUST 2002</b></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> <table border="0"> <tr> <td><input type="checkbox"/> loan (only principal)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> grant (i.e., forgivable loan)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> tax abatement</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> TIF or other tax reduction or deferral</td> <td><b>\$1,060,000</b></td> </tr> <tr> <td><input type="checkbox"/> guarantee of payment</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> contribution of property or infrastructure</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> preferential use of governmental facilities</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> land contribution</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> other (Specify subsidy type.) _____</td> <td>\$ _____</td> </tr> </table> | <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>\$1,060,000</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.) _____ | \$ _____ | <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> <table border="0"> <tr> <td><input type="checkbox"/> assistance for property polluted by contaminants</td> <td>\$ _____</td> </tr> <tr> <td><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</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> assistance for pollution control or abatement</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> assistance for a TIF soils condition district</td> <td>\$ _____</td> </tr> </table> | <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 | \$ _____ |
| <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>\$1,060,000</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.) _____  | \$ _____  |   |  |  |  |  |   |                    |   |               |   |          |  |          |  |          |  |          |   |   |          |   |          |  |          |  |          |
| <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>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> <table border="0"> <tr> <td><input type="checkbox"/> redevelopment</td> </tr> <tr> <td><input type="checkbox"/> renewal and renovation</td> </tr> <tr> <td><input type="checkbox"/> soils condition</td> </tr> <tr> <td><input checked="" type="checkbox"/> economic development</td> </tr> <tr> <td><input type="checkbox"/> mined underground space</td> </tr> <tr> <td><input type="checkbox"/> hazardous substance subdistrict</td> </tr> </table>   | <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>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.)</p> <p><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 (\$) _____  |          |  |          |  |          |  |          |   |   |          |   |          |  |          |  |          |
| <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  |   |   |  |  |  |  |   |                    |   |               |   |          |  |          |  |          |  |          |   |   |          |   |          |  |          |  |          |
| 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 | _____                                  | <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 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 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                 | 25                     | _____                                 | _____  | _____         | \$ _____                         |
| \$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 (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:

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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

**City of Rogers, Minnesota  
Business Subsidies Policy & Criteria**

RECEIVED JUN 8 2001

**1. 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 City in adopting this policy retains the sole and absolute discretion to deny or grant any subsidy request for any reason.

This policy and criteria is adopted by the City of Rogers (herein sometimes "City") in accordance with the Minnesota Business Subsidy Law ("Act"), 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. Subd. 1 of the Act states: "A business subsidy must meet a public purpose ~~other than~~ which may include but not be limited to increasing the tax base. Job retention may only be used as a public purpose in cases where job loss is ~~imminent~~ specific and demonstratable."

**2. Business Subsidy and Community & Economic Development Tools**

The City of Rogers shall continue its support of community and economic development projects by utilizing any and all available economic development financing tools it deems appropriate, including, but not limited to revolving loan fund gap financing, tax increment financing, and tax abatement. Business subsidies may be granted to projects that would not otherwise occur "but for" the assistance being requested.

**3. Community & Economic Development Goals & Objectives**

The City may use the available economic development financing tools to assist the City in satisfying its community and economic development goals and objectives. This specifically includes broadening and diversifying the tax base, and one or more of the following:

- A. To further develop an enhanced employment base.
- B. To encourage strong, viable growth and development for the commercial and industrial areas of the community.
- C. To stimulate the redevelopment of underutilized, blighted or obsolete land uses.
- D. To insure that publicly assisted economic development projects meet established criteria that guarantee public benefit.

- A. Applicants must have the authority to incur debt and carry out the proposed project purpose within the City of Rogers.
- B. Applicants must be unable to finance the proposed project from their own resources or through commercial credit or other federal or state programs at reasonable rates and terms.
- C. Business subsidy must not result in any conflict of interest prohibited by law.
- D. 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 Business Subsidies in the City of Rogers.

7. General Limitations and Criteria for all Business Subsidy Projects

A. The following criteria will be considered for each Business Subsidy application:

- (1) Is the proposed development in compliance with State law?
- (2) Will the project increase the tax base, and if so, to what extent?
- (3) Will new jobs be created, and if so, will these jobs constitute "head of household" opportunities?
- (4) What level of quality will the facility reflect with respect to the materials used, size, and landscaping and general aesthetics?
- (5) Do project projections show that the proposed project will be financially feasible?
- (6) Are the proposed use(s) compatible with the City's comprehensive guide and zoning ordinance?
- (7) What will the impact be on City public services?

B. Criteria: "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 Section? Therefore, the City will review each business subsidy application based on the following criteria:

- B. Each tax increment financing subsidy will be analyzed and evaluated by the City. Each project shall be measured against the criteria and the value of the project shall be determined, based upon meeting the criteria.
- C. Following are the evaluation criteria that will be used by the City:
- (1) All business subsidy requests shall meet the "but for" test. The "but for" test means that the project would not develop solely on private investments in the reasonable future. The developer shall provide findings for the "but for" test.
  - (2) Business subsidy requests should create the highest feasible number of jobs on site from date of occupancy where deemed appropriate.
  - (3) All business subsidy requests should create the highest possible ratio of property taxes paid before and after redevelopment.
  - (4) Business subsidy requests should facilitate redevelopment or elimination of "substandard" or "blighted" areas where deemed appropriate.
  - (5) Business subsidy requests should facilitate the "clean-up" of environmentally unsound property where deemed appropriate.
  - (6) Business subsidy requests should increase moderate priced housing options for area residents where deemed appropriate.
  - (7) All business subsidy requests should be deemed to promote additional desired "spin-off" development.
  - (8) All business subsidy requests should demonstrate "community involvement" including demonstrated degrees of the various factors:
    - (A) Local residency of the company's owners and employees, or
    - (B) Local residency of the contractors involved in the project, or
    - (C) Membership in local business organizations, or
    - (D) Other similar factors.

Adopted by the City Council on \_\_\_\_\_, 2000



State of Minnesota }  
 County of Wright } as  
 County of Hennepin }

## ROGERS

### Notice of Public Hearing on the Adoption of a Policy and Criteria for Granting Business Subsidies

NOTICE IS HEREBY GIVEN that the City Council (the "Council") of the City of Rogers, Minnesota will hold a public hearing on Tuesday, June 13, 2000 at a meeting of the Council beginning at approximately 7:30 p.m., Central Time, in the City Council Chambers at City Hall, 12913 Main Street, Rogers, Minnesota, on the proposed adoption of the City's Business Subsidy Policy and Criteria under Minnesota Statutes, Sections 1161.993 through 1161.995.

All persons may appear at the public hearing and present their views orally or in writing. A copy of the proposed Business Subsidy Policy and Criteria may be obtained at the City's offices.

Published in the North Crow River News Monday, May 22 and 29, 2000.

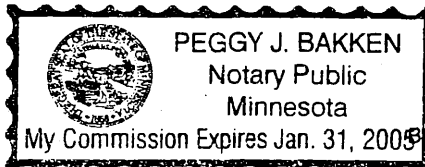
Bruce Treichler, being duly sworn, on oath says that he is the publisher or authorized agent and employee of the publisher of the newspaper known as the North Crow River News and has full knowledge of the facts which are stated below:

(A) The newspaper has complied with all of the requirements constituting qualification as a legal newspaper, as provided by Minnesota Statute 331.02, 331.06, and other applicable laws, as amended.

(B) The printed City of Rogers  
Public hearing - Adoption of a Policy and Criteria  
for Granting Business Subsidies

which is attached was cut from the columns of said newspaper, and was printed and published once each week for 2 successive weeks; it was first published on Monday, the 22 day of May, 2000, and was thereafter printed and published on every Monday to and including Monday, the 29 day of May, 2000; and printed below is a copy of the lower case alphabet from A to Z, both inclusive, which is hereby acknowledged as being the size and kind of type used in the composition and publication of the notice:

abcdefghijklmnopqrstuvwxyz



Bruce Treichler  
 True: Publisher Bruce Treichler

Subscribed and sworn to before me on this 29 day of May, 2000  
Peggy Bakken  
 Notary Public

# **AGENDA**

## **ROGERS CITY COUNCIL**

*June 27, 2000 7:30 p.m.*

1. **CALL TO ORDER.**
2. **APPROVAL OF MINUTES (June 13, 2000)**
3. **SET AGENDA - If there is anyone who wishes to place an item on the Agenda, for discussion purposes only, please speak now to be placed under Other Business.**
4. **KATHY ROACH, REPRESENTATIVE FROM THE NORTHWEST HENNEPIN HUMAN SERVICES COUNCIL, UPDATE ON SERVICES**
5. **ENGINEER'S REPORT:**
  - **Award Bituminous Overlay Project**
  - **Authorize Engineer to Advertise for Bids for Oakwood Drive**
  - **Extension of South Diamond Lake Road to Brockton Avenue and Intersection Improvements**
  - **Authorize Engineer to Prepare Plans and Specs for the following:**
    - **129<sup>th</sup> Ave. Water Main**
    - **I-94 Water Main Crossing**
6. **FINAL PLAT APPROVAL OF SUNNYSIDE ESTATES 4<sup>TH</sup> ADDITION, THE CREATION OF 38 RESIDENTIAL LOTS**
7. **PUBLIC WORKS REPORT:**
  - **1999 Drinking Water Report**
8. **BILLS AND CLAIMS**
9. **OTHER BUSINESS**
10. **ADJOURN**

The regular meeting of the City Council of the City of Rogers was held on Tuesday, June 13, 2000 at 7:30 p.m. with Mayor Scharber and Council Members VonBank, Stanley, Hawkins, and Miller present. Also present were Consulting Engineer Lange, City Attorney Miller, Public Works Supt. Seifert, City Administrator Eitel, and City Clerk Doboszinski.

#### **APPROVAL OF MINUTES**

Councilmember Hawkins moved, Councilmember Stanley seconded a motion to approve the minutes of the May 23, 2000 City Council meeting.

On the vote, all members voted AYE. Motion carried.

#### **SET AGENDA**

Mayor Scharber inquired if there was anyone who wished to place an item on the agenda. The agenda was set as submitted.

#### **FINAL REPORT BY RANDY ROTH ON ROCKIN' ROGERS DAYS**

Randy Roth, Rockin' Rogers Co-Chairman, was present to give a final report on the progress of the upcoming Rockin' Rogers Days. He discussed the following items:

- Hassan Township has donated \$3,000 for sanitation for the event
- The carnival will start setting up the middle of next week
- The Queen Coronation has eight contestants
- There are more entries in the parade than in the past
- The cost is estimated to come in between \$25,000 and \$30,000; to date the Lions have received \$24,000 in donations
- Anticipate 1,000 people on Friday and Saturday; don't feel traffic will be a problem with 340 parking spots at the Public Works property

Council did not have any questions. No formal action was taken.

#### **TRANSPORTATION REPORT BY MARIE COTE, SRF CONSULTING GROUP ON THE HIGHWAY 101 FRONTAGE ROAD AND RELATED TRANSPORTATION IMPROVEMENTS**

Marie Cote, an engineer with SRF Consulting Group, presented the traffic study report to Council explaining the proposed improvements to the intersections of County Roads 101 and 144, County Road 101 and South Diamond Lake Road, Rogers Drive and 134<sup>th</sup> Avenue, and South Diamond Lake Road and Rogers Drive.

Administrator Eitel stated that the time frame for the multiple improvements Ms. Cote referred to is for completion by 2005. Eitel stated that at the next meeting, there will be plans and specs for the Frontage Road improvements.

No formal action was taken.

#### **PLANNING COMMISSION REPORT**

##### **Items from the June 6, 2000 Meeting:**

- Items Related to the Walter Dehn Commerce Center:
  - Request by Marquette State Bank for Site Plan Approval

Gary provided an overhead of the revised site plan.

Councilmember Hawkins moved, Councilmember Stanley seconded a motion to accept the Planning Commission recommendation to approve the revised site plan subject to the following conditions:

1. Approval of the grading, drainage, and erosion control plan by the Watershed District, MnDOT, and the City Engineer.
2. Approval of the landscaping/wetland re-vegetation plans by the City's Wetland Consultant to assume compliance with the approved Wetland Mitigation Plan.
3. Approval of the planned access improvements to the frontage road, (shopping center entrance) right turn entrance, and right turn lane by MnDOT.
4. Approval of the internal directional signage by the City Engineer.

On the vote, all members voted AYE. Motion carried.

- **Approval of the Revised Master General Development Plan**

Councilmember Stanley moved, Councilmember VonBank seconded a motion to approve the revised master development plan for Walter Dehn Commerce Center.

On the vote, all members voted AYE. Motion carried.

- **Final Plat Approval of Walter Dehn Commerce Center 2<sup>nd</sup> Addition**

Councilmember Hawkins moved, Councilmember Stanley seconded a motion to authorize the City Attorney to prepare the appropriate resolution and developer's agreement for Walter Dehn Commerce Center 2<sup>nd</sup> Addition.

On the vote, all members voted AYE. Motion carried.

- **Environmental Assessment Worksheet for Rogers Distribution Center II, the Industrial Development of 34 acres to Facilitate Two 241,000 sq. ft. Multi-Tenant Buildings Within Rogers Industrial Park**

Gary explained the Environmental Assessment Worksheet.

Councilmember Miller moved, Councilmember Hawkins, seconded a motion authorizing the processing of the Environmental Assessment Worksheet for Rogers Distribution Center II.

On the vote, all members voted AYE. Motion carried.

**Items from the May 15, 2000 Meeting:**

- **Requests by King Companies:**

- **Site Plan Approval to Expand Site Plan Approval to Expand Their Existing Office/Warehouse Facilities from 25,156 sq. ft. to 31,136 sq. ft., Located at 12424 Ironwood Circle**
- **Site Plan Approval with a Conditional Use Permit and Setback Variance to Facilitate the Expansion of the Existing Parking Lot and Trailer Storage yard onto Lot 2, Block 1, Rogers Business Park 4<sup>th</sup> Addition**

Administrator Eitel stated that Kevin Kretch from Lake Restoration and a representative from Transport Graphics were present. Both men spoke on the positives of the improvements being proposed by King Companies.

Councilmember Miller questioned the Planning Commission's recommendation to deny the application based on the provisions of the Highway Corridor Overlay District and the ratios of pavement to building.

Administrator Eitel explained the ratios in question (pavement to building) and stated that this is eligible as a non-conforming use and Council could approve the request with the risk of setting a precedent.

Councilmember Miller moved, Councilmember VonBank seconded a motion to authorize the City Attorney to prepare the appropriate resolution granting a Conditional Use Permit to King Companies for the use of Lot 2, Block 1, Rogers Business Park 4<sup>th</sup> Addition as an employee parking lot, and tractor/trailer parking areas, subject to the following conditions:

1. Site plan approval to be consistent with the development standards of the Highway Corridor Overlay District (i.e. concrete curb, pavement surfaces, and architectural standards).
2. That the property owner shall meet a 5 to 1 building to pavement ratio within the next 5 years be either the expansion of building areas as identified on the approved site plan or remove an equivalent amount of pavement area.

On the vote, all members voted AYE. Motion carried.

Councilmember Miller moved, Councilmember Hawkins seconded a motion to recommend approval of the site plan for the construction of a 4,667 sq.ft. warehouse addition and a 9,272 sq.ft. office addition (two story office with 1,672 sq.ft. lower level driver's lounge), subject to the following conditions:

1. Approval of the grading, drainage, and erosion control plans by the City Engineer and Watershed District.
2. The addition of landscaping along the southern lot line.
3. Approval of a lighting plan.

On the vote, all members voted AYE. Motion carried.

#### **FINAL PLAT APPROVAL OF SUNNYSIDE ESTATES 4<sup>TH</sup> ADDITION, THE CREATION OF 38 RESIDENTIAL LOTS**

Administrator Eitel explained that there is a potential problem with the drainage. Eitel recommended tabling this item for two weeks to allow the engineer and developer to work out the drainage improvements.

Councilmember Hawkins moved, Councilmember Stanley seconded a motion to table this item to the June 27, 2000 meeting.

On the vote, all members voted AYE. Motion carried.

#### **PUBLIC HEARING TO CONSIDER THE ADOPTION OF A POLICY AND CRITERIA FOR GRANTING BUSINESS SUBSIDIES UNDER MINNESOTA STATUTE SECTIONS 1161.93 THROUGH 1161.95**

Administrator Eitel provided the background information of the changes in legislation that formal criteria must be adopted for granting business subsidies. Eitel stated that Steve Mattson from Juran & Moody, Mary Ipple from Briggs & Morgan, Walt Hartman from MEDN, and Bob Dieke, TIF legal counsel, have all reviewed the proposed policy and criteria.

Mayor Scharber opened the meeting for public hearing at 8:21 p.m.

There were no comments registered from the public, however there was a discussion between Councilmember Miller, Administrator Eitel, and Attorney Miller.

- Councilmember Miller questioned what the policy is.
- Eitel explained that this is a requirement by state law that all cities adopt criteria.
- Attorney Miller explained that this policy is a general statement of guidelines
- Eitel explained that without this policy in place, the City cannot go forward with the TIF agreement with MBY Companies.
- Miller questioned if this could supercede anything that is in place.
- Eitel stated that all the criteria listing in the policy has been included in TIF agreements.
- Eitel stated that in order to qualify for the program, the project needs to be at least \$10 million.

Councilmember Stanley moved, Councilmember Hawkins seconded a motion to close the public hearing at 8:29 p.m.

On the vote, all members voted AYE. Motion carried.

Councilmember Stanley moved, Councilmember VonBank seconded a motion to approve the Business Subsidies Policy and Criteria.

On the vote, Hawkins, Scharber, Stanley and VonBank voted AYE; Miller abstained due to lack of knowledge.

**(CONTINUED) TAX INCREMENT AGREEMENT WITH MBY COMPANIES  
RELATING TO THE DEVELOPMENT OF LOT 1, BLOCK 1, ROGERS INDUSTRIAL  
PARK 8<sup>TH</sup> ADDITION (ROGERS DISTRIBUTION CENTER)**

Administrator Eitel stated that the district will pay from August of 2002 to February of 2011. Eitel stated that the funds are pledged for transportation improvements.

Councilmember Stanley moved, Councilmember VonBank seconded a motion to authorize the Mayor and City Clerk to execute the Tax Increment Agreement with Rogers Associates LLP (Marfield, Belgarde, and Yaffe Companies).

On the vote, all members voted AYE. Motion carried.

**ENGINEER'S REPORT:**

- **Request to Proceed with a Municipal State Road Aid Study (Inventory-Preliminary Needs Analysis)**

Administrator Eitel spoke on the value of the needs analysis. Eitel commented on the value of this as a funding mechanism, especially in a consolidated Rogers/Hassan community.

Engineer Lange stated that doing the study would be consistent with the other needs studies being performed.

Councilmember Miller questioned how we apply for the funding through the state.

6/6/01 FAX to 651-215-3841

## 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade &  
Economic  
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED JUN 5 2001

|   |  |   |   |
|---|--|---|---|
| 1. Funding government agency name<br><b>CITY OF ROGERS</b>                                    |  | 2. Contact name<br><b>GARY EITEL, CITY ADMINISTRATOR</b>  |   |
| 3. Agency street address<br><b>12913 MAIN STREET</b>  |  | 4. City<br><b>ROGERS</b>  |   |
| 5. Zip code<br><b>55374</b>   | 6. Phone number (area code)<br><b>763-428-2253</b>       | 8. Type of government agency<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State<br><br><input type="checkbox"/> Other (Please indicate) _____ |   |
|   | 7. Fax number (area code)<br><b>763-428-4470</b>         |   |   |
| 9. Name of business receiving assistance<br><b>GRACO INC.</b>                                 |  | 10. Industry of recipient (SIC code)<br><b>MANUFACTURING</b>  |   |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br><b>TIF "UP-FRONT"</b> |  | 12. Name of TIF district (if applicable)<br><b>TIF-1 "CED REDEVELOPMENT"</b>  |   |
| 13. Date of business assistance agreement<br><b>10-13-95</b>                                  | 14. Date assistance first provided<br><b>OCTOBER '95</b> | 15. Date project (building/machinery/etc.) was placed in service<br><b>FALL 1996</b>  | 16. Dollar value of business assistance<br><b>\$1,335,000</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<br><b>2 FULL-TIME</b>  |           | 18. Average hourly wage level goals for business receiving assistance<br><b>\$8.00/HR</b>  |   |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |   |  |                  |  |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |
|---|-----------|--|---|-------------------|---|-----------|-----------|------------------|--|-------|-------|------------------|-------|-------|-------|------------------|-------|-------|-------|------------------|-------|-------|-------|--------------------|-------|-------|-------|--------------------|-------|---|--|------------------|--|-------------------|---|-----------|-----------|------------------|--|-------|-------|------------------|-------|-------|-------|------------------|-------|-------|-------|------------------|-------|-------|-------|--------------------|-------|-------|-------|--------------------|-------|
| 19. Actual jobs created since business received assistance<br><b>As of 6/12/98 (46) Full Tim</b>  |           | 20. Actual average hourly wage paid to employees hired since business received assistance<br><b>MINIMUM OF \$9.37/HR</b>                                   |   |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |   |  |                  |  |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |
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| <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>_____</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 | _____ | _____ | _____ | \$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>_____</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 | _____ | _____ | _____ | \$8.00 to \$9.99 | _____ | _____ | _____ | \$10.00 to \$11.99 | _____ | _____ | _____ | \$12.00 and higher | _____ |
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| _____   | _____     | less than \$7.00   | _____                                       |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |   |  |                  |  |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |
| _____   | _____     | \$7.00 to \$7.99   | _____                                       |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |   |  |                  |  |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |
| _____   | _____     | \$8.00 to \$9.99   | _____                                       |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |   |  |                  |  |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |
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| Full-time   | Part-time | (excl. benefits)   |   |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |   |  |                  |  |                   |   |           |           |                  |  |       |       |                  |       |       |       |                  |       |       |       |                  |       |       |       |                    |       |       |       |                    |       |
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| _____   | _____     | \$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<br><b>6-12-98</b>  | 26. Date this Minnesota Business Assistance Form completed<br><b>6-6-01</b> |
| 27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project.<br><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)

6/6/01 FAX to 651-215-3841

TIF-1 Ge

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade &  
Economic  
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED JUN 6 2001

|   |   |   |   |
|---|---|---|---|
| 1. Funding government agency name<br><b>CITY OF ROGERS</b>                                    |   | 2. Contact name<br><b>BARCEL TEL CITY ADMINISTRATION</b>  |   |
| 3. Agency street address<br><b>12913 MAIN STREET</b>  |   | 4. City<br><b>ROGERS</b>  |   |
| 5. Zip code<br><b>55374</b>   | 6. Phone number (area code)<br><b>763-423-0000</b>      | 8. Type of government agency<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State<br><input type="checkbox"/> Other (Please indicate) |   |
|   | 7. Fax number (area code)<br><b>763-423-4470</b>        |   |   |
| 9. Name of business receiving assistance<br><b>GRACE INC.</b>                                 |   | 10. Industry of recipient (SIC code)<br><b>MANUFACTURING</b>  |   |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br><b>TIF "UP-FRONT"</b> |   | 12. Name of TIF district (if applicable)<br><b>TIF-1 "CITY REDEVELOPMENT"</b>   |   |
| 13. Date of business assistance agreement<br><b>6-12-98</b>                                   | 14. Date assistance first provided<br><b>OCTOBER 98</b> | 15. Date project (building/machinery/etc.) was placed in service<br><b>FALL 98</b>  | 16. Dollar value of business assistance<br><b>\$1,335,000</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<br><b>2 FULL-TIME</b>   |                    | 18. Average hourly wage level goals for business receiving assistance<br><b>\$8.00/HR</b>  |  |
| 19. Actual jobs created since business received assistance<br><b>As of 6/12/98 (46) FULL TIME</b>  |                    | 20. Actual average hourly wage paid to employees hired since business received assistance<br><b>MINIMUM OF \$9.37/HR</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 (\$)  |  |
| Full-time Part-time  | (excl. benefits)   |  |  |
|  | less than \$7.00   |  |  |
|  | \$7.00 to \$7.99   |  |  |
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|  | \$10.00 to \$11.99 |  |  |
|  | \$12.00 and higher |  |  |
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Please complete lines 25 through 27 for all agreements.

|   |   |
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(over)



6/6/01. FAX to 651-215-3841

TIF-1  
REINHART

## 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA

Trade &  
Economic  
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED JUN 6 2001

|   |   |   |   |
|---|---|---|---|
| 1. Funding government agency name<br><b>CITY OF ROGERS</b>                          |   | 2. Contact name<br><b>GARY EITEL, CITY ADMINISTRATOR</b>  |   |
| 3. Agency street address<br><b>12913 MAIN STREET</b>                                |   | 4. City<br><b>ROGERS</b>  |   |
| 5. Zip code<br><b>55374</b>   | 6. Phone number (area code)<br><b>763-428-2253</b>    | 8. Type of government agency<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State<br><input type="checkbox"/> Other (Please indicate) |   |
|   | 7. Fax number (area code)<br><b>763-428-4470</b>      |   |   |
| 9. Name of business receiving assistance<br><b>REINHART REAL ESTATE GROUP, INC.</b> |   | 10. Industry of recipient (SIC code)  |   |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br><b>TIF</b>  |   | 12. Name of TIF district (if applicable)<br><b>TIF-1 CBD REDEVELOPMENT</b>  |   |
| 13. Date of business assistance agreement<br><b>7-24-98</b>                         | 14. Date assistance first provided<br><b>DEC 1998</b> | 15. Date project (building/machinery/etc.) was placed in service  | 16. Dollar value of business assistance<br><b>\$600,000</b> |

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|  |                                    |  |  |
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| 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                   |  |  |
| <b>60</b>  | \$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<br><b>JUNE 2000</b>  | 26. Date this Minnesota Business Assistance Form completed<br><b>6/6/01</b> |
| 27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project.<br><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)

TIF-9  
DEPT-5

# 1999 Minnesota Business Assistance Form

*(Please return by April 1, 1999)*



—Trade &—  
Economic  
Development

**Please complete lines 1 through 16 for all agreements.**

RECEIVED JUN 6 2001

|   |   |   |  |
|---|---|---|--|
| 1. Funding government agency name<br>CITY OF ROGERS   |   | 2. Contact name<br>GARY EITEL, CITY ADMINISTRATOR   |  |
| 3. Agency street address<br>12913 MAIN STREET   |   | 4. City<br>ROGERS   |  |
| 5. Zip code<br>55374  | 6. Phone number (area code)<br>763-428-2253                           | 8. Type of government agency<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State<br><br>____ Other (Please indicate) |  |
|   | 7. Fax number (area code)<br>763-428-4470                             |   |  |
| 9. Name of business receiving assistance<br>RYAN COMPANIES US, INC.                         |   | 10. Industry of recipient (SIC code)<br>MANUFACTURING   |  |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br>TIF - PAY-AS-YOU-GO |   | 12. Name of TIF district (if applicable)<br>TIF-9 "DEPT. 56"  |  |
| 13. Date of business assistance agreement<br>4-15-99  | 14. Date assistance first provided <sup>12</sup> TIF Pmt<br>AUG. 2001 | 15. Date project (building/machinery/etc.) was placed in service<br>AUG-2000  | 16. Dollar value of business assistance<br>\$2,900,000 MAXIMUM |

**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.**

|   |           |                    |   |   |           |                    |   |
|---|-----------|--------------------|---|---|-----------|--------------------|---|
| <p>17. Job creation goals for business receiving assistance</p>   |           |                    |   | <p>18. Average hourly wage level goals for business receiving assistance</p>  |           |                    |   |
| <p>19. Actual jobs created since business received assistance</p>   |           |                    |   | <p>20. Actual average hourly wage paid to employees hired since business received assistance</p>  |           |                    |   |
| <p>Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)</p> |           |                    |   | <p>Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)</p> |           |                    |   |
| 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   | _____                                       |
| <u>2</u>  | _____     | \$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 | _____                                       |
| <p>If necessary, please attach additional documentation.</p>  |           |                    |   | <p>If necessary, please attach additional documentation.</p>  |           |                    |   |

160%  
OF MIN.  
WAGE

**Please complete lines 25 through 27 for all agreements.**

|   |  |
|---|--|
| 25. Last date actual wage and job creation levels documented  | 26. Date this Minnesota Business Assistance Form completed<br>6/6/01 |
| 27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project.<br><input checked="" 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)



# 2000 Minnesota Business Assistance Form

RECEIVED JUN 6 2001

- 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)<br><b>CITY OF ROGERS</b>   |  | 2. Name of person completing this form<br><b>GARY EITEL, CITY ADMINISTRATOR</b>  |                              |
| 3. Street address<br><b>12913 MAIN STREET</b>  |  | 4. City<br><b>ROGERS</b>   | 5. ZIP code<br><b>55374</b>  |
| 6. County<br><b>HENNEPIN</b>   | 7. Phone number<br><b>763-428-2253</b> | 8. Fax number<br><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<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><input type="checkbox"/> Other (Please specify.) _____ |  | <input checked="" type="checkbox"/> Yes (Indicate hearing date <b>6-13-00</b> and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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<br><b>RYAN COMPANIES US, INC.</b>   |  | 15. Address where business subsidy or financial assistance will be used <b>LOT 1, BLK 1, ROG IND. PK, 7TH AVE.</b> |                     |
|  |  | <b>13251 GEORGE WEBBER DRIVE ROGERS MINNESOTA</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.)<br><input checked="" type="checkbox"/> No |  |  |                     |
| Name of parent corporation   |  | Street address   | City State ZIP code |

|  |  |  |            |  |            |
|--|--|--|------------|--|------------|
| <b>17. Industry of recipient's facility (Mark one.):</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Manufacturing<br/> <input type="checkbox"/> Retail Trade         </div> <div> <input type="checkbox"/> Services<br/> <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate<br/> <input type="checkbox"/> Construction<br/> <input checked="" type="checkbox"/> Other (please specify) <b>WAREHOUSE-DISTRIBUTION FACILITY</b> </div> </div>  |  |  |            |  |            |
| <b>18. Did the recipient relocate as a result of signing this agreement? (Mark one.)</b><br><input checked="" type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)<br><input type="checkbox"/> No (Go to Question 19.)<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span><u>UNKNOWN</u></span> <span><u>OUT GROWN EXISTING SPACE</u></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><br><input type="checkbox"/> Remained at previous location <input checked="" type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota  |  |  |            |  |            |
| <b>Section 3 General Information About the Agreement</b>   |  |  |            |  |            |
| <b>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.)</b><br><div style="font-size: 1.2em; margin-top: 10px;">\$ 750,000</div>   | <b>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</b><br><div style="font-size: 1.2em; margin-top: 10px;">9-1-99</div>   |  |            |  |            |
| <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><br><div style="font-size: 1.2em; margin-top: 10px; text-align: center;">AUGUST 2001 FIRST TIF PAYMENT</div>  |  |  |            |  |            |
| <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><br><div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input checked="" type="checkbox"/> business subsidy            <input type="checkbox"/> financial assistance       </div>   |  |  |            |  |            |
| <b>24. If the agreement provided a business subsidy, please indicate the type(s).</b><br><input type="checkbox"/> not applicable, agreement provided financial assistance<br><input type="checkbox"/> loan<br><input type="checkbox"/> grant (i.e., forgivable loan)<br><input type="checkbox"/> tax abatement<br><input checked="" type="checkbox"/> TIF or other tax reduction or deferral <u>\$ 750,000</u><br><input type="checkbox"/> guarantee of payment<br><input type="checkbox"/> contribution of property or infrastructure<br><input type="checkbox"/> preferential use of governmental facilities<br><input type="checkbox"/> land contribution<br><input type="checkbox"/> other (Specify subsidy type.) _____ | <b>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</b><br><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy<br><input type="checkbox"/> assistance for property polluted by contaminants<br><input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost<br><input type="checkbox"/> assistance for pollution control or abatement<br><input type="checkbox"/> assistance for a TIF soils condition district  |  |            |  |            |
| <b>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</b><br><input type="checkbox"/> not applicable, assistance was not in the form of TIF<br><input checked="" type="checkbox"/> redevelopment<br><input type="checkbox"/> renewal and renovation<br><input type="checkbox"/> soils condition<br><input type="checkbox"/> economic development<br><input type="checkbox"/> mined underground space<br><input type="checkbox"/> hazardous substance subdistrict  | <b>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</b><br><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)<br><input checked="" type="checkbox"/> No<br><div style="margin-top: 10px;">           Grantor(s) and value of the agreement(s):<br/> <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> </div> |  | 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) \_\_\_\_\_  
☐ 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 | _____                                  | <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 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<br>\$6.50/HR<br>less than \$7.00 | 2                      | _____                                 | _____  | _____         | \$_____                          |
| \$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 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



## 2001 Minnesota Business Assistance Form

TIF-6 ULTRA PAC

RECEIVED JUN 6 2001

- 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)<br><b>CITY OF ROGERS</b>  |  | 2. Name of person completing this form<br><b>GARY EITEL</b>   |                             |            |              |                |      |          |   |  |  |  |  |
|---|--|---|-----------------------------|------------|--------------|----------------|------|----------|---|--|--|--|--|
| 3. Street address<br><b>12913 MAIN STREET</b>   |  | 4. City<br><b>ROGERS</b>  | 5. ZIP code<br><b>55374</b> |            |              |                |      |          |   |  |  |  |  |
| 6. County<br><b>HENNEPIN</b>  | 7. Phone number<br><b>763-428-2253</b> | 8. Fax number<br><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.<br><table border="1"><thead><tr><th>Name/Title</th><th>Phone number</th><th>Street address</th><th>City</th><th>ZIP code</th></tr></thead><tbody><tr><td colspan="5"><i>(This section is crossed out with a large X)</i></td></tr></tbody></table>  |  |   |                             | Name/Title | Phone number | Street address | City | ZIP code | <i>(This section is crossed out with a large X)</i> |  |  |  |  |
| Name/Title  | Phone number                           | Street address  | City                        | ZIP code   |              |                |      |          |   |  |  |  |  |
| <i>(This section is crossed out with a large X)</i>   |  |   |                             |            |              |                |      |          |   |  |  |  |  |
| 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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date - <b>6/3/00</b> and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - )<br><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.)<br><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<br><b>ML LIMITED PARTNERSHIP</b>   | 15. Address where business subsidy or financial assistance will be used<br><b>22000 INDUSTRIAL BLVD. ROGERS, MN 55374</b><br>Street address City State ZIP code |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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**

|   |  |  |            |  |            |
|---|--|--|------------|--|------------|
| <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;">\$99,999</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;">6-6-01</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.)</p> <p style="font-size: 1.2em;">12/31/00</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)      \$ _____</p> <p><input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____</p> <p><input type="checkbox"/> tax abatement      \$ _____</p> <p><input checked="" type="checkbox"/> TIF or other tax reduction or deferral      \$99,999</p> <p><input type="checkbox"/> guarantee of payment      \$ _____</p> <p><input type="checkbox"/> contribution of property or infrastructure      \$ _____</p> <p><input type="checkbox"/> preferential use of governmental facilities      \$ _____</p> <p><input type="checkbox"/> land contribution      \$ _____</p> <p><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      \$ _____</p> <p><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      \$ _____</p> <p><input type="checkbox"/> assistance for pollution control or abatement      \$ _____</p> <p><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</p> <p><input type="checkbox"/> renewal and renovation</p> <p><input type="checkbox"/> soils condition</p> <p><input checked="" type="checkbox"/> economic development</p> <p><input type="checkbox"/> mined underground space</p> <p><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.)</p> <p><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: 50%;"></td> <td style="border-bottom: 1px solid black; width: 50%; 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 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 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                | 6                      | _____                                 | _____  | _____         | \$ _____                         |
| \$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.)

|  |  |  |
|--|--|--|
| <p>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.)</p> <p><input type="checkbox"/> 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.)</p> <p><input checked="" type="checkbox"/> No</p> |  |  |
| Name of recipient  | Type of subsidy or assistance (See Questions 24 and 25.) | Value of subsidy or assistance             |
| <p>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.)</p> <p><input type="checkbox"/> Yes (Complete the remainder of this section.) <input checked="" type="checkbox"/> No (Stop here and submit form to DTED.)</p>  |  |  |
| <p>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.)</p>   |  |  |
| <p>35. Information on recipient and agreement:</p>   |  |  |
| 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 |
| <p>36. Reason(s) for default (Mark all that apply.):</p> <p><input type="checkbox"/> recipient ceased operation <input type="checkbox"/> recipient relocated to a different community</p> <p><input type="checkbox"/> recipient was unable to fill vacant positions <input type="checkbox"/> other (Specify reason.)</p>   |  |  |
| <p>37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, recipient <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> to repay the assistance.</p>  |  |  |
| <p>38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>   |  |  |
| <p>39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:</p> <p>_____</p> <p>_____</p> <p>_____</p>   |  |  |

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



6-6-01 FAXED to 651-215-3841  
2001 Minnesota Business Assistance Form

TIF-10  
BELGARD.

RECEIVED JUN 6 2001

- 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)<br><b>CITY OF ROGERS</b>  |  | 2. Name of person completing this form<br><b>GARY EITEL, CITY ADMINISTRATOR</b>   |                             |            |              |                |      |          |
|---|--|---|-----------------------------|------------|--------------|----------------|------|----------|
| 3. Street address<br><b>12913 MAIN STREET</b>   |  | 4. City<br><b>ROGERS</b>  | 5. ZIP code<br><b>55374</b> |            |              |                |      |          |
| 6. County<br><b>HENNEPIN</b>  | 7. Phone number<br><b>763-428-2253</b> | 8. Fax number<br><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.<br><table border="1"><thead><tr><th>Name/Title</th><th>Phone number</th><th>Street address</th><th>City</th><th>ZIP code</th></tr></thead><tbody></tbody></table>   |  |   |                             | Name/Title | Phone number | Street address | City | ZIP code |
| 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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date - <b>6/13/00</b> and <u>attach criteria</u> )<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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<br><b>ROGERS ASSOCIATES LLP</b><br><b>7841 WAYZATA BLVD</b><br><b>MINNEAPOLIS, MN 55426</b>   | 15. Address where business subsidy or financial assistance will be used<br><b>ROGERS INDUSTRIAL PARK</b><br><b>12999 WILFRED LANE, ROGERS, MN 55374</b><br>street address City State ZIP code |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><input checked="" type="checkbox"/> No <b>NOT THAT WE ARE AWARE OF</b><br>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) DISTRIBUTION CENTER

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 value by type in Questions 24 and 25.)

\$1,060,000 maximum

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

JUNE 13, 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.)

PAY-AS-YOU-GO 1ST PAYMENT SCHEDULED FOR AUGUST 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 \$1,060,000  
☐ 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 (\$) \_\_\_\_\_

## 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 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 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                 | 25                     | _____                                 | _____  | _____         | \$ _____                         |
| \$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 |
|-------------------|---|--------------------------------|
|-------------------|---|--------------------------------|

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**

# 2001 Minnesota Business Assistance Form

RECEIVED 2001

- 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)<br><b>City of Saint Paul</b>  |  | 2. Name of person completing this form<br><b>Beth Ulrich</b>   |   |
| 3. Street address<br><b>25 W. 4th St. #1400</b>   |  | 4. City<br><b>St. Paul</b>   | 5. ZIP code<br><b>55102</b>                             |
| 6. County<br><b>Ramsey</b>  | 7. Phone number<br><b>651-266-6689</b> | 8. Fax number<br><b>651-228-3220</b>   | 9. E-mail address<br><b>beth.ulrich@ci.stpaul.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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date <b>-9/8/99</b> and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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<br><b>Long's Auto Place, Inc.</b>   |  | 15. Address where business subsidy or financial assistance will be used<br><b>1566 Rice St., St. Paul, MN 55117</b><br>Street address City State ZIP code |  |
| 16. Does the recipient have a parent corporation? (Mark one)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><input checked="" type="checkbox"/> No |  |   |  |
| Name of parent corporation   |  | Street address City State ZIP code  |  |

17. Industry of recipient's facility (Mark one.): **retail auto sales**

☐ 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;"><b>100,000</b></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;"><b>5-24-01</b></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;"><b>project not complete</b></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)    \$ <b>80,000</b><br/> <input type="checkbox"/> grant (i.e., forgivable loan)    \$ <b>20,000</b><br/> <input type="checkbox"/> tax abatement    \$ _____<br/> <input type="checkbox"/> TIF or other tax reduction or deferral    \$ _____<br/> <input type="checkbox"/> guarantee of payment    \$ _____<br/> <input type="checkbox"/> contribution of property or infrastructure    \$ _____<br/> <input type="checkbox"/> preferential use of governmental facilities    \$ _____<br/> <input type="checkbox"/> land contribution    \$ _____<br/> <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    \$ _____<br/> <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    \$ _____<br/> <input type="checkbox"/> assistance for pollution control or abatement    \$ _____<br/> <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<br/> <input type="checkbox"/> renewal and renovation<br/> <input type="checkbox"/> soils condition<br/> <input type="checkbox"/> economic development<br/> <input type="checkbox"/> mined underground space<br/> <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 checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input 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%;"><b>University National Bank</b></td> <td style="width: 40%; text-align: right;"><b>\$300,000</b></td> </tr> <tr> <td>Grantor <b>NEAR</b></td> <td style="text-align: right;">Value (\$) <b>30,000</b></td> </tr> <tr> <td>Grantor _____</td> <td style="text-align: right;">Value (\$) _____</td> </tr> </table> | <b>University National Bank</b> | <b>\$300,000</b> | Grantor <b>NEAR</b> | Value (\$) <b>30,000</b> | Grantor _____ | Value (\$) _____ |
| <b>University National Bank</b>  | <b>\$300,000</b>  |                                 |                  |                     |                          |               |                  |
| Grantor <b>NEAR</b>  | Value (\$) <b>30,000</b>  |                                 |                  |                     |                          |               |                  |
| 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) goods & services availability  
support commercial activity  
retain local business

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>May '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.)

**Project not completed yet.**

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>X</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                 | _____                  | _____                                 | _____   | _____         | \$ _____                         |
| \$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 |
|-------------------|---|--------------------------------|
|-------------------|---|--------------------------------|

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**

# 2001 Minnesota Business Assistance Form

RECEIVED OCT 17 2001

- 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)<br><b>City of Saint Paul</b>  |  | 2. Name of person completing this form<br><b>Beth Ulrich</b>   |   |
| 3. Street address<br><b>25 W. 4th St. #1400</b>   |  | 4. City<br><b>St. Paul</b>   | 5. ZIP code<br><b>55102</b>                             |
| 6. County<br><b>Ramsey</b>  | 7. Phone number<br><b>651-266-6689</b> | 8. Fax number<br><b>651-228-3220</b>   | 9. E-mail address<br><b>beth.ulrich@ci.stpaul.mn.ci</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.")<br><br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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)<br><br><input checked="" type="checkbox"/> Yes (Indicate hearing date <b>-9/8/99</b> and <u>attach criteria</u> )<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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)<br><br><input type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No ( <u>Stop here, go to section 5 on page 4.</u> )   |  |  |   |

## Section 2 Information About Recipient

|   |  |  |                     |
|---|--|--|---------------------|
| 14. Name of business or organization receiving subsidy or financial assistance<br><br><b>J. Ring Glass Studio, Inc.</b>   |  | 15. Address where business subsidy or financial assistance will be used<br><br><b>2408 Territorial Rd., St. Paul, MN 55114</b> |                     |
|   |  | Street address   | City State ZIP code |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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) art studio

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.) <u>\$ 53,355</u></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;"><u>April 24, 2000</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 style="text-align: center;"><u>Improvements still in progress.</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 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) \$ _____<br/> <input checked="" type="checkbox"/> grant (i.e., forgivable loan) <u>\$ 53,355</u><br/> <input type="checkbox"/> tax abatement \$ _____<br/> <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____<br/> <input type="checkbox"/> guarantee of payment \$ _____<br/> <input type="checkbox"/> contribution of property or infrastructure \$ _____<br/> <input type="checkbox"/> preferential use of governmental facilities \$ _____<br/> <input type="checkbox"/> land contribution \$ _____<br/> <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 \$ _____<br/> <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 \$ _____<br/> <input type="checkbox"/> assistance for pollution control or abatement \$ _____<br/> <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 checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment<br/> <input type="checkbox"/> renewal and renovation<br/> <input type="checkbox"/> soils condition<br/> <input type="checkbox"/> economic development<br/> <input type="checkbox"/> mined underground space<br/> <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.)<br/> <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;">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) building rehabilitation

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>5/2002</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                 | <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                 | <u>1.5</u>             | _____                                 | _____   | _____         | \$_____                          |
| \$9.00 to \$10.99                | <u>2</u>               | _____                                 | _____   | _____         | \$_____                          |
| \$11.00 to \$12.99               | _____                  | _____                                 | _____   | _____         | \$_____                          |
| \$13.00 to \$14.99               | _____                  | _____                                 | _____   | _____         | \$_____                          |
| \$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 <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 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, 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

# 2001 Minnesota Business Assistance Form

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- 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)<br><b>City of Saint Paul</b>  |  | 2. Name of person completing this form<br><b>Beth Ulrich</b>   |   |
| 3. Street address<br><b>25 W. 4th St. #1400</b>   |  | 4. City<br><b>St Paul</b>  | 5. ZIP code<br><b>55102</b>                             |
| 6. County<br><b>Ramsey</b>  | 7. Phone number<br><b>651 266 6689</b> | 8. Fax number<br><b>651 228 3220</b>   | 9. E-mail address<br><b>beth.ulrich@ci.stpaul.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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date <u>9/8/99</u> and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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<br><b>Buchmeier Agency, Inc</b>  |  | 15. Address where business subsidy or financial assistance will be used<br><b>1567 W 7th St St Paul MN 55102</b> |                     |
|   |  | Street address   | City State ZIP code |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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.)

**St Paul MN**      **Did not own property**  
 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;"><b>\$63,425.00</b></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;"><b>May 1, 2000</b></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;"><b>November, 2000</b></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)      \$ _____<br/> <input checked="" type="checkbox"/> grant (i.e., forgivable loan)      <b>\$63,425</b><br/> <input type="checkbox"/> tax abatement      \$ _____<br/> <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____<br/> <input type="checkbox"/> guarantee of payment      \$ _____<br/> <input type="checkbox"/> contribution of property or infrastructure      \$ _____<br/> <input type="checkbox"/> preferential use of governmental facilities      \$ _____<br/> <input type="checkbox"/> land contribution      \$ _____<br/> <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      \$ _____<br/> <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      \$ _____<br/> <input type="checkbox"/> assistance for pollution control or abatement      \$ _____<br/> <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 checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF<br/> <input type="checkbox"/> redevelopment<br/> <input type="checkbox"/> renewal and renovation<br/> <input type="checkbox"/> soils condition<br/> <input type="checkbox"/> economic development<br/> <input type="checkbox"/> mined underground space<br/> <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.)<br/> <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 | <u>5/1/2002</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                 | <u>16</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                | _____                  | _____                                 | _____   | _____         | \$ _____                         |
| \$11.00 to \$12.99               | _____                  | _____                                 | _____   | _____         | \$ _____                         |
| \$13.00 to \$14.99               | _____                  | _____                                 | _____   | _____         | \$ _____                         |
| \$15.00 and higher               | <u>7</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 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, 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

# 2001 Minnesota Business Assistance Form

RECEIVED OCT 17 2001

- 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)<br><b>City of St. Paul</b>   |  | 2. Name of person completing this form<br><b>Beth Ulrich</b>  |   |
| 3. Street address<br><b>25 W. 4th St. #1400</b>  |  | 4. City<br><b>St. Paul</b>  | 5. ZIP code<br><b>55102</b>                             |
| 6. County<br><b>Ramsey</b>   | 7. Phone number<br><b>651-266-6689</b> | 8. Fax number<br><b>651-228-3220</b>  | 9. E-mail address<br><b>beth.ulrich@ci.stpaul.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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date <b>9/8/99</b> and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - )<br><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.)<br><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<br><b>Highland Grill</b>   |  | 15. Address where business subsidy or financial assistance will be used<br><b>771 Cleveland Ave. S. - St. Paul, MN</b> |          |
| Street address  |  | City   | State    |
| ZIP code  |  | 55116  |          |
| 16. Does the recipient have a parent corporation? (Mark one)<br><input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><input type="checkbox"/> No<br><b>Blue Plate Restaurant Company, Inc.</b> <b>1000 N. Hamline Ave., St. Paul, MN</b> <b>55104</b> |  |  |          |
| 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) Restaurant

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; font-weight: bold;">\$221,250</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-weight: bold;">May 23, 2001</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-weight: bold;">September, 2001</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 checked="" type="checkbox"/> loan (only principal)      \$ <u>221,250</u></p> <p><input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____</p> <p><input type="checkbox"/> tax abatement      \$ _____</p> <p><input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____</p> <p><input type="checkbox"/> guarantee of payment      \$ _____</p> <p><input type="checkbox"/> contribution of property or infrastructure      \$ _____</p> <p><input type="checkbox"/> preferential use of governmental facilities      \$ _____</p> <p><input type="checkbox"/> land contribution      \$ _____</p> <p><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      \$ _____</p> <p><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      \$ _____</p> <p><input type="checkbox"/> assistance for pollution control or abatement      \$ _____</p> <p><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</p> <p><input type="checkbox"/> renewal and renovation</p> <p><input type="checkbox"/> soils condition</p> <p><input type="checkbox"/> economic development</p> <p><input type="checkbox"/> mined underground space</p> <p><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 checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p style="text-align: center;"><u>Associated Bank</u>      <u>\$250,000</u></p> <p>Grantor _____ Value (\$) _____</p> <p>Grantor _____ Value (\$) _____</p>   |

## 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) improve health, safety security  
- Support commercial activity  
- goods and services availability

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 jobs May '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        | _____                  | _____                                  | <u>6</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               | _____                  | _____                                  | _____   | _____         | \$ _____                         |

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



# 2000 Minnesota Business Assistance Form

RECEIVED JUN 5 2001

- 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)<br><b>City of Sauk Centre</b>   |  | 2. Name of person completing this form<br><b>Traci M. Ryan</b>   |                                |
| 3. Street address <b>405 Sinclair Lewis Avenue</b>  |  | 4. City <b>Sauk Centre</b>   | 5. ZIP code <b>56378</b>       |
| 6. County<br><b>Stearns</b>   | 7. Phone number<br><b>320-352-2203</b> | 8. Fax number<br><b>320-352-2206</b>   | 9. E-mail address<br><b>NA</b> |
| 10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.<br><b>Traci M. Ryan</b> <b>320-352-2898</b> <b>211 Oak Street S. Sauk Centre, MN 56378</b><br>Name/Title <b>Consult. Staff</b> 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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date - <b>10/20/99</b> and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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<br><b>Strietz Properties, LLC</b>  | 15. Address where business subsidy or financial assistance will be used<br><b>519 Lincoln Loop SC 56378</b><br>Street address      City      ZIP code |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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.)

\$44,500

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

1-3-00

## 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.)

1-3-00

## 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.)

- ☒ business subsidy      ☐ financial assistance

## 24. If the agreement provided a business subsidy, please indicate the type(s).

☐ not applicable, agreement provided financial assistance

- ☐ loan  
☐ grant (i.e., forgivable loan)  
☐ tax abatement  
☒ TIF or other tax reduction or deferral  
☐ guarantee of payment  
☐ contribution of property or infrastructure  
☐ preferential use of governmental facilities  
☐ land contribution  
☐ other (Specify subsidy type.) \_\_\_\_\_

## 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, 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):

(Bank - \$200,000)

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>1-3-2002</u>                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| B) Other job-creation and/or retention goals                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | _____                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| C) Other wage goals  | <input checked="" 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                 | <u>3</u>               | _____                                 | _____  | _____         | \$ <u>Not Defined</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                 | <u>2</u>               | _____                                 | _____   | _____         | \$ <u>.60</u>                    |
| \$9.00 to \$10.99                | _____                  | _____                                 | _____   | _____         | \$ _____                         |
| \$11.00 to \$12.99               | <u>1</u>               | _____                                 | _____   | _____         | \$ <u>.40</u>                    |
| \$13.00 to \$14.99               | _____                  | _____                                 | _____   | _____         | \$ _____                         |
| \$15.00 and higher               | <u>2</u>               | _____                                 | _____   | _____         | \$ <u>.40</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

# 2001 Minnesota Business Assistance Form

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- 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)<br><u>City of Shelly</u>  |  | 2. Name of person completing this form<br><u>Jo Dean Neil - Clerk Treas.</u>   |                             |
| 3. Street address<br><u>P.O. Box 126</u>  |  | 4. City<br><u>Shelly</u>   | 5. ZIP code<br><u>56581</u> |
| 6. County<br><u>Norman</u>  | 7. Phone number<br><u>218-886-8355</u> | 8. Fax number<br><u>218-886-8355</u>   | 9. E-mail address<br>_____  |
| 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.<br><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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input type="checkbox"/> Yes (Indicate hearing date - _____ and <u>attach criteria</u> )<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No ( <u>Stop here, go to section 5 on page 4.</u> )                                 |  |  |                             |

## 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.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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 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

|                            |   |   |
|----------------------------|---|---|
| _____<br>Name of recipient | _____<br>Type of subsidy or assistance (See Questions 24 and 25.) | _____<br>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:

|                                       |  |  |
|---------------------------------------|--|--|
| _____<br>Name of recipient in default | _____<br>Type of subsidy or assistance | _____<br>Initial value of<br>subsidy or assistance |
|---------------------------------------|--|--|

|                                      |                                     |  |
|--------------------------------------|-------------------------------------|--|
| _____<br>Street address of recipient | _____<br>City/ZIP code of recipient | _____<br>Outstanding value of<br>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 (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

Postmarked 8-30-01 (m)

# 2001 Minnesota Business Assistance Form

RECEIVED JUN 29 2001

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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 Information About Grantor

|   |  |  |                             |
|---|--|--|-----------------------------|
| 1. Name of grantor (funding entity)<br><u>SKANE TOWNSHIP</u>  |  | 2. Name of person completing this form<br><u>MARK LUNDBERG</u>   |                             |
| 3. Street address<br><u>1755 220<sup>th</sup> Ave</u>   |  | 4. City<br><u>KENNEDY</u>  | 5. ZIP code<br><u>56733</u> |
| 6. County<br><u>KITSON</u>  | 7. Phone number<br><u>218-674-4392</u> | 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.")<br><br><input type="checkbox"/> City government<br><input checked="" type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><input type="checkbox"/> Other (Please specify.) <u>Township</u> |  | 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.)<br><br><input type="checkbox"/> Yes (Indicate hearing date - _____ and <u>attach criteria</u> )<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><br><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.)<br><br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><input checked="" 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 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:

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500 Metro Square, 121 East 7<sup>th</sup> Place  
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

Postmarked 6/27/01 (M)



## 2001 Minnesota Business Assistance Form

RECEIVED JUN 11 2001

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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 Information About Grantor

|  |  |   |  |
|--|--|---|--|
| 1. Name of grantor (funding entity)<br><u>Sherburne County</u>   |  | 2. Name of person completing this form<br><u>Alex Wikstrom</u>  |  |
| 3. Street address<br><u>13880 HWY 10</u>   |  | 4. City<br><u>Elk River</u>   | 5. ZIP code<br><u>55330</u>                                  |
| 6. County<br><u>Sherburne</u>  | 7. Phone number<br><u>763-241-2744</u> | 8. Fax number<br><u>763-241-2995</u>  | 9. E-mail address<br><u>alex.wikstrom@co.sherburne.mn.us</u> |
| 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.<br><u>K</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.")<br><br><input type="checkbox"/> City government<br><input checked="" type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><br><input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><br><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.)<br><br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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 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



# 2001 Minnesota Business Assistance Form

RECEIVED AUG 30 2001

- 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)<br><u>City of Spring Lake Park</u>   |  | 2. Name of person completing this form<br><u>BARBARA L. Nelson</u>   |   |
| 3. Street address<br><u>1301 81<sup>st</sup> Ave NE</u>  |  | 4. City<br><u>Spring Lake Park</u>   | 5. ZIP code<br><u>55432</u>                                   |
| 6. County<br><u>Anoka &amp; Ramsey</u>   | 7. Phone number<br><u>763-784-6491</u> | 8. Fax number<br><u>763-792-7257</u>   | 9. E-mail address<br><u>bnelson@ci.spring-lake-park.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.")<br><br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><br><input type="checkbox"/> Yes (Indicate hearing date - _____ and <u>attach criteria</u> )<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><br><input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No ( <u>Stop here, go to section 5 on page 4.</u> )                                |  |  |   |

## 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.)<br><br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><input checked="" 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 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.)  |  |  |
| <input type="checkbox"/> 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.)   |  |  |
| <input checked="" type="checkbox"/> 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.) |  |  |
| <input type="checkbox"/> Yes (Complete the remainder of this section.) <input checked="" type="checkbox"/> 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 (Specify reason.) _____  |  |  |
| 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)   |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No, recipient <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> to repay the assistance.   |  |  |
| 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)  |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |
| 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:   |  |  |
| _____<br>_____<br>_____  |  |  |

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

Postmarked 8/28/01 & 8/29/01 (m)

# 2001 Minnesota Business Assistance Form

RECEIVED JUN 15 2001

- 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)<br>City Of Wadena  |                                   | 2. Name of person completing this form<br>Jarrod Olson   |  |
| 3. Street address<br>222 2nd Street S.E.   |                                   | 4. City<br>Wadena  | 5. ZIP code<br>56482                     |
| 6. County<br>Wadena  | 7. Phone number<br>(218) 631-7723 | 8. Fax number<br>(218) 631-7709  | 9. E-mail address<br>olson32@hotmail.com |
| 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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input checked="" type="checkbox"/> Yes (Indicate hearing date - 11/28/00 and attach criteria)<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - )<br><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.)<br><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<br>Homecrest, Inc.   |  | 15. Address where business subsidy or financial assistance will be used<br>600 5th Street S.E. Wadena, MN 56482<br>Street address City State ZIP code |  |
| 16. Does the recipient have a parent corporation? (Mark one.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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

|   |   |         |            |  |  |         |            |
|---|---|---------|------------|--|--|---------|------------|
| <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;">\$200,813.95</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;">October 23, 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;">November 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 checked="" type="checkbox"/> loan (only principal)      \$200,813.95<br/> <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____<br/> <input type="checkbox"/> tax abatement      \$ _____<br/> <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____<br/> <input type="checkbox"/> guarantee of payment      \$ _____<br/> <input type="checkbox"/> contribution of property or infrastructure      \$ _____<br/> <input type="checkbox"/> preferential use of governmental facilities      \$ _____<br/> <input type="checkbox"/> land contribution      \$ _____<br/> <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      \$ _____<br/> <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      \$ _____<br/> <input type="checkbox"/> assistance for pollution control or abatement      \$ _____<br/> <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 checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment<br/> <input type="checkbox"/> renewal and renovation<br/> <input type="checkbox"/> soils condition<br/> <input type="checkbox"/> economic development<br/> <input type="checkbox"/> mined underground space<br/> <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.)</p> <p><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
 ☐ 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 | _____                                  | <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 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 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                | _____                  | _____                                 | 43  | _____         | \$ _____                         |
| \$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

Postmarked 6/14/01 (m)

RECEIVED JUN 15 2004

**Business Subsidy Policy  
City of Wadena**

This policy is adopted for the purposes of the business subsidies act (the Act), as outlined in Minnesota Statutes Section 116J.993 through Section 116J.995. Terms used in this policy are intended to have the same meaning as used in the Act. This policy shall be applied as outlined in Section 116J.993, Subdivision 3, of the Minnesota Statutes.

It must be recognized that governmental units, at all levels, routinely provide subsidies of various form and structure to various recipient entities. This is done with the expectation that the subsidy will result in the creation or enhancement of a public benefit. The amount of the subsidy should be proportional to the anticipated level of benefit to the public. This principle will be the underlying criteria used by the City of Wadena and its agencies in evaluating subsidy requests.

Because projects vary greatly in structure and public benefit derived, each project will be considered on its own merits. Consideration will be given to projects providing public benefits in one or more of the following six categories:

- Creation of new jobs/increase in total payroll. Preference will be given to higher-paying jobs, with wages in excess of the federal minimum wage, that also provide benefits such as health care.
- Generation of economic activity in general. Because jobs are not always the best measure of successful economic development projects, criteria such as taxable sales and external market capture (as provided by tourism- and travel-based businesses) will be considered.
- Support-role businesses. Suppliers, professional services, and end users (of the goods or by-products of existing businesses) that serve to support and strengthen the existing economic base will be considered.
- Projects that enhance/increase diversification of the economic base of the community will also be considered.
- Quality of Life based businesses/projects. Those businesses/entities that provide a desirable good or service – and address an unmet demand in the community - will be considered.

- Retention of existing jobs. To be considered under this category, it must be demonstrated – to the satisfaction of the City of Wadena and its agencies – that the loss of jobs is specific and demonstrable.


Because it is not possible to anticipate every potential project desiring a subsidy, the governing body must retain the right to review and approve subsidies that result in public benefit but vary from the principles and criteria of this policy. The burden will be on the applicant to demonstrate, to the satisfaction of the City of Wadena and its agencies, that the public benefit justifies the requested subsidy.

In all cases of business subsidy, a subsidy agreement will be entered into between the funding entity and the recipient. This agreement will delineate the subsidy structure and amount, as well as the expected public benefit. The agreement will include provisions for repayment or other resolution options if the expected public benefit is not achieved. All business subsidies will be subject to the criteria outlined in Minnesota Statutes Section 116J.993 through Section 116J.995, except those subsidies as exempted by same.

Policy adopted by Wadena City Council on this 28<sup>th</sup> day of November, 2000.



Wayne Wolden, Mayor



Bradley Swenson,  
City Administrator



# 2001 Minnesota Business Assistance Form

RECEIVED JUL 27 2001

- 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)<br><b>CITY OF WAITE PARK</b>  |  | 2. Name of person completing this form<br><b>VERENA M. WEBER</b>   |  |
| 3. Street address<br><b>19 13TH AVENUE NORTH</b>  |  | 4. City<br><b>WAITE PARK</b>   | 5. ZIP code<br><b>56387</b>                  |
| 6. County<br><b>STEARNS</b>   | 7. Phone number<br><b>(320) 252-6822</b> | 8. Fax number<br><b>320-252-6955</b>   | 9. E-mail address<br><b>WPCH@ASTOUND.NET</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 ( <i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i> )<br><br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><input type="checkbox"/> Other ( <i>Please specify:</i> ) _____ |  | 12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? ( <i>Mark one.</i> )<br><br><input checked="" type="checkbox"/> Yes ( <i>Indicate hearing date 10/10/00 and attach criteria</i> )<br><input type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing -</i> _____)<br><input type="checkbox"/> Other ( <i>Please attach explanation.</i> ) |  |
| 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? ( <i>Mark one.</i> )<br><br><input checked="" type="checkbox"/> Yes ( <i>Complete the remainder of the form.</i> ) <input type="checkbox"/> No ( <i>Stop here, go to section 5 on page 4.</i> )                                 |  |  |  |

## Section 2 Information About Recipient

|   |  |  |                     |
|---|--|--|---------------------|
| 14. Name of business or organization receiving subsidy or financial assistance<br><b>BEN'S TOOL AND IRON WORKS</b>  |  | 15. Address where business subsidy or financial assistance will be used<br><b>475 PROGRESS ROAD, WAITE PARK MN 56387</b> |                     |
|   |  | Street address   | City State ZIP code |
| 16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )<br><br><input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> )<br><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.)

321 SUNDIAL DRIVE

WAITE PARK

NEW STRUCTURE-EXPANSION

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.)

\$2,430,000

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

12/10/01

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.)

12/15/00

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.)

- ☒ 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.) \$ 2,430,000  
TAX INCREMENT FINANCING

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 (\$)

## 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| B) Other job-creation and/or retention goals                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | _____                                  | <input type="checkbox"/> Yes <input checked="" 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<br>(excluding benefits) | Full-time<br>Job<br>Creation | Part-time/<br>Seasonal/Temp.<br>Job Creation | FTE (only if goals not<br>stated as FT/PT)<br>Job Creation | Job Retention | Hourly Value of<br>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>9</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<br>(excluding benefits) | Full-time<br>Job<br>Creation | Part-time/<br>Seasonal/Temp.<br>Job Creation | FTE (only if unable to<br>separate FT/PT)<br>Job Creation | Job Retention | Hourly Value of<br>Health Insurance |
|-------------------------------------|------------------------------|--|---|---------------|-------------------------------------|
| less than \$7.00                    | _____                        | _____  | _____   | _____         | \$ _____                            |
| \$7.00 to \$8.99                    | _____                        | _____  | _____   | _____         | \$ _____                            |
| \$9.00 to \$10.99                   | _____                        | _____  | _____   | _____         | \$ _____                            |
| \$11.00 to \$12.99                  | <u>0</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 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

Postmarked 7/25/01 (m)

## EXHIBIT A

### City of Waite Park Business Subsidy Criteria

RECEIVED JUL 27 2007

#### **1 PURPOSE AND AUTHORITY**

- 1.01 The purpose of this document is to establish the criteria for the City of Waite Park (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 a wage that shall provide a full-time employee with an annual income equal to 300% of the most recently published federal poverty guideline for a family size of one (presently this formula would provide an hourly wage of \$10.66). 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 Waite Park 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 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: City Council of the City of Waite Park, Minnesota

Date of adoption: October 10, 2000

Date of public hearing: October 10, 2000

RECEIVED JUL 27 2001

**MINUTES OF A REGULAR CITY COUNCIL MEETING HELD TUESDAY, OCTOBER 10, 2000 – 5:15 P.M. - WAITE PARK CITY HALL**

The meeting was called to order by Mayor Rick Miller. Roll Call was taken and the following members were found to be present: Mayor Miller, Councilmembers Dean Haskamp, Mike Linquist and Paul Ringsmuth. Carla Schaefer arrived at 5:25 p.m.

Also present were: Superintendent of Public Works Bill Schluez, Police Chief Jim McDermott, Fire Chief Gary Curtis, City Engineers Terry Wotzka & Greg Johnson, City Attorney Gordon Hansmeier, Dick Asleson and Mary Ippel, and Clerk/Treasurer Rena Weber.

Others in attendance were: Bena Zimmer, Betty Stueve, Marcie Curtis, David Volkmuth, Bob Anderson, John Rice, Kirk Dickinson, Bob Kiffmeyer, Frank Theisen, Craig & Dan Miller, Rob & Ann Schwartz, and Ron Morton.

**WATER TOWER SITE** – Greg Johnson, SEH Engineer, presented a written report for council review and also discussed the options available regarding the location of the water tower. Site "A" would be located north of the City Hall, Site "B" would be located along CR137, and Site "C" would be located behind Mill's Fleet Farm. Greg reviewed the hydraulic grade lines of each option and cited estimated construction costs for Site "C" at \$870,000 for the water tower only. 2800' of 12" water main would cost \$170,000 in Scenario 1 and water main looping in Scenario 2 would be \$800,000. Much discussion was held regarding the following:

- a. Purchase of land on which to locate the tower or use city owned land instead.
- b. Height of the tower would be 156' and would require a base lot size of 320 square feet.
- c. Concerns of parkland being lost were expressed.
- d. Why not take down the old tower and replace it? (Too tight for construction)
- e. Terry Wotzka informed the council that the cost of extending services in the city will be questionable since there is a large amount of bedrock to be blasted through.
- f. Concern was voiced that spray painting of the tower could be a problem if done on a windy day.
- g. Other sites suggested were: BNSF site, River's Edge Park, Old City Shop, Meridian/Hardrives. Terry Wotzka is to check with Meridian if they would consider sale of their land.

**WATER TREATMENT PLANT** – Greg Johnson informed the Council that plans are moving ahead on the water treatment plant with a bid letting scheduled for 12/19/00, award contract at January meeting, and completion June 2002 (450 days of construction). Terry Wotzka expressed concern that engineering fees are amounting to a large sum and financing would need to be done soon. The estimated cost of the project is \$4,000,000 to \$5,000,000 and 15% engineering would cost the city \$750,000.

**28<sup>TH</sup> AVENUE DESIGN** – Terry Wotzka informed the Council that Stearns County would like to see County Road 138 realigned as part of the 28<sup>th</sup> Avenue project. A map showing the location was presented for review. Terry informed the Council that right-of way purchases would be the city's responsibility. It was determined that this is not on the APO priority list therefore the city would not enter into this proposal.

**3<sup>RD</sup> STREET NORTH (TRLF REQUEST)** Terry Wotzka informed the Council that the loan request was submitted to MNDOT with a 30% tax – 70% future federal funds option selected for repayment. This was turned down by MNDOT due to the use of future federal funds. The Council wished to explore the use of TIF monies for this purpose. Councilmember Linquist voiced concern that the TIF budgets need to be reviewed and amended where appropriate.

**BUSINESS SUBSIDY CRITERIA** – Mayor Miller announced that a public hearing would now be held to consider the adoption of criteria for business subsidy for the Ben's Tool and Iron Works TIF approval. Present for the hearing were: Dick Asleson (Juran & Moody) and Mary Ippel (Briggs & Morgan) along with Craig & Dan Miller and Rob & Ann Schwartz (Ben's Tool & Iron Works). Mary Ippel explained the need to have the subsidy criteria approved and also the need to determine a wage floor by which the recipient of any city subsidy is subject. Mayor Miller suggested 200% of the minimum wage. Member Ringsmuth suggested an annual income equal to 300% of the most recently published federal poverty guideline for a family size of one (somewhere around \$10.77 presently).



Motion by Member Schaefer, second by Member Ringsmuth, to close the public hearing at 6:40 p.m.  
Motion carried unanimously.

Member Ringsmuth introduced the following resolution and moved for its adoption:

**RESOLUTION NO. 00-20**

**RESOLUTION ADOPTING A POLICY AND CRITERIA FOR GRANTING BUSINESS SUBSIDIES**

**BE IT RESOLVED BY THE City Council** (the "Council") of the City of Waite Park, Minnesota (the "City"), as follows:

1. Recitals.
  - (a) Ben's Tool & Ironworks, Inc. (the "Company") has requested the City to adopt a policy and criteria for granting business subsidies (the "Business Subsidy Criteria").
  - (b) On the date hereof, the Council held a public hearing on the adoption of the Business Subsidy Criteria, and said hearing was preceded by at least 10 days but not more than 30 days prior published notice hereof.
  - (c) The Business Subsidy Criteria is pursuant to Minnesota Statutes, Sections 116J.993 through 116J.995.
2. Adoption of the Business Subsidy Criteria: Filing. The Business Subsidy Criteria attached hereto as Exhibit A is hereby adopted. The City Clerk is hereby authorized and directed to submit a copy of the Business Subsidy Criteria with the Department of Trade and Economic Development, along with the next annual report in accordance with the Minnesota Statutes, Section 116J.994, Subdivision 2. *(Exhibit A will indicate that the wage floor adopted will equal 300% of the most recently published federal poverty guideline for a family size of one (presently this formula would provide an hourly wage of \$10.66)).*

The motion for the forgoing resolution was duly seconded by Member Schaefer and unanimously approved.

**BEN'S TOOL & IRON WORKS TIF REQUEST** – Mayor Miller announced that a public hearing would now be held to consider the request of Rob & Ann Schwartz for TIF assistance to construct a new building on Lot 8, Block 1, Sundial West Industrial Park. Dick Asleson, financial consultant, informed the Council that the project meets the "but for" test, and is an economic development district that would run for nine (9) years. Discussion was held regarding the 10% local contribution being paid from the general fund.

Motion by Member Haskamp, second by Member Linquist to close the public hearing at 6:55 p.m.  
Motion carried unanimously.

Member Schaefer introduced the following resolution and moved for its adoption:

**RESOLUTION NO. 00-21**

**RESOLUTION ADOPTING THE MODIFICATION TO THE DEVELOPMENT PROGRAM FOR MUNICIPAL DEVELOPMENT DISTRICT NO. 1, AND ESTABLISHING TAX INCREMENT FINANCING DISTRICT NO. 6 THEREIN AND APPROVING THE TAX INCREMENT FINANCING PLAN THEREFOR.**

(A complete copy of the Resolution is hereby attached and made part of the minutes as Exhibit B)

The motion for the foregoing resolution was duly seconded by Member Ringsmuth and unanimously approved.

**BEN'S TOOL & IRON WORKS IR BOND REQUEST** – Mayor Miller announced that a public hearing would now be held to consider the request of Rob & Ann Schwartz for \$3,490,000 in Industrial Revenue Bonds. Dick Asleson informed the Council that the project was submitted MN DTED and received preliminary approval. This would not be an obligation of the City.

Motion by Member Haskamp, second by Member Ringsmuth, to close the public hearing at 7:00 p.m.  
Motion carried unanimously.

Member Haskamp introduced the following resolution and moved for its adoption:

**RESOLUTION NO. 00-22**

**RESOLUTION RECITING A PROPOSAL FOR SMALL ISSUE INDUSTRIAL DEVELOPMENT PROJECT, GIVING PRELIMINARY APPROVAL TO THE PROJECT PURSUANT TO THE MINNESOTA MUNICIPAL INDUSTRIAL DEVELOPMENT ACT OR OTHER APPLICABLE LAW, AND AUTHORIZING THE SUBMISSION OF THE PROPOSAL FOR THE PROJECT TO THE**



## 2001 Minnesota Business Assistance Form

RECEIVED JUN 4 2001

- # 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.
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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 Information About Grantor

|   |  |  |  |
|---|--|--|--|
| 1. Name of grantor (funding entity)<br><b>Washington County</b>   |  | 2. Name of person completing this form<br><b>Robert Lockyear</b>   |  |
| 3. Street address<br><b>14949 62nd St. N. P O Box 6</b>   |  | 4. City<br><b>Stillwater</b>   | 5. ZIP code<br><b>MN 55082-0006</b>                      |
| 6. County<br><b>Washington</b>  | 7. Phone number<br><b>651-430-6001</b> | 8. Fax number<br><b>651-430-6017</b>   | 9. E-mail address<br><b>lockyear@co.washington.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.")<br><br><input type="checkbox"/> City government<br><input checked="" type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><br><input type="checkbox"/> Yes (Indicate hearing date - _____ and <u>attach criteria</u> )<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><br><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.)<br><br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><input checked="" type="checkbox"/> No |  |   |                     |
| Name of parent corporation  |  | Street address  | City State ZIP code |



## 2001 Minnesota Business Assistance Form

RECEIVED AUG 3 2001

- # 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)<br>Washington County HRA  |                                 | 2. Name of person completing this form<br>Barbara Dacy, Executive Director   |                                      |
| 3. Street address<br>321 Broadway Avenue  |                                 | 4. City<br>St. Paul Park   | 5. ZIP code<br>55071                 |
| 6. County<br>Washington   | 7. Phone number<br>651-458-6556 | 8. Fax number<br>651-458-1696  | 9. E-mail address<br>bdacy@wchra.com |
| 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.")<br><input type="checkbox"/> City government<br><input checked="" type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria)<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><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.)<br><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.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><input checked="" 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 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? <i>(Mark one.)</i>  |   |  |
| <input type="checkbox"/> Yes <i>(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.)</i>   |   |  |
| <input checked="" type="checkbox"/> 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? <i>(Mark one.)</i> |   |  |
| <input type="checkbox"/> Yes <i>(Complete the remainder of this section.)</i> <input checked="" type="checkbox"/> No <i>(Stop here and submit form to DTED.)</i>  |   |  |
| 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. <i>(Attach additional pages if necessary.)</i>                            |   |  |
| 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 <i>(Mark all that apply.):</i>  |   |  |
| <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? <i>(Mark one.)</i>   |   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No, recipient <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> to repay the assistance.  |   |  |
| 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? <i>(Mark one.)</i>  |   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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**



RECEIVED JUN 18 2001  
1998 Minnesota Business Assistance Form\*  
(Please return by April 15, 1998)

Received  
APR 22 1998

Please type or print in dark ink.

97-540

|   |  |   |   |
|---|--|---|---|
| 1. Funding government agency name<br><b>Wells EDA City of Wells</b>                   |  | 2. Contact name<br><b>Amy Meehan</b>  |   |
| 3. Agency street address<br><b>125 S. Broadway</b>                                    |  | 4. City<br><b>Wells</b>   |   |
| 5. Zip code<br><b>56013</b>   | 6. Phone number (area code)<br><b>507 553-6373</b> | 8. Type of government agency<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State<br><input type="checkbox"/> Other (Please indicate) |   |
|   | 7. Fax number (area code)<br><b>507 553-5126</b>   |   |   |
| 9. Name of business receiving assistance<br><b>Wells Concrete Products, Inc.</b>      |  | 10. Industry of recipient (SIC code)  |   |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br><b>T.I.F.</b> |  | 12. Name of TIF district (if applicable)<br><b>T.I.F. District No. 2-7</b>  |   |
| 13. Date of business assistance agreement<br><b>May 6, 1996</b>                       | 14. Date assistance first provided                 | 15. Date project (building/machinery/etc.) was placed in service  | 16. Dollar value of business assistance<br><b>\$81,932.59</b> |

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

| 17. Job creation goals for business receiving assistance<br><b>No # found</b>  |           | 18. Average hourly wage level goals for business receiving assistance<br><b>No # found</b>   |   |                   |   |           |           |                  |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |                    |  |  |  |                    |  |  |  |                  |  |                   |   |           |           |                  |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |                    |  |  |  |                    |  |
|--|-----------|--|---|-------------------|---|-----------|-----------|------------------|--|--|--|------------------|--|--|--|------------------|--|--|--|------------------|--|--|--|--------------------|--|--|--|--------------------|--|--|--|------------------|--|-------------------|---|-----------|-----------|------------------|--|--|--|------------------|--|--|--|------------------|--|--|--|------------------|--|--|--|--------------------|--|--|--|--------------------|--|
| 19. Actual jobs created since business received assistance<br><b>5 full-time 1 part-time</b>   |           | 20. Actual average hourly wage paid to employees hired since business received assistance<br><b>\$10.51/hr.</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.) |   |                   |   |           |           |                  |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |                    |  |  |  |                    |  |  |  |                  |  |                   |   |           |           |                  |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |                    |  |  |  |                    |  |
| <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></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 |  |  |  | \$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></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 |  |  |  | \$8.00 to \$9.99 |  |  |  | \$10.00 to \$11.99 |  |  |  | \$12.00 and higher |  |
| 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   |   |                   |   |           |           |                  |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |                    |  |  |  |                    |  |  |  |                  |  |                   |   |           |           |                  |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |                    |  |  |  |                    |  |
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| 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   |   |                   |   |           |           |                  |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |                    |  |  |  |                    |  |  |  |                  |  |                   |   |           |           |                  |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |                    |  |  |  |                    |  |
| If necessary, please attach additional documents.  |           | If necessary, please attach additional documents.  |   |                   |   |           |           |                  |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |                    |  |  |  |                    |  |  |  |                  |  |                   |   |           |           |                  |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |                    |  |  |  |                    |  |
| 25. Last date actual wage and job creation levels documented   |           | 26. Date this Minnesota Business Assistance Form completed   |   |                   |   |           |           |                  |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |                    |  |  |  |                    |  |  |  |                  |  |                   |   |           |           |                  |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |                    |  |  |  |                    |  |
| 27. Have all wage and job goals been achieved?<br><input checked="" type="checkbox"/> Yes — do not submit future forms for this project<br><input type="checkbox"/> No — please submit this form in 1999.  |           |  |   |                   |   |           |           |                  |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |                    |  |  |  |                    |  |  |  |                  |  |                   |   |           |           |                  |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |                    |  |  |  |                    |  |

\* 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, 1997 which provided \$25,000 or more in public funds. 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)



## 2001 Minnesota Business Assistance Form

RECEIVED JUN 11 2001

- # 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)<br><u>West Concord</u>  |  | 2. Name of person completing this form<br><u>Scott Umsted</u>  |   |
| 3. Street address<br><u>PO Box 435</u>  |  | 4. City<br><u>West Concord</u>   | 5. ZIP code<br><u>55985</u>                       |
| 6. County<br><u>Dodge</u>   | 7. Phone number<br><u>507-527-2668</u> | 8. Fax number<br><u>507-527-2669</u>   | 9. E-mail address<br><u>clerk1@clear.kkes.com</u> |
| 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.<br><u>Scott Umsted/City Clerk</u> <u>507-527-2668</u> <u>PO Box</u> <u>West Concord</u> <u>55985</u><br>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.")<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><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.)<br><input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria)<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____)<br><input type="checkbox"/> Other (Please attach explanation.) _____ |   |
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### 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.)<br><input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)<br><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 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**

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED JUN 11 2001

MINNESOTA



Trade &  
Economic  
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED JUN 11 2001

|  |  |   |  |
|--|--|---|--|
| 1. Funding government agency name<br><b>West Concord</b>   |  | 2. Contact name<br><b>Scott Umsted</b>  |  |
| 3. Agency street address<br><b>PO Box 435</b>  |  | 4. City<br><b>West Concord</b>  |  |
| 5. Zip code<br><b>55985</b>  | 6. Phone number (area code)<br><b>507-527-2608</b>   | 8. Type of government agency<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State<br><br><input type="checkbox"/> Other (Please indicate) _____ |  |
| 7. Fax number (area code)<br><b>507-527-2609</b>   |  |   |  |
| 9. Name of business receiving assistance<br><b>Clean Plus Inc.</b>                                 |  | 10. Industry of recipient (SIC code)  |  |
| 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)<br><b>Small Business Loan</b> |  | 12. Name of TIF district (if applicable)  |  |
| 13. Date of business assistance agreement<br><b>10-18-94</b>                                       | 14. Date assistance first provided<br><b>11-1-95</b> | 15. Date project (building/machinery/etc.) was placed in service  | 16. Dollar value of business assistance<br><b>\$50,000</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   |                    | 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  | 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 | _____  |  |
| If necessary, please attach additional documentation.  |                    | If necessary, please attach additional documentation.  |  |

Please complete lines 25 through 27 for all agreements.

|  |  |
|--|--|
| 25. Last date actual wage and job creation levels documented   | 26. Date this Minnesota Business Assistance Form completed |
| 27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project.<br><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)



# 2001 Minnesota Business Assistance Form

RECEIVED JUN 11 2001

- 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)<br>City of St. Michael  |                                   | 2. Name of person completing this form<br>Robert T. Derus  |                                     |
| 3. Street address<br>3150 Lander Ave. NE  |                                   | 4. City<br>St. Michael   | 5. ZIP code<br>55376                |
| 6. County<br>Wright   | 7. Phone number<br>(763) 497-2041 | 8. Fax number<br>(763) 497-5306  | 9. E-mail address<br>stmike@ISD.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 ( <i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i> )<br><br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><input type="checkbox"/> Other ( <i>Please specify.</i> ) _____ |                                   | 12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? ( <i>Mark one.</i> )<br><br><input type="checkbox"/> Yes ( <i>Indicate hearing date - _____ and attach criteria</i> )<br><input type="checkbox"/> No<br><input checked="" type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> )<br><input type="checkbox"/> Other ( <i>Please attach explanation.</i> ) |                                     |
| 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? ( <i>Mark one.</i> )<br><br><input type="checkbox"/> Yes ( <i>Complete the remainder of the form.</i> ) <input checked="" type="checkbox"/> No ( <i>Stop here, go to section 5 on page 4.</i> )                                 |                                   |  |                                     |

## 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? ( <i>Mark one.</i> )<br><br><input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> )<br><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 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

# 2001 Minnesota Business Assistance Form

RECEIVED JUN 6 2001

- 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)<br>City of White Bear Lake  |                                 | 2. Name of person completing this form<br>James Robinson   |  |
| 3. Street address<br>4701 Highway 61  |                                 | 4. City<br>White Bear Lake   | 5. ZIP code<br>55110                             |
| 6. County<br>Ramsey   | 7. Phone number<br>651-429-8562 | 8. Fax number<br>651-429-8503  | 9. E-mail address<br>jrobinson@whitebearlake.org |
| 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.<br><u>Same</u>  |                                 |  |  |
| Name/Title  |                                 | Phone number   | Street address City ZIP code                     |
| 11. Classification of grantor ( <i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i> )<br><input checked="" type="checkbox"/> City government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Regional government<br><input type="checkbox"/> State government<br><input type="checkbox"/> Other ( <i>Please specify.</i> ) _____ |                                 | 12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? ( <i>Mark one.</i> )<br><input type="checkbox"/> Yes ( <i>Indicate hearing date - _____ and attach criteria</i> )<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> )<br><input type="checkbox"/> Other ( <i>Please attach explanation.</i> ) _____ |  |
| 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? ( <i>Mark one.</i> )<br><input type="checkbox"/> Yes ( <i>Complete the remainder of the form.</i> ) <input checked="" type="checkbox"/> No ( <i>Stop here, go to section 5 on page 4.</i> )                                 |                                 |  |  |

## 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? ( <i>Mark one.</i> )<br><input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> )<br><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 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.)

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☒ No (Stop here and submit form to DTED.)

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|------------------------------|-------------------------------|--|

| Street address of recipient | City/ZIP code of recipient | Outstanding value of subsidy or assistance |
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☐ 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

Postmarked 6-4-01 (m)

## **APPENDIX N:**

### **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 O:**

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

# Acheivement of Wage and Job Goals for Agreements from July 1, 1995 to July 31, 1999

| <u>Agency Name</u>                           | <u>Business Receiving Assistance</u>                          | <u>Dollar Value</u> | <u>Goals Acheived</u> |
|--|---|---------------------|-----------------------|
| MN Dept of Agriculture                       | Heartland Energy Inc  | \$50,000            | N/A                   |
| LeCenter, City of                            | Factor Motors   | \$130,000           | N/A                   |
| LeCenter, City of                            | Mr Garage   | \$50,000            | N/A                   |
| LeCenter, City of                            | House of Insurance  | \$58,000            | N/A                   |
| LeCenter, City of                            | Max Johnson Trucking  | \$76,000            | N/A                   |
| Detroit Lakes, City of                       | Midwest MN Community Development Corp                         | \$409,250           | N/A                   |
| MN Dept of Agriculture                       | Haubenschild Farm Inc   | \$150,000           | N/A                   |
| LeCenter, City of                            | Goldsneye Products  | \$200,000           | N/A                   |
| MN Dept of Agriculture                       | MN Valley Alfalfa Producers                                   | \$29,000            | N/A                   |
| Waterville, City of                          | Prosch-Dennis Funeral Home                                    | \$137,850           | N/A                   |
| MN Rural Finance Authority                   | Minnesota Energy  | \$500,000           | N/A                   |
| MN Rural Finance Authority                   | Chippewa Valley Ethanol Co.                                   | \$500,000           | N/A                   |
| MN Rural Finance Authority                   | Al-Corn Clean Fuels   | \$500,000           | N/A                   |
| North Branch EDA                             | New Town Furniture Inc  | \$220,000           | N/A                   |
| Duluth EDA                                   | DMR Consulting Group Inc                                      | \$120,000           | N/A                   |
| St. Paul Port Authority                      | Bro-Tex Inc   | \$2,000,000         | N/A                   |
| St. Paul Port Authority                      | Versa Iron and Machine Co.                                    | \$2,000,000         | N/A                   |
| Duluth EDA                                   | Crossroads Flux Inc.  | \$31,575            | N/A                   |
| MN Dept of Agriculture                       | Prairie Farmers Cooperative                                   | \$47,200            | N/A                   |
| Luverne EDA                                  | Fulda Electric  | \$77,000            | Yes                   |
| Luverne EDA                                  | Kevin Aaker   | \$153,000           | Yes                   |
| Luverne EDA                                  | Cor-Tech Manufacturing  | \$40,000            | Yes                   |
| Luverne EDA                                  | Tri State Ins   | \$150,000           | Yes                   |
| Eagan, City of                               | Roseville Properties  | \$300,000           | Yes                   |
| St. Peter EDA                                | W.M. Gustafson  | \$100,000           | Yes                   |
| St. Peter, City of                           | Dr. Steven Moore dba Chiropractic Holistic Health Care Center | \$40,000            | Yes                   |
| St. Peter EDA                                | Citizens Scholarship Foundation                               | \$150,000           | Yes                   |
| St. Peter EDA                                | Blake Dirks OD  | \$150,000           | Yes                   |
| Oakdale, City of                             | Imation   | \$3,500,000         | Yes                   |
| St. Peter EDA                                | Terrasol Restoration  | \$130,000           | Yes                   |
| Gaylord, City of                             | Unified Container Solutions Inc                               | \$364,500           | Yes                   |
| Perham, City of                              | Industrial Finishing Services                                 | \$150,000           | Yes                   |
| Perham, City of                              | Richard T. Bucholz  | \$150,000           | Yes                   |
| Perham, City of                              | Neyens Well Drilling Inc.                                     | \$85,000            | Yes                   |
| Perham, City of                              | Minnesota Metalworks Inc                                      | \$150,000           | Yes                   |
| Perham, City of                              | Foster Strand dba Foster's Marine Service                     | \$75,000            | Yes                   |
| Richfield HRA                                | Meridan Properties Real Estate Development LLC                | \$7,028,553         | Yes                   |
| St. Peter, City of                           | LJP Enterprises   | \$40,000            | Yes                   |
| Richfield HRA                                | Gramercy Park Cooperative at Lake Shore Drive                 | \$2,230,174         | Yes                   |
| St. Peter, City of                           | St. Peter Cinema 5 LLC  | \$220,000           | Yes                   |
| Henning EDA                                  | TNT   | \$27,500            | Yes                   |
| Chisago County HRA-EDA                       | South Dakota Furniture Mart                                   | \$170,000           | Yes                   |
| St. Peter, City of                           | Super 6 Wash & Lube Inc                                       | \$40,000            | Yes                   |
| New Prague, City of                          | MN Valley Engineering   | \$500,000           | Yes                   |
| St. Peter, City of                           | River Valley Industries                                       | \$40,000            | Yes                   |
| Richfield HRA                                | Richfield State Agency  | \$9,500,000         | Yes                   |
| St. Peter, City of                           | Linguistic Technologies                                       | \$40,000            | Yes                   |
| Richfield HRA                                | The Limited Inc   | \$2,390,926         | Yes                   |
| Burnsville EDA                               | Powder Technology LLP   | \$105,840           | Yes                   |
| Port Authority of Winona                     | Downtown Dental   | \$50,000            | Yes                   |
| Burnsville EDA                               | Bluffs West Partnership                                       | \$410,124           | Yes                   |
| Burnsville EDA                               | Bluffs West Partnership (II)                                  | \$236,491           | Yes                   |
| Burnsville EDA                               | F.R. Acquisitions Inc   | \$173,449           | Yes                   |
| Department of Trade and Economic Development | MIN Aqua Fisheries  | \$40,000            | Yes                   |
| Burnsville EDA                               | Hoyt Properties Inc   | \$203,184           | Yes                   |
| Benton County                                | St. Cloud Tire  | \$150,000           | Yes                   |
| Burnsville EDA                               | Nicollet Cliff Company LLC                                    | \$193,808           | Yes                   |
| Swift County                                 | Custom Ag Products Inc  | \$275,000           | Yes                   |
| Burnsville EDA                               | Southern Lights Inc   | \$325,735           | Yes                   |
| Burnsville EDA                               | RDO Equipment Co. (Vermeer Division)                          | \$56,406            | Yes                   |
| Burnsville EDA                               | R.D.A. LLC  | \$421,130           | Yes                   |
| Burnsville EDA                               | Bohn Properties Limited Partnership II                        | \$1,097,200         | Yes                   |
| Burnsville EDA                               | Waymar Properties LLP   | \$722,638           | Yes                   |
| Burnsville EDA                               | Tires Plus Group Ltd  | \$272,796           | Yes                   |
| Burnsville EDA                               | Transcom Inc. (John E. Rice)                                  | \$132,070           | Yes                   |
| Burnsville EDA                               | Lac Lavon Partners LLC  | \$56,400            | Yes                   |
| Lakeville, City of                           | Verified Credentials Inc                                      | \$150,000           | Yes                   |
| Benton County                                | Bauerly Brothers Inc  | \$176,000           | Yes                   |

# Acheivement of Wage and Job Goals for Agreements from July 1, 1995 to July 31, 1999

| <u>Agency Name</u>                           | <u>Business Receiving Assistance</u>                          | <u>Dollar Value</u> | <u>Goals Acheived</u> |
|--|---|---------------------|-----------------------|
| MN Dept of Agriculture                       | Heartland Energy Inc  | \$50,000            | N/A                   |
| LeCenter, City of                            | Factor Motors   | \$130,000           | N/A                   |
| LeCenter, City of                            | Mr Garage   | \$50,000            | N/A                   |
| LeCenter, City of                            | House of Insurance  | \$58,000            | N/A                   |
| LeCenter, City of                            | Max Johnson Trucking  | \$76,000            | N/A                   |
| Detroit Lakes, City of                       | Midwest MN Community Development Corp                         | \$409,250           | N/A                   |
| MN Dept of Agriculture                       | Haubenschild Farm Inc   | \$150,000           | N/A                   |
| LeCenter, City of                            | Goldsneye Products  | \$200,000           | N/A                   |
| MN Dept of Agriculture                       | MN Valley Alfalfa Producers                                   | \$29,000            | N/A                   |
| Waterville, City of                          | Prosch-Dennis Funeral Home                                    | \$137,850           | N/A                   |
| MN Rural Finance Authority                   | Minnesota Energy  | \$500,000           | N/A                   |
| MN Rural Finance Authority                   | Chippewa Valley Ethanol Co.                                   | \$500,000           | N/A                   |
| MN Rural Finance Authority                   | Al-Corn Clean Fuels   | \$500,000           | N/A                   |
| North Branch EDA                             | New Town Furniture Inc  | \$220,000           | N/A                   |
| Duluth EDA                                   | DMR Consulting Group Inc                                      | \$120,000           | N/A                   |
| St. Paul Port Authority                      | Bro-Tex Inc   | \$2,000,000         | N/A                   |
| St. Paul Port Authority                      | Versa Iron and Machine Co.                                    | \$2,000,000         | N/A                   |
| Duluth EDA                                   | Crossroads Flux Inc.  | \$31,575            | N/A                   |
| MN Dept of Agriculture                       | Prairie Farmers Cooperative                                   | \$47,200            | N/A                   |
| Luverne EDA                                  | Fulda Electric  | \$77,000            | Yes                   |
| Luverne EDA                                  | Kevin Aaker   | \$153,000           | Yes                   |
| Luverne EDA                                  | Cor-Tech Manufacturing  | \$40,000            | Yes                   |
| Luverne EDA                                  | Tri State Ins   | \$150,000           | Yes                   |
| Eagan, City of                               | Roseville Properties  | \$300,000           | Yes                   |
| St. Peter EDA                                | W.M. Gustafson  | \$100,000           | Yes                   |
| St. Peter, City of                           | Dr. Steven Moore dba Chiropractic Holistic Health Care Center | \$40,000            | Yes                   |
| St. Peter EDA                                | Citizens Scholarship Foundation                               | \$150,000           | Yes                   |
| St. Peter EDA                                | Blake Dirks OD  | \$150,000           | Yes                   |
| Oakdale, City of                             | Imation   | \$3,500,000         | Yes                   |
| St. Peter EDA                                | Terrasol Restoration  | \$130,000           | Yes                   |
| Gaylord, City of                             | Unified Container Solutions Inc                               | \$364,500           | Yes                   |
| Perham, City of                              | Industrial Finishing Services                                 | \$150,000           | Yes                   |
| Perham, City of                              | Richard T. Bucholz  | \$150,000           | Yes                   |
| Perham, City of                              | Neyens Well Drilling Inc.                                     | \$85,000            | Yes                   |
| Perham, City of                              | Minnesota Metalworks Inc                                      | \$150,000           | Yes                   |
| Perham, City of                              | Foster Strand dba Foster's Marine Service                     | \$75,000            | Yes                   |
| Richfield HRA                                | Meridan Properties Real Estate Development LLC                | \$7,028,553         | Yes                   |
| St. Peter, City of                           | LJP Enterprises   | \$40,000            | Yes                   |
| Richfield HRA                                | Gramercy Park Cooperative at Lake Shore Drive                 | \$2,230,174         | Yes                   |
| St. Peter, City of                           | St. Peter Cinema 5 LLC  | \$220,000           | Yes                   |
| Henning EDA                                  | TNT   | \$27,500            | Yes                   |
| Chisago County HRA-EDA                       | South Dakota Furniture Mart                                   | \$170,000           | Yes                   |
| St. Peter, City of                           | Super 6 Wash & Lube Inc                                       | \$40,000            | Yes                   |
| New Prague, City of                          | MN Valley Engineering   | \$500,000           | Yes                   |
| St. Peter, City of                           | River Valley Industries                                       | \$40,000            | Yes                   |
| Richfield HRA                                | Richfield State Agency  | \$9,500,000         | Yes                   |
| St. Peter, City of                           | Linguistic Technologies                                       | \$40,000            | Yes                   |
| Richfield HRA                                | The Limited Inc   | \$2,390,926         | Yes                   |
| Burnsville EDA                               | Powder Technology LLP   | \$105,840           | Yes                   |
| Port Authority of Winona                     | Downtown Dental   | \$50,000            | Yes                   |
| Burnsville EDA                               | Bluffs West Partnership                                       | \$410,124           | Yes                   |
| Burnsville EDA                               | Bluffs West Partnership (II)                                  | \$236,491           | Yes                   |
| Burnsville EDA                               | F.R. Acquisitions Inc   | \$173,449           | Yes                   |
| Department of Trade and Economic Development | MIN Aqua Fisheries  | \$40,000            | Yes                   |
| Burnsville EDA                               | Hoyt Properties Inc   | \$203,184           | Yes                   |
| Benton County                                | St. Cloud Tire  | \$150,000           | Yes                   |
| Burnsville EDA                               | Nicollet Cliff Company LLC                                    | \$193,808           | Yes                   |
| Swift County                                 | Custom Ag Products Inc  | \$275,000           | Yes                   |
| Burnsville EDA                               | Southern Lights Inc   | \$325,735           | Yes                   |
| Burnsville EDA                               | RDO Equipment Co. (Vermeer Division)                          | \$56,406            | Yes                   |
| Burnsville EDA                               | R.D.A. LLC  | \$421,130           | Yes                   |
| Burnsville EDA                               | Bohn Properties Limited Partnership II                        | \$1,097,200         | Yes                   |
| Burnsville EDA                               | Waymar Properties LLP   | \$722,638           | Yes                   |
| Burnsville EDA                               | Tires Plus Group Ltd  | \$272,796           | Yes                   |
| Burnsville EDA                               | Transcom Inc. (John E. Rice)                                  | \$132,070           | Yes                   |
| Burnsville EDA                               | Lac Lavon Partners LLC  | \$56,400            | Yes                   |
| Lakeville, City of                           | Verified Credentials Inc                                      | \$150,000           | Yes                   |
| Benton County                                | Bauerly Brothers Inc  | \$176,000           | Yes                   |



# Acheivment of Wage and Job Goals for Agreements from July 1, 1995 to July 31, 1999

| <u>Agency Name</u>                           | <u>Business Receiving Assistance</u>                    | <u>Dollar Value</u> | <u>Goals Acheived</u> |
|--|---|---------------------|-----------------------|
| Benton County                                | Engel Metallurgical                                     | \$80,000            | Yes                   |
| Benton County                                | Granite City Armored Cars                               | \$140,000           | Yes                   |
| Brainerd, City of                            | Borden Steinbauer Krueger                               | \$25,800            | Yes                   |
| New Prague, City of                          | Neil Dornbusch Associates                               | \$37,000            | Yes                   |
| Faribault, City of                           | Bridgewater Tech., Inc.                                 | \$175,000           | Yes                   |
| New Brighton, City of                        | Brighton East Office Center                             | \$300,000           | Yes                   |
| Fairmont, City of                            | Chesley Freightliners                                   | \$75,000            | Yes                   |
| Lakeville, City of                           | Itron   | \$200,000           | Yes                   |
| Swift County RDA                             | Custom Ag Products Inc                                  | \$25,875            | Yes                   |
| Lakeville, City of                           | Technical Methods Inc                                   | \$142,000           | Yes                   |
| Breezy Point, City of                        | Whitebirch Inc  | \$400,020           | Yes                   |
| Burnsville EDA                               | Asset Marketing Development Associates LLC              | \$1,376,838         | Yes                   |
| Verndale, City of                            | Verndale Truss Inc.                                     | \$79,000            | Yes                   |
| Brooklyn Park EDA                            | Ryan Companies/Interstate Business Center II            | \$429,750           | Yes                   |
| Winsted, City of                             | RAM Buildings Inc.                                      | \$237,464           | Yes                   |
| Benton County                                | TLC University  | \$85,000            | Yes                   |
| Lakeville, City of                           | Di-Hed Yokes Inc  | \$433,644           | Yes                   |
| St. Louis County                             | NWA   | \$600,000           | Yes                   |
| Duluth EDA                                   | Holiday Inn of Tucumcari for Canal Park Inn             | \$300,000           | Yes                   |
| Ramsey, City of                              | Direct Enclosures Inc.                                  | \$311,052           | Yes                   |
| Ramsey, City of                              | Life Fitness  | \$900,000           | Yes                   |
| Ramsey, City of                              | Anderson & Dahlen Inc                                   | \$441,000           | Yes                   |
| Dunnell, City of                             | Hwy 4 Store - Alice Hannegreffs                         | \$60,000            | Yes                   |
| Hugo, City of                                | Schwieters Properties                                   | \$212,188           | Yes                   |
| Faribault, City of                           | Jerome Foods, The Turkey Store                          | \$245,000           | Yes                   |
| Duluth EDA                                   | Canal Properties Inc. for Hampton Inn                   | \$230,000           | Yes                   |
| Duluth EDA                                   | A & L Development Inc. (Technology Village)             | \$50,000            | Yes                   |
| Moorhead, City of                            | Wayne Christianson DDS-Family Dentistry of Moorhead Ltd | \$35,000            | Yes                   |
| Moorhead, City of                            | Northland Dental  | \$80,000            | Yes                   |
| Moorhead, City of                            | DAAN Development of Moorhead LLC                        | \$270,800           | Yes                   |
| Wabasso, City of                             | Jonti-Craft   | \$150,000           | Yes                   |
| Fountain, City of                            | Valley Design Inc.                                      | \$117,100           | Yes                   |
| Fountain, City of                            | Valley Design Inc                                       | \$453,050           | Yes                   |
| Barnsville EDA                               | DMT Properties  | \$100,000           | Yes                   |
| Owatonna EDA                                 | RJF Windows & Doors                                     | \$50,000            | Yes                   |
| St. Paul Port Authority                      | Siewert Properties LLC (Ideal Printers Inc.)            | \$252,648           | Yes                   |
| Woodbury, City of                            | CSM Properties Inc.                                     | \$50,000            | Yes                   |
| Woodbury, City of                            | Technical Properties LLC                                | \$249,900           | Yes                   |
| Monticello EDA                               | Mainline Distribution Properties                        | \$100,000           | Yes                   |
| Monticello HRA                               | Midwest Graphics and Response Systems Inc               | \$181,000           | Yes                   |
| Ham Lake, City of                            | Signs of Perfection Inc                                 | \$25,000            | Yes                   |
| Duluth EDA                                   | J.M.M. Limited Partnership                              | \$450,000           | Yes                   |
| Orr, City of                                 | Bruns Inc   | \$50,000            | Yes                   |
| Duluth EDA                                   | Industrial Resources Corp for Cirrus Phase II           | \$885,000           | Yes                   |
| Owatonna EDA                                 | Ribbonlift Inc.   | \$67,000            | Yes                   |
| Owatonna EDA                                 | Rental Station Inc.                                     | \$50,000            | Yes                   |
| Owatonna EDA                                 | Hometown Motors   | \$50,000            | Yes                   |
| Renville, City of                            | Midwest Investors dba Golden Oval Eggs                  | \$434,819           | Yes                   |
| Renville, City of                            | MinAqua Fisheries                                       | \$40,000            | Yes                   |
| Renville, City of                            | CAS, Waker Implement                                    | \$46,018            | Yes                   |
| White Bear Township                          | State Tool  | \$110,000           | Yes                   |
| Sartell, City of                             | Care Call   | \$295,667           | Yes                   |
| Burnsville EDA                               | Paul Gonyea   | \$84,000            | Yes                   |
| Sebek, City of                               | Diamond Tool Inc  | \$100,000           | Yes                   |
| Melrose Area Development Authority           | Funky's Restaurant & Lounge                             | \$150,000           | Yes                   |
| Melrose Area Development Authority           | Melrose Marine & sports Inc                             | \$255,600           | Yes                   |
| Brooks, City of                              | Paradis Bros LLP  | \$390,867           | Yes                   |
| New Ulm, City of                             | B n W Properties  | \$47,500            | Yes                   |
| New Ulm, City of                             | Palm Beach Marinecraft Inc                              | \$250,000           | Yes                   |
| Department of Trade and Economic Development | Custom Polymer Specialist Inc                           | \$40,000            | Yes                   |
| Freeborn County HRA                          | (EXOL) Agra Resources Coop                              | \$3,200,000         | Yes                   |
| Department of Trade and Economic Development | Jonti Craft Inc.  | \$150,000           | Yes                   |
| Faribault, City of                           | Gray Wolf Manufacturing                                 | \$50,000            | Yes                   |
| Burnsville EDA                               | Skyservice Investments LLP                              | \$297,859           | Yes                   |
| Faribault, City of                           | MDC Development LLD                                     | \$160,000           | Yes                   |
| Faribault, City of                           | Sellner Manufacturing Co.                               | \$100,000           | Yes                   |
| Faribault, City of                           | Sparks Manufacturing                                    | \$100,000           | Yes                   |
| Brainerd, City of                            | Meridan Properties                                      | \$250,000           | Yes                   |

# Acheivement of Wage and Job Goals for Agreements from July 1, 1995 to July 31, 1999

| <u>Agency Name</u>                           | <u>Business Receiving Assistance</u>               | <u>Dollar Value</u> | <u>Goals Acheived</u> |
|--|--|---------------------|-----------------------|
| Carver, City of                              | Carver Depot                                       | \$30,000            | Yes                   |
| Lindstrom, City of                           | Nyborg Enterprises Inc                             | \$50,000            | Yes                   |
| Brainerd, City of                            | Brainerd Mobil                                     | \$50,000            | Yes                   |
| White Bear Township                          | Com-tal Machine & Engineering                      | \$460,000           | Yes                   |
| White Bear Township                          | Water Gremlin Co.                                  | \$188,313           | Yes                   |
| White Bear Township                          | EPI  | \$3,791,000         | Yes                   |
| White Bear Township                          | St. Croix Valley Hardwoods                         | \$335,000           | Yes                   |
| Jackson, City of                             | Ag Chem Equipment Co Inc.                          | \$50,000            | Yes                   |
| Department of Trade and Economic Development | Liberty Paper Inc.                                 | \$500,000           | Yes                   |
| Fergus Falls, City of                        | MRLB International Inc                             | \$150,000           | Yes                   |
| New York Mills EDA                           | Industrial Finishing Services                      | \$110,000           | Yes                   |
| Rochester, City of                           | Gauthier Industries                                | \$291,000           | Yes                   |
| Rochester, City of                           | Rochester Meats                                    | \$40,000            | Yes                   |
| Edina HRA                                    | South Edina Development Corp (Phase 3 Office)      | \$1,772,000         | Yes                   |
| Edina HRA                                    | South Edina Development Corp (Phase 4 Office)      | \$1,772,000         | Yes                   |
| Edina HRA                                    | South Edina Development Corp (Phase 5 Office)      | \$1,772,000         | Yes                   |
| Brooklyn Park EDA                            | General Property Investors LLP                     | \$119,000           | Yes                   |
| Department of Trade and Economic Development | American Business Forms                            | \$195,000           | Yes                   |
| Hastings, City of                            | Eischen Cabinet Co.                                | \$36,154            | Yes                   |
| Caledonia, City of                           | Winnebago Software Company                         | \$90,000            | Yes                   |
| St. Joseph, City of                          | SKN Property LLC                                   | \$145,000           | Yes                   |
| Department of Trade and Economic Development | Fastenal Company                                   | \$80,000            | Yes                   |
| St. Paul Port Authority                      | Viking Automatic Sprinkler                         | \$348,479           | Yes                   |
| Cook County                                  | East Bay Hotel                                     | \$100,000           | Yes                   |
| Department of Trade and Economic Development | Willmar Manufacturing                              | \$110,000           | Yes                   |
| Department of Trade and Economic Development | Partridge River                                    | \$57,000            | Yes                   |
| Department of Trade and Economic Development | Davidson Printing                                  | \$40,500            | Yes                   |
| Department of Trade and Economic Development | Bend Tec   | \$37,500            | Yes                   |
| Cook County                                  | Devil Track Partners LLC                           | \$100,000           | Yes                   |
| Lino Lakes EDA                               | McLad LLP  | \$126,076           | Yes                   |
| Lino Lakes EDA                               | NOL-TEC, LLC                                       | \$54,000            | Yes                   |
| Lino Lakes EDA                               | Lino Lakes Business Center Phases V, VI, VII, VIII | \$532,720           | Yes                   |
| DTED (MN Ag & Econ Dev Board)                | Endress Processing                                 | \$2,995,000         | Yes                   |
| St. Paul Port Authority                      | Advance Corp                                       | \$70,000            | Yes                   |
| Anoka, City of                               | Kenmark Partnership (Capco)                        | \$232,162           | Yes                   |
| Anoka, City of                               | Retailer Services Corp                             | \$188,359           | Yes                   |
| DTED (MN Ag & Econ Dev Board)                | Sparta Foods                                       | \$1,950,000         | Yes                   |
| Anoka, City of                               | Meier Tool   | \$246,422           | Yes                   |
| Anoka, City of                               | Case & Associates                                  | \$104,775           | Yes                   |
| New Brighton, City of                        | Brighton East Office Center                        | \$300,000           | Yes                   |
| Montevideo CDC                               | Genesis Properties                                 | \$150,000           | Yes                   |
| Department of Trade and Economic Development | Cardiac Pacemakers (Arden Hills)                   | \$300,000           | Yes                   |
| Spicer, City of                              | Vine Valley Distribution                           | \$57,000            | Yes                   |
| DTED (MN Ag & Econ Dev Board)                | Formative Engineering                              | \$1,700,000         | Yes                   |
| Anoka, City of                               | Mate Precision Tooling                             | \$872,510           | Yes                   |
| Elk River EDA                                | Supercats Inc                                      | \$79,000            | Yes                   |
| Elk River EDA                                | Associated Investors of Elk River                  | \$2,811,000         | Yes                   |
| Caledonia, City of                           | Milton & Sharon Schoeberl                          | \$90,000            | Yes                   |
| Department of Trade and Economic Development | Product Research & Dev (Bagley)                    | \$199,000           | Yes                   |
| Anoka, City of                               | The F. Dohmen Co                                   | \$695,457           | Yes                   |
| Department of Trade and Economic Development | Chorus Corporation (WBT)                           | \$75,000            | Yes                   |
| Department of Trade and Economic Development | MN Diversified Industries (Mpls)                   | \$200,000           | Yes                   |
| Department of Trade and Economic Development | Onan ( Fridley)                                    | \$360,000           | Yes                   |
| Department of Trade and Economic Development | Ecolab ( St. Paul)                                 | \$500,000           | Yes                   |
| Department of Trade and Economic Development | ADC Telecommunications (Shakopee)                  | \$250,000           | Yes                   |
| Department of Trade and Economic Development | Industrial Door (Coon Rapids)                      | \$100,000           | Yes                   |
| Department of Trade and Economic Development | Vision Ease (Ramsey)                               | \$200,000           | Yes                   |
| Department of Trade and Economic Development | Value Rx (Plymouth)                                | \$500,000           | Yes                   |
| Department of Trade and Economic Development | Possis Medical (Coon Rapids)                       | \$175,000           | Yes                   |
| Department of Trade and Economic Development | Cardiac Pacemakers (Arden Hills)                   | \$300,000           | Yes                   |
| Department of Trade and Economic Development | Medtronics Inc. (Columbia Heights)                 | \$500,000           | Yes                   |
| Department of Trade and Economic Development | St. Croix Valley Hardwoods (WBT)                   | \$150,000           | Yes                   |
| Department of Trade and Economic Development | Rainbow Signs (Anoka)                              | \$200,000           | Yes                   |
| Department of Trade and Economic Development | Seagate Technology (Hennepin Co)                   | \$5,000,000         | Yes                   |
| St. Paul Port Authority                      | National Checking Co.                              | \$418,176           | Yes                   |
| Department of Trade and Economic Development | Cabinet Components & Distribution                  | \$100,000           | Yes                   |
| Department of Trade and Economic Development | Amsopolaris Industries Inc (Roseau)                | \$182,500           | Yes                   |
| Department of Trade and Economic Development | Amsolnew Flyer of America (Crookston)              | \$300,000           | Yes                   |

# Acheivement of Wage and Job Goals for Agreements from July 1, 1995 to July 31, 1999

| Agency Name                                  | Business Receiving Assistance                                   | Dollar Value | Goals Acheived |
|--|---|--------------|----------------|
| Burnsville EDA                               | Rigig Hitch Inc   | \$740,850    | Yes            |
| Department of Trade and Economic Development | Amsolvay Pharmaceuticals Inc                                    | \$500,000    | Yes            |
| Austin, City of                              | Austin Packaging Co   | \$199,000    | Yes            |
| Department of Trade and Economic Development | Copper Sales (Anoka)  | \$250,000    | Yes            |
| Department of Trade and Economic Development | Standard Iron   | \$110,000    | Yes            |
| Department of Trade and Economic Development | Homecrest Industries Inc  | \$200,814    | Yes            |
| Gaylord, City of                             | Gold Leaf Inn & Suites  | \$223,155    | Yes            |
| Department of Trade and Economic Development | Harkers Distribution (Fridley)                                  | \$45,000     | Yes            |
| Department of Trade and Economic Development | Reinhart Food Service (Rogers)                                  | \$199,500    | Yes            |
| Department of Trade and Economic Development | Webway  | \$220,000    | Yes            |
| Department of Trade and Economic Development | New Flyer USA Inc   | \$500,000    | Yes            |
| Anoka, City of                               | Midwest Fixture Group   | \$252,700    | Yes            |
| Department of Trade and Economic Development | Energy Economics  | \$80,000     | Yes            |
| Burnsville EDA                               | Hi-Tech Floors Inc  | \$137,876    | Yes            |
| Jackson, City of                             | B & H Mfg Inc   | \$100,000    | Yes            |
| Brooklyn Park EDA                            | Technical Resin Packaging                                       | \$60,000     | Yes            |
| Brooklyn Park EDA                            | AQE Park Limited  | \$96,000     | Yes            |
| Brooklyn Park EDA                            | Duke Realty Investments Inc. Crossroads North Business Center 2 | \$235,000    | Yes            |
| Department of Trade and Economic Development | Dixie Carbonic Inc  | \$200,000    | Yes            |
| DTED (MN Ag & Econ Dev Board)                | Waymar Properties   | \$4,965,000  | Yes            |
| Burnsville EDA                               | Caire Inc.  | \$1,664,586  | Yes            |
| Department of Trade and Economic Development | Alexandria Extrusion  | \$350,000    | Yes            |
| Department of Trade and Economic Development | Lor-Al  | \$75,000     | Yes            |
| Department of Trade and Economic Development | Custom Ag Products  | \$100,000    | Yes            |
| Burnsville EDA                               | Fort Dodge Properties   | \$111,000    | Yes            |
| Burnsville EDA                               | Darrel and Chris Gonyea   | \$120,672    | Yes            |
| Jackson, City of                             | Sleepy 8, LLC dba Super 8 Motel                                 | \$75,000     | Yes            |
| Department of Trade and Economic Development | Voyager Supply  | \$125,000    | Yes            |
| Brooklyn Park EDA                            | Duke Realty Investments Inc. Crossroads North Business Center 1 | \$517,000    | Yes            |
| Department of Trade and Economic Development | Fagen Engineering Inc   | \$197,000    | Yes            |
| Department of Trade and Economic Development | Formative Engineering   | \$100,000    | Yes            |
| Burnsville EDA                               | JRL & Associates LLP  | \$33,265     | Yes            |
| Burnsville EDA                               | Clayton & Beverly Larson (for Northwest Bituminous              | \$60,000     | Yes            |
| Department of Trade and Economic Development | Tri State Insurance   | \$150,000    | Yes            |
| Department of Trade and Economic Development | Boder City Building Systems                                     | \$75,000     | Yes            |
| MCDA   | As Soon As Possible Inc.  | \$550,000    | Yes            |
| MCDA   | Harbinger Industries  | \$40,000     | Yes            |
| MCDA   | New French bakery   | \$75,000     | Yes            |
| MCDA   | Siewert Cabinet & Fixture                                       | \$75,000     | Yes            |
| MCDA   | Baker Bearing   | \$75,000     | Yes            |
| MCDA   | Malcolm Properties LLC  | \$1,000,000  | Yes            |
| Warroad Port Authority                       | Duckwall - ALCO Stores Inc                                      | \$95,423     | Yes            |
| Burnsville EDA                               | The Hegedus Family LLP  | \$180,000    | Yes            |
| Red Wing Port Authority                      | Lab Boy Enterprises LLC   | \$102,500    | Yes            |
| Cook County                                  | Hillhaven Homes Plus  | \$50,000     | Yes            |
| Department of Trade and Economic Development | Gold'N'Plump Poultry  | \$200,000    | Yes            |
| Department of Trade and Economic Development | Northwest Airlines  | \$500,000    | Yes            |
| Department of Trade and Economic Development | Northwest Airlines  | \$100,000    | Yes            |
| MCDA   | Ambassador Press  | \$149,123    | Yes            |
| Montevideo, City of                          | Genesis Properties  | \$500,000    | Yes            |
| Montevideo, City of                          | SRK, LLC  | \$150,000    | Yes            |
| Department of Trade and Economic Development | Moline Machinery  | \$75,000     | Yes            |
| Department of Trade and Economic Development | National Steel  | \$500,000    | Yes            |
| New Ulm, City of                             | S & H Capital LLC   | \$33,375     | Yes            |
| Burnsville EDA                               | Aquila Corporation dba BELCORP                                  | \$317,120    | Yes            |
| Burnsville EDA                               | Industrial Equities LLP   | \$335,200    | Yes            |
| Red Wing Port Authority                      | Antique America   | \$540,000    | Yes            |
| Montevideo, City of                          | SL Montevideo Technology  | \$250,000    | Yes            |
| Department of Trade and Economic Development | K-Bar Industries Inc.   | \$300,000    | Yes            |
| Red Wing Port Authority                      | Food Service Specialities                                       | \$653,950    | Yes            |
| DTED (MN Ag & Econ Dev Board)                | New Morning Windows   | \$4,965,000  | No             |
| Department of Trade and Economic Development | Point Rejuvenate/Kidspace                                       | \$293,000    | No             |
| Department of Trade and Economic Development | Sparks Manufacturing Inc  | \$85,000     | No             |
| Department of Trade and Economic Development | United Parcel Service (Maple Grove)                             | \$300,000    | No             |
| Fergus Falls, City of                        | Norcon Resources LLP  | \$302,300    | No             |
| St. Paul Port Authority                      | Aries Precision Sheet Metal Co.                                 | \$692,604    | No             |
| St. Paul Port Authority                      | G & K Services Inc  | \$405,979    | No             |
| Department of Trade and Economic Development | Windland Electronics Inc.                                       | \$150,000    | No             |

# Acheivement of Wage and Job Goals for Agreements from July 1, 1995 to July 31, 1999

| <u>Agency Name</u>                           | <u>Business Receiving Assistance</u>                            | <u>Dollar Value</u> | <u>Goals Acheived</u> |
|--|---|---------------------|-----------------------|
| Warroad Port Authority                       | Helgeson Chapels LLC  | \$100,000           | No                    |
| Austin, City of                              | Palleton On MN Inc.   | \$66,200            | No                    |
| Department of Trade and Economic Development | Aaron Carlson Woodworking                                       | \$100,000           | No                    |
| Shakopee, City of                            | Seagate Technology  | \$4,247,600         | No                    |
| DTED (MN Ag & Econ Dev Board)                | Aittec Acquisition Corp   | \$50,000            | No                    |
| Department of Trade and Economic Development | Lehmann Farms   | \$86,012            | No                    |
| DTED (MN Ag & Econ Dev Board)                | Impressions Inc.  | \$5,195,000         | No                    |
| Department of Trade and Economic Development | Alexandria Extrusion  | \$500,000           | No                    |
| Ham Lake, City of                            | Al-Cast Mold & Pattern Inc.                                     | \$55,000            | No                    |
| Shakopee, City of                            | ADC Telecommunications Inc                                      | \$1,710,000         | No                    |
| Department of Trade and Economic Development | Andersen Corp (Cottage Grove)                                   | \$500,000           | No                    |
| Department of Trade and Economic Development | General Litho Services (Brooklyn Park)                          | \$300,000           | No                    |
| DTED (MN Ag & Econ Dev Board)                | Excelsior-Henderson   | \$7,145,000         | No                    |
| Department of Trade and Economic Development | Media One (St. Paul)  | \$500,000           | No                    |
| Department of Trade and Economic Development | Hennepin Paper Co.  | \$250,000           | No                    |
| Department of Trade and Economic Development | NBC Products (Prior Lake)                                       | \$75,000            | No                    |
| Department of Trade and Economic Development | American Coating Technology                                     | \$148,000           | No                    |
| Department of Trade and Economic Development | Com-Tal (WBT)   | \$350,000           | No                    |
| Department of Trade and Economic Development | Glenmac Inc.  | \$50,000            | No                    |
| Department of Trade and Economic Development | Electric Machinery Co ( Mpls)                                   | \$375,000           | No                    |
| Hopkins HRA                                  | Hopkins Business Center   | \$1,717,132         | No                    |
| New Ulm, City of                             | Rebound Properties Inc  | \$80,000            | No                    |
| Pine City, City of                           | Sterling Water Inc dba Culligan Water                           | \$40,000            | No                    |
| Red Wing Port Authority                      | Knudsen Enterprises   | \$425,000           | No                    |
| MCDa   | Clean X Dry Cleaning Service                                    | \$75,000            | No                    |
| Cook County                                  | Sven & Ole's Inc  | \$60,000            | No                    |
| Preston, City of                             | Pro-Corn LLC  | \$850,000           | No                    |
| Lakeville, City of                           | Hearth Technologies Inc   | \$323,738           | No                    |
| Jackson, City of                             | Omnium Worldwide Inc. dba Accent Insurance Recovery Solutions   | \$75,000            | No                    |
| Brooklyn Park EDA                            | Duke Realty Investments Inc. Crossroads North Business Center 5 | \$451,000           | No                    |
| Brooklyn Park EDA                            | Crossroads North Business Center 3                              | \$182,000           | No                    |
| Breezy Point City of                         | Breezy Point Sports   | \$720,000           | No                    |
| Breezy Point City of                         | Breezy Point LLC  | \$985,000           | No                    |
| Burnsville EDA                               | Peter J. Smith  | \$359,199           | No                    |
| Welcome, City of                             | Easy Systems Inc  | \$150,000           | No                    |
| Burnsville EDA                               | Kraus-Anderson Inc.   | \$586,000           | No                    |
| Burnsville EDA                               | Ticen's Pro Care Inc  | \$51,000            | No                    |
| Burnsville EDA                               | Southcross Commerce Center LLP                                  | \$1,097,000         | No                    |
| Burnsville EDA                               | Rivers Edge Partners LLP  | \$178,300           | No                    |
| Burnsville EDA                               | RDO Equipment Co  | \$52,000            | No                    |
| Burnsville EDA                               | Quality Ingredients Corp  | \$376,684           | No                    |
| Burnsville EDA                               | Al's Cabinets   | \$42,960            | No                    |
| Burnsville EDA                               | Millpond Partners   | \$1,210,000         | No                    |
| Burnsville EDA                               | Leeandee Partnership  | \$68,674            | No                    |
| St. Paul Port Authority                      | Guinee Family Limited Partnership (Miratec Systems Inc)         | \$237,837           | No                    |
| Burnsville EDA                               | Eastling Family Partnership Ltd                                 | \$44,000            | No                    |
| Burnsville EDA                               | Consolidated Computer Services Inc                              | \$115,000           | No                    |
| Burnsville EDA                               | Burnsville Showcase LLP   | \$240,690           | No                    |
| Port Authority of Winona                     | VAS Engineering & Manufacturing                                 | \$75,000            | No                    |
| St. Peter, City of                           | Robert Hamilton dba St. Peter Funeral Home                      | \$40,000            | No                    |
| Burnsville EDA                               | MN Valley YMCA  | \$50,000            | No                    |
| St. Paul Port Authority                      | The Norgen Group LLC (Brissman Kennedy)                         | \$463,478           | No                    |
| Rochester, City of                           | Pemstar Inc   | \$3,536,000         | No                    |
| Brooklyn Park EDA                            | Duke Realty Investments Inc Crossroads North Business Center 7  | \$598,000           | No                    |
| Rockford, City of                            | Minnesota Diversified Products                                  | \$343,236           | No                    |
| Department of Trade and Economic Development | Advanced Circuits Inc   | \$496,000           | No                    |
| Department of Trade and Economic Development | Stearns Bank/Equipment Leasing                                  | \$170,000           | No                    |
| Department of Trade and Economic Development | Twin City/American Monorail Inc                                 | \$140,000           | No                    |
| Department of Trade and Economic Development | Diamond Tool & Eng  | \$90,000            | No                    |
| Department of Trade and Economic Development | Mink Lake Mfg   | \$55,000            | No                    |
| Moorhead, City of                            | Erickson Contracting  | \$46,000            | No                    |
| Watkins City of                              | Barrier Technology  | \$85,500            | No                    |
| Department of Trade and Economic Development | Cross Consulting Group  | \$200,000           | No                    |
| Hibbing, City of                             | Sim Supply  | \$130,000           | No                    |
| Scott County                                 | ADC Telecommunications Inc                                      | \$1,140,000         | No                    |
| Stillwater City of                           | Schoonover Real Estate Co LLP                                   | \$143,000           | No                    |
| Cook County                                  | Site Supply   | \$50,000            | No                    |
| Luverne EDA                                  | Excito Foods  | \$50,000            | No                    |

# Acheivement of Wage and Job Goals for Agreements from July 1, 1995 to July 31, 1999

| <u>Agency Name</u>                           | <u>Business Receiving Assistance</u>          | <u>Dollar Value</u>  | <u>Goals Acheived</u> |
|--|---|----------------------|-----------------------|
| St. Peter, City of                           | Brinker Enterprises and St. Peter Woolen Mill | \$40,000             | No                    |
| St. Peter, City of                           | Kind Veterinary Clinic                        | \$40,000             | No                    |
| Wells, City of                               | Wells Super Valu Grocery                      | \$165,689            | No                    |
| Cook County                                  | Thomsonite Beach Resort                       | \$100,000            | No                    |
| Department of Trade and Economic Development | Design Line Cabinets                          | \$500,000            | No                    |
| Perham, City of                              | LPM Inc.                                      | \$130,000            | No                    |
| Burnsville EDA                               | Paul F. Gonyea                                | \$267,328            | No                    |
| Cook County                                  | Devil Track Lodge                             | \$100,000            | No                    |
| Perham, City of                              | Perham Grain & Feed Inc                       | \$135,000            | No                    |
| St. Paul Port Authority                      | Addco Inc. (3N Properties)                    | \$609,840            | No                    |
| St. Paul Port Authority                      | Summit Brewing Co.                            | \$366,667            | No                    |
| St. Paul Port Authority                      | EMC Corp                                      | \$240,000            | No                    |
| Department of Trade and Economic Development | Air Tec-Acquistion (Anoka)                    | \$250,000            | No                    |
| Perham, City of                              | Gary's Electric Repair                        | \$45,000             | No                    |
| <b>Total</b>                                 |   | <b>\$164,939,117</b> |                       |

N/A = missing data

|              |                      |               |
|--------------|----------------------|---------------|
| Yes          | \$107,049,595        | 64.9%         |
| No           | \$50,680,647         | 30.7%         |
| N/A          | \$7,208,875          | 4.4%          |
| <b>Total</b> | <b>\$164,939,117</b> | <b>100.0%</b> |
| Yes          | 245                  | 69.2%         |
| No           | 90                   | 25.4%         |
| N/A          | 19                   | 5.4%          |
| <b>Total</b> | <b>354</b>           | <b>100.0%</b> |

## **APPENDIX P:**

**Business and Financial Assistance Forms  
Submitted by State, County, City and Local  
Government Agencies Provided between  
July 1, 1995 through December 31, 2000  
In Accordance to 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