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MINNESOTA



— Trade & —  
**Economic  
Development**

## **2001 Business Assistance Report**

### **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**

**VOLUME 3 OF 3**

**PART A**

HC107  
.M63  
E441  
2001  
v.3  
Part  
A

nsists of  
Part B

**Prepared by:**

**Analysis and Evaluation Office  
Minnesota Department of Trade  
500 Metro Square Building  
121 7<sup>th</sup> Place East  
St. Paul, Minnesota 55101-2146**

**2001 Minnesota Business Assistance Forms Submitted by City, County and State  
Government Agencies for Eligible Projects Reported in 2001**

1. Aitken, City of (1 form)
2. Albany, City of (1 form)
3. Annandale EDA (2 forms)
4. Austin, City of (1 form)
5. Belle Plaine, City of (1 form)
6. Benton County (1 form)
7. Big Lake EDA (2 forms)
8. Blaine Area Development Co. (2 forms)
9. Blue Earth EDA (1 form)
10. Breckenridge, City of (1 form)
11. Brooklyn Park EDA (4 forms)
12. Burnsville EDA(4 forms)
13. Chaska EDA (2 forms)
14. Chisago County HRA-EDA (2 forms)
15. Coon Rapids, City of (1 form)
16. Cottage Grove, City of (1 form)
17. Cottonwood, City of (1 form)
18. Detroit Lakes, City of (2 forms)
19. Duluth, City of (1 form)
20. Duluth EDA (1 form)
21. Edina HRA (1 form)
22. Elk River, City of (1 form)
23. Elk River EDA (2 forms)
24. Faribault, City of (1 form)
25. Glyndon, City of (1 form)
26. Hastings, City of (2 forms)
27. Howard Lake, City of (2 forms)
28. Hugo, City of (3 forms)
29. Hutchinson Community Development (1 form)
30. Iron Range Resources and Rehabilitation Board (2 forms)
31. Jackson, City of (2 forms)
32. Kimball, City of (1 form)
33. Lake City (1 form)
34. Lakeville (1 form)
35. Le Center, City of (2 forms)
36. Lino Lakes EDA (1 form)
37. Litchfield, City of (2 forms)
38. Little Falls (3 forms)
39. Long Lake EDA (2 forms)
40. Maple Grove, City of (1 form)
41. Mid-Minnesota Development Corporation (1 form)
42. Milaca, City of (1 form)

**R E C E I V E D**

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43. Minneapolis Community Development Agency (4 forms)
44. MN Agriculture and Development Board (2 forms)
45. MN Department of Agriculture (3 forms)
46. MN Department of Trade and Economic Development (34 forms)
47. Montevideo Community Development Corporation (2 forms)
48. Monticello, City of (1 form)
49. Monticello EDA (1 form)
50. Moorhead, City of (4 forms)
51. Morris, City of (1 form)
52. Mound HRA (2 forms)
53. Mountain Iron HRA (1 form)
54. Mountain Lake EDA (1 form)
55. New Ulm, City of (1 form)
56. North Branch EDA (3 forms)
57. Oakdale, City of (1 form)
58. Owantonna EDA (1 form)
59. Pequot Lakes, City of (1 form)
60. Pine River, City of (1 form)
61. Ramsey, City of (3 forms)
62. Red Wing Port Authority (2 forms)
63. Richfield HRA (2 forms)
64. Robbinsdale EDA (1 form)
65. Rochester, City of (2 forms)
66. Rockford, City of (1 form)
67. Rosemount Port Authority (1 form)
68. Sartell, City of (2 forms)
69. Savage, City of (1 form)
70. Scott County (2 forms)
71. Shakopee, City of (1 form)
72. South St. Paul HRA (4 forms)
73. Spring Grove, City of (1 form)
74. Spring Valley (1 form)
75. St. Charles, City of (1 form)
76. St. Louis Park EDA (1 form)
77. Stearns County (1 form)
78. Waterville, City of (1 form)
79. Watkins, City of (1 form)
80. White Bear Township (1 form)
81. Windom EDA (1 form)
82. Winsted, City of (1 form)
83. Worthington, City of (1 form)
84. Wyoming, City of (1 form)
85. Zumbrota, City of (1 form)

# 2001 Minnesota Business Assistance Form

RECEIVED APR 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) <u>City of Aitkin</u>		2. Name of person completing this form <u>Ross Wagner</u>	
3. Street address <u>109 1st NW</u>		4. City <u>Aitkin</u>	5. ZIP code <u>56431</u>
6. County <u>Aitkin</u>	7. Phone number <u>218-927-2527</u>	8. Fax number <u>218-927-1834</u>	9. E-mail address <u>ross@ci.aitkin.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>Same</u>			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>7-17-00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Aitkin County Growth, Inc.</u>		15. Address where business subsidy or financial assistance will be used <u>1132 Airport Dr. Aitkin, MN 56431</u>	
Street address		City	
State		ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No <u>1132 Airport Dr.</u>			
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 value by type in Questions 24 and 25.)

\$ 42,369.00

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

10-16-00

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.)

11-01-00

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 \$ 42,369.00  
☐ 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):

T.R.R.R.B.      232,000  
 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) \_\_\_\_\_

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>10-16-02</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>4</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

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

00-0447



# 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) <u>CITY OF ALBANY</u>		2. Name of person completing this form <u>Tom Schneider</u>	
3. Street address <u>400 RAILROAD AVE</u>		4. City <u>Albany</u>	5. ZIP code <u>56307-0370</u>
6. County <u>STEARNS</u>	7. Phone number <u>320-845-4244</u>	8. Fax number <u>320-845-2346</u>	9. E-mail address <u>albanycity@albanytel.com</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title	Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: _____)		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>6/7/00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Bryan + Lynn Schiffer</u> <u>Albany Chrysler Center</u>		15. Address where business subsidy or financial assistance will be used <u>34650 - 225<sup>th</sup> Ave Albany MN 56307</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

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

Albany, MN    Relocated within City to larger Facility  
 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.)				
\$330,000	June 7, 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.)					
August 1, 2000					
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)					
<input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance					
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).				
<input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$333,000 <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)				
<input type="checkbox"/> not applicable, assistance was not in the form of TIF <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): <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) encourage development

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>Aug 1, 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	<u>4</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	_____	<u>1</u>	_____	_____	\$ _____
\$7.00 to \$8.99	<u>1</u>	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>1</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	<u>3</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:

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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

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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) <b>EDA</b> Annandale Economic Development Authority		2. Name of person completing this form Mary Degiovanni	
3. Street address 30 Cedar Street East		4. City Annandale	5. ZIP code 55302
6. County Wright	7. Phone number (320) 274-3055	8. Fax number (320) 274-5728	9. E-mail address city@annandale.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. N/A			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date <u>9/13/00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" 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 Robin Reichel dba Reichel's Catering Service		15. Address where business subsidy or financial assistance will be used 725 Norway Dr., Annandale, MN 55302	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

<input type="checkbox"/> Manufacturing	<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Finance, Insurance, Real Estate
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction <input type="checkbox"/> Other (please specify) _____

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

☒ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)

☐ No (Go to Question 19.)

Annandale, MN      No room for expansion at current site

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.) \$96,853 + interest	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) 9-13-00								
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.) 2-1-01									
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.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance									
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>96,853</u> <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____								
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s): <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) job creation

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>2-1-03</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	<u>1</u>	<u>2</u>	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.) <sup>N/A - benefit date not until 2001</sup>

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

# 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) <u>EDA</u> <u>Annandale Economic Development Authority</u>		2. Name of person completing this form <u>Mary Degiovanni</u>	
3. Street address <u>30 Cedar Street East</u>		4. City <u>Annandale</u>	5. ZIP code <u>55302</u>
6. County <u>Wright</u>	7. Phone number <u>(320) 274-3055</u>	8. Fax number <u>(320) 274-5728</u>	9. E-mail address <u>city@annandale.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>N/A</u>			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date <u>9/13/00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" 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 <u>Market Properties, LLC</u>		15. Address where business subsidy or financial assistance will be used <u>435 Annandale Blvd, Annandale, MN 55302</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

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

Annandale, MN      Building was leased - not owned  
 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;">\$65,000 + interest</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">10-2-00</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;">2-1-01</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral      \$ <u>65,000</u>  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input checked="" type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input 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) job creation

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>2-1-03</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<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.) N/A - benefit date not until 2001

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



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# 2001 Minnesota Business Assistance Form

00-0002

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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) <u>City of Austin</u>		2. Name of person completing this form <u>Thomas Dankert</u>	
3. Street address <u>500 4th Ave NE</u>		4. City <u>Austin</u>	5. ZIP code <u>55912</u>
6. County <u>Mower</u>	7. Phone number <u>(507) 437-9959</u>	8. Fax number <u>(507) 433-1693</u>	9. E-mail address <u>tdankert@austin-mn.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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9/18/2000</u> and <u>12/27/2000</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <u>Cooperative Response Center, Inc.</u>	15. Address where business subsidy or financial assistance will be used <u>2000 8th St. NW Austin MN 55912</u> Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

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

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

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

Austin, MN Outside city limits in County, location not ideal for employees  
City/State of previous address Reason project not completed at previous address and needed room to expand.

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  
→ until another site was secured (could have been outside MN)

### 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.)

Up to \$237,978.07 in TIF  
plus low interest revolving loan grant

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

November 16, 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.)

Should be realized in mid-2001.

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

- ☒ 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 \$ 237,978.07  
☐ guarantee of payment \$ \_\_\_\_\_  
☐ contribution of property or infrastructure \$ \_\_\_\_\_  
☐ preferential use of governmental facilities \$ \_\_\_\_\_  
☐ land contribution \$ \_\_\_\_\_  
☒ other (Specify subsidy type.) 2% loan \$ \_\_\_\_\_

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12/31/2003	<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	12/31/2003	<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 (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 *	50	\$ Unknown
\$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	_____	_____	52 * 10.18	50	\$ Unknown
\$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

\*\* - Estimated  
 \* - 24 FTE's at \$8.90/hour or greater  
 1 FTE at \$8.40/hour.

## 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

Cooperative Response Center

TIF

\$237,978.07

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 MAR 29 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) <b>City of Belle Plaine</b>		2. Name of person completing this form <b>Holly J. Kreft</b>	
3. Street address <b>420 E. Main St.</b>		4. City <b>Belle Plaine</b>	5. ZIP code <b>56011</b>
6. County <b>Scott</b>	7. Phone number <b>(952) 873-5553</b>	8. Fax number <b>(952) 873-5553</b>	9. E-mail address <b>hollykrefth@hotmail.com</b>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor ( <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> )  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other ( <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> )  <input checked="" type="checkbox"/> Yes ( <i>Indicate hearing date - 10 / 4 / 99 attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )  <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  <b>HealthPostures Inc.</b>		15. Address where business subsidy or financial assistance will be used  <b>100 E. Main St. Belle Plaine</b>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )  <input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) <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.)

Morton, MN      lack of human resources  
 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.)  <p style="text-align: center; font-size: 1.2em;">\$ 110,157.39</p>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  <p style="text-align: center; font-size: 1.2em;">November 20, 2000</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 style="text-align: center; font-size: 1.2em;">January 1, 2001</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 style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>					
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input checked="" type="checkbox"/> loan (only principal)  <input checked="" type="checkbox"/> grant (i.e., forgivable loan)  <input type="checkbox"/> tax abatement  <input type="checkbox"/> TIF or other tax reduction or deferral  <input type="checkbox"/> guarantee of payment  <input type="checkbox"/> contribution of property or infrastructure  <input type="checkbox"/> preferential use of governmental facilities  <input type="checkbox"/> land contribution  <input type="checkbox"/> other (Specify subsidy type.) _____             </div> <div style="width: 15%; text-align: right;"> <p>\$ 60,157</p> <p>\$ 50,000</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> </div> </div>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> assistance for property polluted by contaminants  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost  <input type="checkbox"/> assistance for pollution control or abatement  <input type="checkbox"/> assistance for a TIF soils condition district             </div> <div style="width: 15%; text-align: right;"> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> </div> </div>				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Grantor</td> <td style="width: 40%; border-bottom: 1px solid black;">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) encourage redevelopment of a commercial facility within the City's central business district

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>11/2002</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 checked="" 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.)

Developer will assure the Development Property to be operated as a commercial business for at least 5 years after benefit date.

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>10</u>	<u>-</u>	<u>-</u>	<u>10</u>	<u>included in wage</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>2</u>	<u>1</u>	<u>-</u>	<u>3</u>	<u>included</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

RECEIVED MAY 31 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) Benton County		2. Name of person completing this form Nancy Hoffman	
3. Street address P.O. Box 129		4. City Foley	5. ZIP code 56329
6. County Benton	7. Phone number 320-968-5071	8. Fax number 320-968-5329	9. E-mail address nhoffman@co.benton.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 type="checkbox"/> City government <input checked="" type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>12/10/99</u> attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 Crystal Cabinets, Inc.		15. Address where business subsidy or financial assistance will be used Industrial Blvd Sauk Rapids MN 56379	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No			
Crystal Cabinets Inc		1100 Crystal Drive Princeton MN 55371	
Name of parent corporation		Street address City State ZIP code	

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

☒ Manufacturing  
☐ Retail Trade

☐ Services  
☐ Wholesale Trade

☐ Finance, Insurance, Real Estate  
☐ Construction ☐ Other (please specify) \_\_\_\_\_

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.)

Princeton MN Lack of labor force and an existing Bldg.  
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.) 482,000

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

May 7, 2000

22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) May 8, 2000

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

☒ 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) \$ 482,000  
☐ grant (i.e., forgivable loan) \$ \_\_\_\_\_  
☐ tax abatement \$ \_\_\_\_\_  
☐ TIF or other tax reduction or deferral \$ \_\_\_\_\_  
☐ guarantee of payment \$ \_\_\_\_\_  
☐ contribution of property or infrastructure \$ \_\_\_\_\_  
☐ preferential use of governmental facilities \$ \_\_\_\_\_  
☐ land contribution \$ \_\_\_\_\_  
☐ other (Specify subsidy type.) \_\_\_\_\_ \$ \_\_\_\_\_

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

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants \$ \_\_\_\_\_  
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ \_\_\_\_\_  
☐ assistance for pollution control or abatement \$ \_\_\_\_\_  
☐ assistance for a TIF soils condition district \$ \_\_\_\_\_

26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)

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

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

27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)

☐ Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)

☒ No

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

Grantor Value (\$)

Grantor Value (\$)

## 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)
 ☒ Job retention
 ☐ Other (please specify) \_\_\_\_\_
- ☐ Creating high-quality job growth
 ☐ Other (please specify) \_\_\_\_\_
- ☐ 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 date (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	<u>2.28.2001</u>	<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>125</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>300</u>
\$11.00 to \$12.99	<u>112</u>	_____	_____	_____	\$ <u>3.00</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? <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

00-0290

RECEIVED APR 12 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

*E.F.H. 6/1/01*

1. Name of grantor (funding entity) <u>City of Big Lake - EDA</u>		2. Name of person completing this form <u>Jim Thares</u>	
3. Street address <u>160 Lake Street North</u>		4. City <u>Big Lake</u>	5. ZIP code <u>55309</u>
6. County <u>Sherburne</u>	7. Phone number <u>763-263-2107</u>	8. Fax number <u>763-263-0133</u>	9. E-mail address <u>jimt@ci.big-lake.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>Same</u>			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>6/14/00</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <u>ATABOY Manufacturing + A-BOY, L.L.P.</u>		15. Address where business subsidy or financial assistance will be used <u>20020 - 177th St, Big Lake, MN 55309</u>	
Street address		City	State
ZIP code			
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	
City		State	
ZIP code			

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

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

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

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

Monticello, MN      The business was in a small incubator facility. No room to  
City/State of previous address      Reason project not completed at previous address grow or expand in the bldg.

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.)

\$47,055.00

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

Signed - 11/21/2000

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.)

Building will be ready by mid-April 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

- ☒ 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 \$17,500.00  
☐ guarantee of payment \$ \_\_\_\_\_  
☐ contribution of property or infrastructure \$ \_\_\_\_\_  
☐ preferential use of governmental facilities \$ \_\_\_\_\_  
☒ land contribution \$29,555.00  
☐ 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	<u>Nov. 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>10</u>	_____	_____	_____	\$ <u>1.00</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.)

N/A - Benefit date is mid-April 2001

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

# 2001 Minnesota Business Assistance Form

00-0292

RECEIVED APR 2 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) <u>City of Big Lake - EDA</u>		2. Name of person completing this form <u>Jim Thares</u>	
3. Street address <u>160 Lake Street North</u>		4. City <u>Big Lake</u>	5. ZIP code <u>55309</u>
6. County <u>Sherburne</u>	7. Phone number <u>763-263-2107</u>	8. Fax number <u>763-263-0133</u>	9. E-mail address <u>jimt@ci.big-lake.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>Same</u>			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>6/14/00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Big Lake Commerce Centers, L.L.P.</u>		15. Address where business subsidy or financial assistance will be used <u>19910 Industrial Dr., Big Lake, MN 55309</u>	
Street address		City	State
ZIP code			
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	
City		State	
ZIP code			

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

☐ Manufacturing  
☐ Retail Trade

☐ Services  
☐ Wholesale Trade

☒ Finance, Insurance, Real Estate  
☐ Construction

~~Other (please specify)~~ Real Estate

27th 6/19/01

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

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

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.) N/A

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

### Section 3 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.) \$66,185.00

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

Signed - 9/12/2000

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.) Not occupied until mid-April 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

☒ 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 \$ 13,500.00  
☐ guarantee of payment \$ \_\_\_\_\_  
☐ contribution of property or infrastructure \$ \_\_\_\_\_  
☐ preferential use of governmental facilities \$ \_\_\_\_\_  
☒ land contribution \$ 52,685.00  
☐ 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	<u>Nov. 2002</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 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	<u>14</u>	_____	_____	_____	\$ <u>1.00</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.)

*N/A - Benefit date is in mid-April 2001*

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

# 2001 Minnesota Business Assistance Form

RECEIVED APR 2 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) <u>Blaine Area Dev. Co.</u>		2. Name of person completing this form <u>Curt Larson</u>	
3. Street address <u>9150 Central Ave NE</u>		4. City <u>Blaine</u>	5. ZIP code <u>55434</u>
6. County <u>Anoka</u>	7. Phone number <u>763-7556147</u>	8. Fax number <u>763 717 2634</u>	9. E-mail address <u>cl@blaine-dev.com</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>Curt Larson</u> <u>763 7556147</u> <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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date <u>4-16-00</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <u>Ferman Properties</u>		15. Address where business subsidy or financial assistance will be used <u>1501 101st Ave Blaine</u> Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation _____		Street address City State ZIP code _____	

17. Industry of recipient's facility (Mark one.):  
☒ Manufacturing    ☐ Services    ☐ Finance, Insurance, Real Estate  
☐ Retail Trade    ☐ Wholesale Trade    ☐ Construction    ☐ Other (please specify) \_\_\_\_\_

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)  
☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)  
☒ Remained at previous location    ☐ Relocated to different Minnesota location    ☐ Relocated outside Minnesota

### Section 3 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.)  \$100,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  6-14-2000</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.)  6-14-2000</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.)  <input checked="" 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 type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan (only principal) \$100,000  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):  <u>Bank</u> <u>465,000</u>  Grantor Value (\$)  _____  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) \_\_\_\_\_

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<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>23 FTE</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

1.7.01 6/25/01 per phone call



## 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 1/10/01

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>Pneum-Motion, Inc.</u>		2. Name of person completing this form <u>Curt Larson</u>	
3. Street address <u>9150 Central Avenue NE</u>		4. City <u>Blaine</u>	5. ZIP code <u>55434</u>
6. County <u>Anoka</u>	7. Phone number <u>763 785 6147</u>	8. Fax number <u>763 717 2634</u>	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>Curt Larson</u>			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date <u>4-16-00</u> <u>attach criteria</u> ) <input type="checkbox"/> No <input checked="" type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Pneum-Motion, Inc.</u>		15. Address where business subsidy or financial assistance will be used <u>10062/64 Flanders St Bln 55449</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

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

Blaine      leased space - purchased new space & stayed in Blaine  
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.)  <u>84,197</u>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  <u>7-26-2000</u>
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)  <u>same</u>	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)  <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan (only principal) <u>\$84,197</u> <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____ <input type="checkbox"/> tax abatement      \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____ <input type="checkbox"/> guarantee of payment      \$ _____ <input type="checkbox"/> contribution of property or infrastructure      \$ _____ <input type="checkbox"/> preferential use of governmental facilities      \$ _____ <input type="checkbox"/> land contribution      \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____ <input type="checkbox"/> assistance for pollution control or abatement      \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No Grantor(s) and value of the agreement(s): <u>Anchor Bank</u> <u>252,542</u> 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	7/2002	<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	11/4/2002	<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	3				\$
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.)

*E.T.H. 625101*

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



00-0983

## 2001 Minnesota Business Assistance Form

RECEIVED MAY 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

E.F.H 5/31/01

1. Name of grantor (funding entity) <u>City of Blue Earth</u>		2. Name of person completing this form <u>David Mark Urbia</u>	
3. Street address <u>125 West Sixth Street</u>		4. City <u>Blue Earth</u>	5. ZIP code <u>56013</u>
6. County <u>Faribault</u>	7. Phone number <u>(507) 526-7336</u>	8. Fax number <u>(507) 526-7352</u>	9. E-mail address <u>becity@beva.com.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 <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date <u>12/30/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <u>Nuvex Ingredients, Inc.</u>		15. Address where business subsidy or financial assistance will be used <u>1640 W 1st St. Blue Earth MN 56013</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

**Section 3 General Information About the Agreement**

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)  \$1,244,700	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  November 20, 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.)  Projected completion Summer 2001	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)  <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan (only principal) \$975,000 <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$263,434 <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input checked="" type="checkbox"/> land contribution \$ 10,500 <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input type="checkbox"/> No  Grantor(s) and value of the agreement(s): MNDTCD MIF to City loaned to Nuvex 154,000 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) \_\_\_\_\_

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | *(see below)                           | <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.)

\*upon completion project not completed.

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	_____	_____	20	_____	\$ _____
\$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**

# 2001 Minnesota Business Assistance Form

RECEIVED APR 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) <u>City of Breckenridge</u>		2. Name of person completing this form <u>Traci M. Ryan - consultant</u>	
3. Street address <u>420 Nebraska Avenue</u>		4. City <u>Breckenridge</u>	5. ZIP code <u>56520</u>
6. County <u>Wilkin</u>	7. Phone number <u>218-643-2733</u>	8. Fax number <u>218-643-1173</u>	9. E-mail address <u>hoyes@flood@ca.wilkin.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>Stan Thurlow, E.D. Dir.</u> <u>218-643-2733</u> <u>420 Nebraska Ave, Breckenridge</u> <u>56520</u> Name/Title                      Phone number                      Street address                      City                      ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>11-15-99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Minn-Kota Ag Products, Inc.</u>		15. Address where business subsidy or financial assistance will be used <u>84 N 8th St.</u> <u>Breckenridge</u> <u>MN</u> <u>56520</u> Street address                      City                      State                      ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No Name of parent corporation                      Street address                      City                      State                      ZIP code			

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

☐ Manufacturing

☐ Services

☐ Finance, Insurance, Real Estate

☐ Retail Trade

☒ Wholesale Trade

☐ Construction

☐ Other (please specify) \_\_\_\_\_

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

☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)

☒ No (Go to Question 19.)

City/State of previous address \_\_\_\_\_

Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

☐ Remained at previous location

☐ Relocated to different Minnesota location

☒ Relocated outside Minnesota

### Section 3 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.)

\$ 98,641

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

8/2/2000

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.)

8/2/2000

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

☐ 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

\$ 40,425

☐ guarantee of payment

\$ \_\_\_\_\_

☐ contribution of property or infrastructure

\$ \_\_\_\_\_

☐ preferential use of governmental facilities

\$ \_\_\_\_\_

☐ land contribution

\$ \_\_\_\_\_

☒ other (Specify subsidy type.) Sales Tax Credit

\$ 58,216

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 (Banks)

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) retaining & expanding sound comm/industrial development creating employment opportunities & economic growth

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>8/2/02</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>2</u>	<u>0</u>	<u>-</u>	<u>-</u>	\$ <u>NA</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>-</u>	<u>-</u>	<u>-</u>	\$ <u>NA</u>
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>1</u>	<u>-</u>	<u>-</u>	<u>-</u>	\$ <u>NA</u>
\$15.00 and higher	<u>1</u>	<u>-</u>	<u>✓</u>	<u>-</u>	\$ <u>NA</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

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- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. § 116J.993 to §116J.995. Please use a separate form to report each agreement; 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 agency) <b>Brooklyn Park Economic Development Authority</b>		2. Name of person completing this form <b>Theresa Freund</b>	
3. Street address <b>5200 - 85<sup>th</sup> Avenue North</b>		4. City <b>Brooklyn Park</b>	5. Zip Code <b>55443</b>
6. County <b>Hennepin</b>	7. Phone number <b>763-493-8059</b>	8. Fax number <b>763-493-8171</b>	9. E-mail address <b>Theresa@ci.brooklyn-park.mn.us</b>
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 3.			
Name/Title	Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by government agency, please indicate affiliation. For example, a city EDA would check "City government.")  <input checked="" type="checkbox"/> City government <input type="checkbox"/> State government <input type="checkbox"/> County government <input type="checkbox"/> Other <input type="checkbox"/> Regional 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"/> Yes (11/4/99 & 3/1/01 criteria attached.) <input type="checkbox"/> No. <input type="checkbox"/> We held a public hearing but have not yet adopted criteria <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  <b>Brooklyn Boulevard Investors</b>	15. Address where business subsidy or financial assistance will be used.  <div style="display: flex; justify-content: space-between;"> <span><u>7624 Boone Ave. N.</u></span> <span><u>Brooklyn Park, MN</u></span> <span><u>55428-1002</u></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Street address</span> <span>City</span> <span>ZIP code</span> </div>
16. Does the recipient have a parent corporation? (Mark one.)  <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No.	
Name of parent corporation	Street address City State ZIP code

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

☒ Manufacturing      ☐ Services      ☐ Finance, Insurance, Real Estate      ☐ Construction  
☐ Retail Trade      ☐ Wholesale Trade      ☒ Other Manufacturing, Distribution, 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 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.)				
<b>\$336,000</b>	<b>May 22, 2000</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>Certificate of Occupancy, Certificate of Completion &amp; Tax Increment Financing Note have not been issued yet.</b>					
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)					
<input checked="" type="checkbox"/> Business subsidy <input type="checkbox"/> Financial assistance					
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).				
<input type="checkbox"/> Not applicable, agreement provided financial assistance. <input type="checkbox"/> Loan (only principal) _____ <input type="checkbox"/> Grant (i.e., forgivable loan) _____ <input type="checkbox"/> Tax abatement _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <b>\$336,000.00</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 checked="" type="checkbox"/> Not applicable, agreement provided a business subsidy. <input type="checkbox"/> Assistance for the property polluted by contaminants <input type="checkbox"/> Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost. <input type="checkbox"/> Assistance for pollution control or abatement. <input type="checkbox"/> Assistance for a TIF soils condition district.				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)				
<input type="checkbox"/> Not applicable, assistance was not in the form of TIF <input checked="" type="checkbox"/> Redevelopment <input type="checkbox"/> Renewal and renovation <input type="checkbox"/> Soils condition <input type="checkbox"/> Economic development <input type="checkbox"/> Mined underground space <input type="checkbox"/> Hazardous substance subdistrict	<input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- ☐ Enhancing economic diversity  
☒ **Creating high-quality job growth**  
☐ Job retention  
☐ Stabilizing the community
- ☒ **Increasing tax base (cannot be only purpose)**  
☒ **Other - providing an impetus for commercial & industrial development of unproductive and/or underutilized property within the Development District.**

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 & 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 & 31)

\* Certificate of Occupancy, Certificate of Completion & Tax Increment Financing Note have not been issued 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.)

**At least 56 employees must be employed within two years immediately following the date that the Authority issues the Note.**

Hourly Wage (excluding benefits)	Full time Job Creation	Part time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>56</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.)

**Note: See Question 30 above.**

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 has two years to achieve goals after the issuance of the Tax Increment Financing Note.**



**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 January 1 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.)

23.70  
6/14/01

No..

Name of recipient

Type of subsidy or assistance (See Questions 24 & 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 & 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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00-0369

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. § 116J.993 to §116J.995. Please use a separate form to report each agreement; 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 agency) <b>Brooklyn Park Economic Development Authority</b>		2. Name of person completing this form <b>Theresa Freund</b>	
3. Street address <b>5200 - 85<sup>th</sup> Avenue North</b>		4. City <b>Brooklyn Park</b>	5. Zip Code <b>55443</b>
6. County <b>Hennepin</b>	7. Phone number <b>612-493-8059</b>	8. Fax number <b>763-493-8171</b>	9. E-mail address <b>Theresa@ci.brooklyn-park.mn.us</b>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 3. S/A/A			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by government agency, please indicate affiliation. For example, a city EDA would check "City government.")  <input checked="" type="checkbox"/> City government <input type="checkbox"/> State government <input type="checkbox"/> County government <input type="checkbox"/> Other <input type="checkbox"/> Regional 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"/> Yes (11/4/99 & 3/1/01 criteria attached.) <input type="checkbox"/> No. <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing- ) <input type="checkbox"/> Other. (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. § 116J.993 and §116J.994 (Mark one.)  <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <b>Duke Realty Investments, Inc.</b> <b>Crossroads North Business Center 4</b>		15. Address where business subsidy or financial assistance will be used. <b>9201 West Broadway    Brooklyn Park    55445</b> Street address    City    ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)  <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No.			
Name of parent corporation		Street address    City    State    ZIP code	

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

☒ Manufacturing      ☐ Services      ☐ Finance, Insurance, Real Estate      ☐ Construction  
☐ Retail Trade      ☐ Wholesale Trade      ☒ **Other: Manufacturing, Office & Warehouse**

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

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

\_\_\_\_\_  
 City / State of previous address      Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 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.)  <b>\$286,000</b>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <b>2/1/00 Original Agreement</b> <b>9/1/00 Amended</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>4/00 Certificate of Occupancy issued.</b>							
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)  <input checked="" type="checkbox"/> <b>Business subsidy</b> <input type="checkbox"/> Financial assistance							
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> Not applicable, agreement provided financial assistance. <input type="checkbox"/> Loan (only principal) _____ <input type="checkbox"/> Grant (i.e., forgivable loan) _____ <input type="checkbox"/> Tax abatement _____ <input checked="" type="checkbox"/> <b>TIF</b> or other tax reduction or deferral <b>\$286,000</b> <input type="checkbox"/> Guarantee of payment _____ <input type="checkbox"/> Contribution of property or infrastructure _____ <input type="checkbox"/> Preferential use of governmental facilities _____ <input type="checkbox"/> Land contribution _____ <input type="checkbox"/> Other (Specify subsidy type.) _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> <b>Not applicable</b> , agreement provided a business subsidy. <input type="checkbox"/> Assistance for the property polluted by contaminants <input type="checkbox"/> Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost. <input type="checkbox"/> Assistance for pollution control or abatement. <input type="checkbox"/> Assistance for a TIF soils condition district.						
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> Not applicable, assistance was not in the form of TIF <input type="checkbox"/> Redevelopment <input type="checkbox"/> Renewal and renovation <input type="checkbox"/> Soils condition <input checked="" type="checkbox"/> <b>Economic development</b> <input type="checkbox"/> Mined underground space <input type="checkbox"/> Hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> <b>No</b>  Grantor(s) and value of the agreement(s):  <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </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 type="checkbox"/> Enhancing economic diversity                | <input checked="" type="checkbox"/> Increasing tax base (cannot be only purpose)   |
| <input checked="" type="checkbox"/> Creating high-quality job growth | <input checked="" type="checkbox"/> Other: providing an impetus for commercial & industrial development of underutilized property within the Development District. |
| <input checked="" type="checkbox"/> Job retention                    |  |
| <input type="checkbox"/> 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 & job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	5/1/02	<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 Question 30 & 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.)

**At least 48 employees must be employed within two years following the date that the Authority issues the note (5/1/02).**

Hourly Wage (excluding benefits)	Full time Job Creation	Part time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage level goal					\$
less than \$7.00					\$
\$7.00 to \$8.99	48*				\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					\$
\$15.00 and higher					\$

\*160% above Federally mandated minimum wage.

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.)

**Note: See Question #30 above.**

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 January 1 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.. <u>8.7.H-6/21/01</u>		
Name of recipient	Type of subsidy or assistance (See Questions 24 & 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 & 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 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. § 116J.993 to §116J.995. Please use a separate form to report each agreement; 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 agency) <b>Brooklyn Park Economic Development Authority</b>		2. Name of person completing this form <b>Theresa Freund</b>	
3. Street address <b>5200 - 85<sup>th</sup> Avenue North</b>		4. City <b>Brooklyn Park</b>	5. Zip Code <b>55443</b>
6. County <b>Hennepin</b>	7. Phone number <b>612-493-8059</b>	8. Fax number <b>763-493-8171</b>	9. E-mail address <b>Theresa@ci.brooklyn-park.mn.us</b>
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 3.			
Name/Title	Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by government agency, please indicate affiliation. For example, a city EDA would check "City government.")  <input checked="" type="checkbox"/> City government <input type="checkbox"/> State government <input type="checkbox"/> County government <input type="checkbox"/> Other <input type="checkbox"/> Regional 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"/> Yes (11/4/99 & 3/1/01 criteria attached.) <input type="checkbox"/> No. <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing- ) <input type="checkbox"/> Other. (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. § 116J.993 and §116J.994 (Mark one.)  <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <b>Gildon, LLC</b>		15. Address where business subsidy or financial assistance will be used. <b>8617 Xylon Court North Brooklyn Park 55445-1899</b> Street address City ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)  <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No.			
Name of parent corporation		Street address City State ZIP code	

17. Industry of recipient's facility (Mark one.):  
☒ Manufacturing *e.i.b. 6/21/00* ☐ Services ☐ Finance, Insurance, Real Estate  
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☒ **Other: manufacturing, warehouse & 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 value by type in Questions 24 and 25.) <b>\$255,000</b>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <b>6/26/00</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>Certificate of Occupancy 9/15/00</b>					
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <input checked="" type="checkbox"/> <b>Business subsidy</b> <input type="checkbox"/> Financial assistance					
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. <input type="checkbox"/> Not applicable, agreement provided financial assistance. <input type="checkbox"/> Loan (only principal) _____ <input type="checkbox"/> Grant (i.e., forgivable loan) _____ <input type="checkbox"/> Tax abatement _____ <input checked="" type="checkbox"/> <b>TIF</b> or other tax reduction or deferral <b>\$255,000</b> <input type="checkbox"/> Guarantee of payment _____ <input type="checkbox"/> Contribution of property or infrastructure _____ <input type="checkbox"/> Preferential use of governmental facilities _____ <input type="checkbox"/> Land contribution _____ <input type="checkbox"/> Other (Specify subsidy type.) _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). <input checked="" type="checkbox"/> <b>Not applicable</b> , agreement provided a business subsidy. <input type="checkbox"/> Assistance for the property polluted by contaminants <input type="checkbox"/> Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost. <input type="checkbox"/> Assistance for pollution control or abatement. <input type="checkbox"/> Assistance for a TIF soils condition district.				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) <input type="checkbox"/> Not applicable, assistance was not in the form of TIF <input type="checkbox"/> Redevelopment <input type="checkbox"/> Renewal and renovation <input type="checkbox"/> Soils condition <input checked="" type="checkbox"/> <b>Economic development</b> <input type="checkbox"/> Mined underground space <input type="checkbox"/> Hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> <b>No</b> Grantor(s) and value of the agreement(s): <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Enhancing economic diversity                | <input checked="" type="checkbox"/> Increasing tax base (cannot be only purpose)  |
| <input checked="" type="checkbox"/> Creating high-quality job growth | <input checked="" type="checkbox"/> Other: providing an impetus for commercial & industrial development of underutilized property within the Development District |
| <input type="checkbox"/> Job retention                               |   |
| <input type="checkbox"/> 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 & Yr)	All goals attained?
A) Specific wage & job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>11/1/02</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	<u>11/1/02</u>	<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 Question 30 & 31)

**Note:** Has until November 1, 2002 to achieve employment covenant (60 employees 1½ times the Federally mandated minimum wage).

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.)

**Note:** Has until November 1, 2002 to achieve employment covenant. 1½ times the Federally mandated minimum wage.

Hourly Wage (excluding benefits)	Full time Job Creation	Part time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>20</u>	_____	_____	<u>40</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.)

**Note:** Has until November 1, 2002 to achieve employment covenant.

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. Has until November 1, 2002 to achieve employment covenant.



**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 January 1 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. E. & B. 6/21/01

Name of recipient	Type of subsidy or assistance (See Questions 24 & 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 & 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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00-0376

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. § 116J.993 to §116J.995. Please use a separate form to report each agreement; 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 agency) <b>Brooklyn Park Economic Development Authority</b>		2. Name of person completing this form <b>Theresa Freund</b>	
3. Street address <b>5200 - 85<sup>th</sup> Avenue North</b>		4. City <b>Brooklyn Park</b>	5. Zip Code <b>55443</b>
6. County <b>Hennepin</b>	7. Phone number <b>612-493-8059</b>	8. Fax number <b>763-493-8171</b>	9. E-mail address <b>Theresa@ci.brooklyn-park.mn.us</b>
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 3.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by government 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"/> State government <input type="checkbox"/> County government <input type="checkbox"/> Other <input type="checkbox"/> Regional government		<input checked="" type="checkbox"/> Yes (11/4/99 & 3/1/01 criteria attached.) <input type="checkbox"/> No. <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing- ) <input type="checkbox"/> Other. (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. § 116J.993 and §116J.994 (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <b>Unisource Worldwide, Inc.</b>		15. Address where business subsidy or financial assistance will be used.	
		<b>9001 Wyoming Ave. N.</b>	<b>Brooklyn Park</b>
		<b>55445-1935</b>	
		Street address	City
			ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No.			
<b>Georgia Pacific</b>		<b>1333 Peachtree Street</b>	<b>Atlanta, GA</b>
Name of parent corporation		Street address	City/State
			ZIP code

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

### Section 3 General Information About the Agreement

<b>20. Total dollar value of business subsidy or financial assistance.</b> (Please separate value by type in Questions 24 and 25.)  <b>\$629,000</b>	<b>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</b>  <b>November 30, 2000</b>				
<b>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</b> <b>Certificate of Occupancy issued February 21, 2001.</b>					
<b>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</b>  <input checked="" type="checkbox"/> <b>Business subsidy</b> <input type="checkbox"/> Financial assistance					
<b>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</b>  <div style="margin-top: 5px;"> <input type="checkbox"/> Not applicable, agreement provided financial assistance.  <input type="checkbox"/> Loan (only principal) _____  <input type="checkbox"/> Grant (i.e., forgivable loan) _____  <input type="checkbox"/> Tax abatement _____  <input checked="" type="checkbox"/> <b>TIF or other tax reduction or deferral</b> <b>\$629,000</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.) _____         </div>	<b>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</b>  <input checked="" type="checkbox"/> <b>Not applicable, agreement provided a business subsidy.</b> <input type="checkbox"/> Assistance for the property polluted by contaminants <input type="checkbox"/> Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost. <input type="checkbox"/> Assistance for pollution control or abatement. <input type="checkbox"/> Assistance for a TIF soils condition district.				
<b>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</b>  <div style="margin-top: 5px;"> <input type="checkbox"/> Not applicable, assistance was not in the form of TIF  <input type="checkbox"/> Redevelopment  <input type="checkbox"/> Renewal and renovation  <input type="checkbox"/> Soils condition  <input checked="" type="checkbox"/> <b>Economic development</b>  <input type="checkbox"/> Mined underground space  <input type="checkbox"/> Hazardous substance subdistrict         </div>	<b>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</b>  <input checked="" type="checkbox"/> <b>Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</b>  <b>Grant has been awarded to City. The City is in the process of writing a Loan Agreement.</b>  Grantor(s) and value of the agreement(s):  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>MN DTED - MIF</b></td> <td style="width: 40%; text-align: right;"><b>\$500,000</b></td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> </table>	<b>MN DTED - MIF</b>	<b>\$500,000</b>	Grantor	Value (\$)
<b>MN DTED - MIF</b>	<b>\$500,000</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)

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 & yr)	All goals attained?
A) Specific wage & 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 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 & 31)

**\*Certificate of Completion & Tax Increment Financing**  
 Note have not been issued.

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	151			125	\$
\$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.)

**Note: Has two years to achieve goals after the issuance of the Tax Increment Note.**

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. Has two years to achieve goals after the issuance of the Tax Increment Note.

**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 January 1 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.)		
6/22/01 <input checked="" type="checkbox"/> No..		
Name of recipient	Type of subsidy or assistance (See Questions 24 & 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 & 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) <u>Burnsville EDA</u>		2. Name of person completing this form <u>Chad Wohlers</u>	
3. Street address <u>100 Civic Center Parkway</u>		4. City <u>Burnsville</u>	5. ZIP code <u>55378</u>
6. County <u>Dakota</u>	7. Phone number <u>952-895-4451</u>	8. Fax number <u>952-895-4453</u>	9. E-mail address <u>wohlersc@ci.burnsville.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>3/22/00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>U.S. Federal Credit Union</u>		15. Address where business subsidy or financial assistance will be used <u>1400 Highway 13 East, Burnsville, MN</u>	
		Street address	City
		State	ZIP code <u>55337</u>
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	
		City	
		State	
		ZIP code	

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

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

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

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

Bloomington/MN      No room to expand  
 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;">\$ 294,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center; font-size: 1.2em;">May 15, 2000 &amp; 8/14/2010</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;">August 11, 2002</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral      \$ <u>294,000</u>  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="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	May 1, 2003	<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 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	<del>_____</del>	_____	_____	<del>_____</del>	\$ <del>_____</del>
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	6	_____	_____	_____	\$ 4.50
\$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

# 2001 Minnesota Business Assistance Form

RECEIVED APR 02 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) <u>Burnsville EDA</u>		2. Name of person completing this form <u>Chad Wohlers</u>	
3. Street address <u>100 Civic Center Parkway</u>		4. City <u>Burnsville</u>	5. ZIP code <u>55378</u>
6. County <u>Dakota</u>	7. Phone number <u>952-895-4451</u>	8. Fax number <u>952-895-4453</u>	9. E-mail address <u>wohlers@civic.burnsville.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)  <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>2/22/00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)  <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  <u>Gila, LLC</u>		15. Address where business subsidy or financial assistance will be used  <u>14265 Burnsville Parkway West, Burnsville, MN, 55378</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)  <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate value by type in Questions 24 and 25.)</i>  <div style="font-size: 1.2em; font-family: cursive;">\$ 149,037</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="font-size: 1.2em; font-family: cursive;">July 17, 2000</div>				
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> <div style="font-size: 1.2em; font-family: cursive;">August 1, 2003</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? <i>(Mark one.)</i> <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.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> loan (only principal)  <input type="checkbox"/> grant (i.e., forgivable loan)  <input type="checkbox"/> tax abatement  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral  <input type="checkbox"/> guarantee of payment  <input type="checkbox"/> contribution of property or infrastructure  <input type="checkbox"/> preferential use of governmental facilities  <input type="checkbox"/> land contribution  <input type="checkbox"/> other <i>(Specify subsidy type.)</i> _____           </div> <div style="text-align: right;"> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ 149,037</div> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> </div> </div>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> assistance for property polluted by contaminants  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost  <input type="checkbox"/> assistance for pollution control or abatement  <input type="checkbox"/> assistance for a TIF soils condition district           </div> <div style="text-align: right;"> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> <div style="margin-bottom: 5px;">\$ _____</div> </div> </div>				
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <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>January 2003</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>13</u>	_____	_____	_____	\$ _____
\$15.00 and higher	<u>13</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 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 APR 2 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) <u>Burnsville EDA</u>		2. Name of person completing this form <u>Chad Wohlers</u>	
3. Street address <u>100 Civic Center Parkway</u>		4. City <u>Burnsville</u>	5. ZIP code <u>55378</u>
6. County <u>Dakota</u>	7. Phone number <u>952-895-4451</u>	8. Fax number <u>952-895-4453</u>	9. E-mail address <u>wohlersc@ci.burnsville.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)  <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>2/22/02</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)  <input checked="" 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  <u>Southcross Drive-42, LLP</u>		15. Address where business subsidy or financial assistance will be used  <u>3000 City Rd. 42 W., Burnsville, MN, 55378</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)  <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input 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

<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;">\$1,175,672</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;">November 20, 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="font-size: 1.2em;">August 1, 2003 (currently under construction)</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy    <input type="checkbox"/> financial assistance         </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>1,175,672</u>  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</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: 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>August - 2003</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 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	<u>15</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 (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 APR 01 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) <u>Burnsville EDA</u>		2. Name of person completing this form <u>Chad Wohlers</u>	
3. Street address <u>100 Civic Center Parkway</u>		4. City <u>Burnsville</u>	5. ZIP code <u>55378</u>
6. County <u>Dakota</u>	7. Phone number <u>952-895-4451</u>	8. Fax number <u>952-895-4453</u>	9. E-mail address <u>WohlersC@ci.burnsville.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>2/22/01</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Southercross Commerce Center II, LLC</u>		15. Address where business subsidy or financial assistance will be used <u>3210 Corporate Center Drive, Burnsville, MN 55306</u>	
Street address		City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner) <input 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;">\$1,177,797</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;">December 18, 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="font-size: 1.2em;">August 1, 2003 (currently under construction)</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy         <input type="checkbox"/> financial assistance       </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$1,177,797  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="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>August - 2003</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 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	<u>5</u>	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>11</u>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>15</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.)		
<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



00-0869

## 2001 Minnesota Business Assistance Form

RECEIVED MAY 18 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) <u>Chaska Economic Development Auth.</u>		2. Name of person completing this form <u>Matthew Podhowsky</u>	
3. Street address <u>1 City Hall Plaza</u>		4. City <u>Chaska</u>	5. ZIP code <u>55318</u>
6. County <u>Carver</u>	7. Phone number <u>952-448-2851</u>	8. Fax number <u>952-448-9300</u>	9. E-mail address <u>MPodhowsky@Chaska.net</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>N.A.</u>			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9/13/99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Update Properties, LLC</u>	15. Address where business subsidy or financial assistance will be used <u>130 Peavey Circle - Chaska, 55318</u>
Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

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

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

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

9969 Valley View Road, Eden Prairie - Wanted to Relocate  
 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.) <p style="text-align: center; font-size: 1.2em;">\$147,963</p>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <p style="text-align: center; font-size: 1.2em;">March 7, 2000</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 style="text-align: center; font-size: 1.2em;">March 7, 2000</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 style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy    <input type="checkbox"/> financial assistance         </p>					
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> loan (only principal)  <input type="checkbox"/> grant (i.e., forgivable loan)  <input type="checkbox"/> tax abatement  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral  <input type="checkbox"/> guarantee of payment  <input type="checkbox"/> contribution of property or infrastructure  <input type="checkbox"/> preferential use of governmental facilities  <input type="checkbox"/> land contribution  <input type="checkbox"/> other (Specify subsidy type.) _____           </div> <div style="text-align: right;">             \$ _____              \$ _____              \$ _____              \$147,963              \$ _____              \$ _____              \$ _____              \$ _____           </div> </div>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> assistance for property polluted by contaminants  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost  <input type="checkbox"/> assistance for pollution control or abatement  <input type="checkbox"/> assistance for a TIF soils condition district           </div> <div style="text-align: right;">             \$ _____              \$ _____              \$ _____              \$ _____           </div> </div>				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <table style="width: 100%; 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) Development of Property  
not used for its highest  
use.

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>3/7/2002</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	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>2 (new jobs created after the move)</u>			_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>0 (no new jobs in company since move)</u> <u>they have until March to comply</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**



00-0870

## 2001 Minnesota Business Assistance Form

RECEIVED MAY 18 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) <u>Chaska Economic Development Auth.</u>		2. Name of person completing this form <u>Matthew Pechradsky</u>							
3. Street address <u>1 City Hall Plaza</u>		4. City <u>Chaska</u>	5. ZIP code <u>55318</u>						
6. County <u>Carver</u>	7. Phone number <u>952-448-2851</u>	8. Fax number <u>952-448-9300</u>	9. E-mail address <u>MPechradsky@chaska.net</u>						
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>N.A.</u>									
Name/Title		Phone number		Street address		City		ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)							
<input checked="" type="checkbox"/> City government		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9/13/99</u> and <u>attach criteria</u> )							
<input type="checkbox"/> County government		<input 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 checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)									

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Community Bank</u>		15. Address where business subsidy or financial assistance will be used <u>706 Walnut Street, Chaska, MN 55318</u>											
Street address		City		State		ZIP code							
16. Does the recipient have a parent corporation? (Mark one.)													
<input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)													
<u>Peregrine Corporation</u>				<u>706 Walnut Street, Chaska, MN 55318</u>									
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  
 n.a. (Branch of bank coming into town - needed help w/ site clean-up on our site)

### 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>\$ 345,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>May 17, 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>May 17, 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> <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  <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 \$ 345,000  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p> <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p> <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input checked="" type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td> </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)

Redeveloping blighted property and utilizing land not used for highest use.

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 17, 2000</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	<u>6</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>1</u>	<u>4</u>			\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					\$
\$15.00 and higher	<u>8</u>				\$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☒ Yes ☐ No

## 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



00-0968

## 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) Chisago County HRA-EDA		2. Name of person completing this form Mark Vahlsing	
3. Street address 6448 Main Street, PO Box 410		4. City North Branch	5. ZIP code 55056
6. County Chisago	7. Phone number 651-674-5664	8. Fax number 651-674-2996	9. E-mail address mvahl@growchisago.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.") <input type="checkbox"/> City government <input checked="" type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		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.) <i>revised 6/21/00 &amp; 8/27/01</i> <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>10/25/99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <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 Peterson's North Branch Mill		15. Address where business subsidy or financial assistance will be used 638 Branch Street, North Branch MN 55056	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

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

\_\_\_\_\_  
 City/State of previous address      Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 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;">\$229,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center; font-size: 1.2em;">July 17, 2000</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center; font-size: 1.2em;">September 2000</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input checked="" type="checkbox"/> tax abatement      \$ 229,000  <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>
<p>26. If the assistance included tax increment financing, please indicate 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  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input 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-size: 1.2em;">City of North Branch      \$83,000</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) site redevelopment  
pollution contamination clean-up

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>9/2003</u>	<input 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>10</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>10</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..... each 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



00-0969

**2001 Minnesota Business Assistance Form**

RECEIVED MAY 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) Chisago County HRA-EDA		2. Name of person completing this form Mark Vahlsing	
3. Street address 6448 Main Street, PO Box 410		4. City North Branch	5. ZIP code 55056
6. County Chisago	7. Phone number 651-674-5664	8. Fax number 651-674-2996	9. E-mail address mvahl@growchisago.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.") <input type="checkbox"/> City government <input checked="" type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - 10/25/00 and attach criteria) <i>revised 6/21/00 E.H.B. 8/27/01</i> <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

**Section 2 Information About Recipient**

14. Name of business or organization receiving subsidy or financial assistance Selvig Family LLC		15. Address where business subsidy or financial assistance will be used 26553 Forest Blvd, Box 397 Wyoming, MN 55092	
Street address		City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):  
☐ Manufacturing      ☐ Services      ☐ Finance, Insurance, Real Estate  
☒ Retail Trade      ☐ Wholesale Trade      ☐ Construction      ☐ Other (please specify) \_\_\_\_\_

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)  
☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)  
☒ Remained at previous location      ☐ Relocated to different Minnesota location      ☐ Relocated outside Minnesota

### Section 3 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.)  \$150,808</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  October 27, 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.)  October 2002</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.)  <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.  <input type="checkbox"/> not applicable, agreement provided financial assistance</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> loan (only principal)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> grant (i.e., forgivable loan)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> tax abatement</td> <td style="text-align: right;">\$150,808</td> </tr> <tr> <td><input type="checkbox"/> TIF or other tax reduction or deferral</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> guarantee of payment</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> contribution of property or infrastructure</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> preferential use of governmental facilities</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> land contribution</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> other (Specify subsidy type.) _____</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	<input type="checkbox"/> loan (only principal)	\$ _____	<input type="checkbox"/> grant (i.e., forgivable loan)	\$ _____	<input checked="" type="checkbox"/> tax abatement	\$150,808	<input type="checkbox"/> TIF or other tax reduction or deferral	\$ _____	<input type="checkbox"/> guarantee of payment	\$ _____	<input type="checkbox"/> contribution of property or infrastructure	\$ _____	<input type="checkbox"/> preferential use of governmental facilities	\$ _____	<input type="checkbox"/> land contribution	\$ _____	<input type="checkbox"/> other (Specify subsidy type.) _____	\$ _____	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> assistance for property polluted by contaminants</td> <td style="text-align: right;">\$ _____</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 style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> assistance for pollution control or abatement</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> assistance for a TIF soils condition district</td> <td style="text-align: right;">\$ _____</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)	\$ _____																										
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<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.)  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <table style="width: 100%; border: none;"> <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 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 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.)  <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):  City of Wyoming \$130,000</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Grantor _____</td> <td style="width: 50%;">Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____																
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<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) site redevelopment

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>10/2002</u>	<input type="checkbox"/> Yes <input 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.)

- store is still under construction.

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>7</u>	<u>7</u>	_____	_____	\$ _____
\$9.00 to \$10.99	<u>10</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>1</u>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>5</u>	_____	_____	_____	\$ _____
\$15.00 and higher	<u>3</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 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



00-0449

## 2001 Minnesota Business Assistance Form

RECEIVED APR 02 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) <b>City of Coon Rapids</b>		2. Name of person completing this form <b>Lee Starr, Community Development Director</b>	
3. Street address <b>11155 Robinson Drive</b>		4. City <b>Coon Rapids</b>	5. ZIP code <b>55433-3761</b>
6. County <b>Anoka</b>	7. Phone number <b>763-767-6460</b>	8. Fax number <b>763-767-6573</b>	9. E-mail address <b>starr@ci.coon-rapids.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.")  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)  <input checked="" type="checkbox"/> Yes (Indicate hearing date - <b>May 2, 2000</b> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <b>Frito-Lay, Inc.</b>	15. Address where business subsidy or financial assistance will be used <b>9155 Evergreen Blvd Coon Rapids MN 55433</b>			
	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)  <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

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

- (F.A. 6/24/01)*
- ☒ Manufacturing    ☐ Services    ☐ Finance, Insurance, Real Estate  
☐ Retail Trade    ☐ Wholesale Trade    ☐ Construction    ☒ Other (please specify) Food distribution

## 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.)

Fridley/MN      Site not large enough for 48,200 distribution facility  
 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.)

\$366,373 from pay-as-you-go note between 2000 and 2003

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

December 5, 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.)

December 8, 2000

## 23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

- ☒ 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      \$ 323,588  
☐ guarantee of payment      \$ \_\_\_\_\_  
☐ contribution of property or infrastructure      \$ \_\_\_\_\_  
☐ preferential use of governmental facilities      \$ \_\_\_\_\_  
☐ land contribution      \$ \_\_\_\_\_  
☐ other (Specify subsidy type.) local      \$ 42,785

## 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. §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) \_\_\_\_\_

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	December 5, 2000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage- (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	44	_____	_____	_____	\$3.85
\$13.00 to \$14.99	5	_____	_____	_____	\$4.00
\$15.00 and higher	99	_____	_____	_____	\$4.30

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	44	_____	_____	_____	\$3.85
\$13.00 to \$14.99	5	_____	_____	_____	\$4.00
\$15.00 and higher	99	_____	_____	_____	\$4.30

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**

00-1060



## 2001 Minnesota Business Assistance Form

RECEIVED JUN 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) <u>City of Cottage Grove</u>		2. Name of person completing this form <u>Steven Barrett</u>	
3. Street address <u>7516 80th St. S.</u>		4. City <u>Cottage Grove</u>	5. ZIP code <u>55016</u>
6. County <u>Wash.</u>	7. Phone number <u>651-458-2883</u>	8. Fax number <u>651-458-2897</u>	9. E-mail address <u>sbarrett@cottage-grove.org</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>Michelle Wolfe, Asst. City Admin</u> <u>651-458-2882</u> <u>- same -</u>			
Name/Title		Street address City ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>2/1/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <u>CCE Technologies, Inc.</u>		15. Address where business subsidy or financial assistance will be used <u>7555 95th St. S.</u> <u>Cottage Grove</u> <u>MN</u> <u>55016</u>	
Street address		City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	

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

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

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

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

St. Paul, MN    Expansion needs  
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.)  <u>\$99,723</u>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  <u>April 19, 2000</u>
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)  <u>May 2, 2000 (closing on Real Property)</u>	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)  <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input checked="" type="checkbox"/> land contribution <u>\$99,723</u> <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): _____ Grantor Value (\$) _____ Grantor Value (\$) _____

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4/2002	<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	1 <sup>\$14.</sup> 8/31/01	_____	_____	_____	\$_____
\$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

— see attached description —

**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 MAR 26 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) City of Cottonwood		2. Name of person completing this form Greg Isaackson	
3. Street address 86 West Main Street		4. City Cottonwood	5. ZIP code 56229
6. County Lyon	7. Phone number (507) 423-6488	8. Fax number (507) 423-5368	9. E-mail address cotmngi@mtvwireless.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 ( <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> )  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other ( <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> )  <input checked="" type="checkbox"/> Yes ( <i>Indicate hearing date - 1/25/00 and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )  <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 Cottonwood Welding and Manufacturing		15. Address where business subsidy or financial assistance will be used 400 East Fourth St. North Cottonwood MN 56229	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )  <input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) <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.)

Didn't move to another City.

Cottonwood MN

Located to new facility within City of Cottonwood.

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.)

\$108,000

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

June 22, 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.)

September 2000

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

- ☒ 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)    \$ 72,000  
☐ grant (i.e., forgivable loan)    \$ \_\_\_\_\_  
☐ tax abatement    \$ \_\_\_\_\_  
☒ TIF or other tax reduction or deferral    \$ 36,000  
☐ 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	Sept 2002	<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 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	3	_____	_____	4	\$ 0
\$9.00 to \$10.99	_____	_____	_____	3	\$ 0
\$11.00 to \$12.99	_____	_____	_____	1	\$ 0
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	2	\$ 0

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	_____	_____	_____	4	\$ 0
\$9.00 to \$10.99	_____	_____	_____	3	\$ 0
\$11.00 to \$12.99	_____	_____	_____	1	\$ 0
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	2	\$ 0

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.)

NA

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.): NA

☐ 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:

NA

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

MAR 26 2000

RECEIVED APR 2 2000

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) CITY OF DETROIT LAKES		2. Name of person completing this form LARRY REMMEN	
3. Street address 1025 ROOSEVELT AVENUE		4. City DETROIT LAKES, MN	5. ZIP code 56501
6. County BECKER	7. Phone number 218-847-5658	8. Fax number 218-847-8969	9. E-mail address lremmen@lakesnet.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 <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: )		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 9-7-99 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance FRIESENS INC		15. Address where business subsidy or financial assistance will be used 1389 CORMORANT AVENUE, DETROIT LAKES, MN 56501	
Street address		City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

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

\_\_\_\_\_  
 City/State of previous address      Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 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.) \$450,000 TIF	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) OCTOBER 3, 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.) ANTICIPATED AUGUST 1, 2001	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 450,000 <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input type="checkbox"/> No  Grantor(s) and value of the agreement(s): DETROIT LAKES DEVELOPMENT AUTHORITY \$450,000 TIF JOINTLY Grantor _____ Value (\$) _____ Grantor _____ Value (\$) _____

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/1/03	<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 (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	_____	_____	_____	24	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	10	_____	\$ _____
\$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

# 2001 Minnesota Business Assistance Form

MAR 20 2000

RECEIVED APR 0 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) CITY OF DETROIT LAKES		2. Name of person completing this form LARRY REMMEN	
3. Street address 1025 ROOSEVELT AVENUE		4. City DETROIT LAKES, MN	5. ZIP code 56501
6. County BECKER	7. Phone number 218-847-5658	8. Fax number 218-847-8969	9. E-mail address lremmen@lakesnet.net
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: )		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - 9-7-99 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance BTD MANUFACTURING		15. Address where business subsidy or financial assistance will be used 1111 13th Avenue SE, Detroit Lakes, MN 556501	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No			
VARISTAR CORPORATION		PO BOX 9156 FARGO, ND 58109-9156	
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;">\$60,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">JANUARY 4, 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>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input checked="" type="checkbox"/> tax abatement      \$ <u>60,000</u>  <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input 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%;"> <tr> <td style="width: 60%;">BECKER COUNTY</td> <td style="width: 40%; text-align: right;">\$340,000</td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> </table>	BECKER COUNTY	\$340,000	Grantor	Value (\$)	Grantor	Value (\$)
BECKER COUNTY	\$340,000						
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
 ☒ 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	<u>AUGUST 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>40</u>	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

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

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)*

☐ Yes ☒ No



### 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



00-0182

**2001 Minnesota Business Assistance Form**

RECEIVED MAR 29 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) City of Duluth		2. Name of person completing this form Michael Conlan	
3. Street address 411 West First Street		4. City Duluth	5. ZIP code 55802
6. County St. Louis	7. Phone number (218) 723-3556	8. Fax number (218) 723-3540	9. E-mail address mconlan@ci.duluth.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>5-22-00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input 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 United HealthCare Services, Inc.		15. Address where business subsidy or financial assistance will be used 4316 Rice Lake Road, Duluth, MN 55811	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No United HealthCare Group 9900 Bren Rd.E. Hopkins, MN 55343			
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.)      Expansion of Duluth operation

\_\_\_\_\_  
 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>\$500,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>City MIF Agreement 6-28-00;          Loan agreement w/recipient currently being executed.</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>March 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><input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input checked="" type="checkbox"/> grant (i.e., forgivable loan) \$500,000  <input type="checkbox"/> tax abatement \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input 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> <tr> <td>DEDA*</td> <td>1,500,000</td> </tr> <tr> <td>Grantor DEDA*</td> <td>Value (\$) 150,000</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	DEDA*	1,500,000	Grantor DEDA*	Value (\$) 150,000	Grantor	Value (\$)
DEDA*	1,500,000						
Grantor DEDA*	Value (\$) 150,000						
Grantor	Value (\$)						

\*See separate report.

#### 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	6-30-03	<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	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	204	_____	_____	_____	\$ 2.26
\$11.00 to \$12.99	148	_____	_____	_____	\$ 2.70-3.05
\$13.00 to \$14.99	11	_____	_____	_____	\$ 3.39
\$15.00 and higher	7	_____	_____	_____	\$ 5.65

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	0	_____	_____	_____	\$ _____
\$7.00 to \$8.99	8	_____	_____	_____	\$ 1.82-1.93
\$9.00 to \$10.99	56	_____	_____	_____	\$ 2.21-2.43
\$11.00 to \$12.99	25	_____	_____	_____	\$ 2.76-2.99
\$13.00 to \$14.99	3	_____	_____	_____	\$ 3.21
\$15.00 and higher	3	_____	_____	_____	\$ 3.76-6.97

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

RECEIVED MAR 29 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) (DEDA) <u>EDA</u> Duluth Economic Development Authority		2. Name of person completing this form Michael Conlan	
3. Street address 411 West First Street		4. City Duluth	5. ZIP code 55802
6. County St. Louis	7. Phone number (218) 723-3556	8. Fax number (218) 723-3540	9. E-mail address mconlan@ci.duluth.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>5-9-00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <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 Duke Construction Limited Partnership		15. Address where business subsidy or financial assistance will be used 4316 Rice Lake Rd, Duluth, MN 55811	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):  
☐ Manufacturing    ☐ Services    ☒ Finance, Insurance, Real Estate  
☐ Retail Trade    ☐ Wholesale Trade    ☐ Construction    ☐ Other (please specify) \_\_\_\_\_

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)  
☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)  
☐ Remained at previous location    ☐ Relocated to different Minnesota location    ☒ Relocated outside Minnesota

### Section 3 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.)  \$1,650,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  6-30-00</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.)  March 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.)  <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.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$1,500,000  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input checked="" type="checkbox"/> other (Specify subsidy type.) grant for \$150,000 environmental remediation</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input checked="" type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below: attach an additional sheet if necessary.)  <input type="checkbox"/> No  Grantor(s) and value of the agreement(s):  City of Duluth* \$500,000  Grantor Value (\$)  _____  Grantor Value (\$)  _____</p>

\*See separate report.

## 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 checked="" type="checkbox"/> Yes <input 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.)

See attached excerpt from Article I of the development agreement

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 *4.7.8. 6/14/01*

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 *4.7.8. 6/14/01 (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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of the Captured Tax Increment over the term of the Agreement, whichever is less.

- H. Executive Director shall be the Executive Director of DEDA or such person or persons designated in writing by said Executive Director.
- I. Living Wage shall mean those packages of wages and benefits required by the Living Wage Ordinance.
- J. Living Wage Ordinance shall mean Article XXVI of Chapter 2 of the Duluth City Code, 1959, as amended.
- K. Project shall mean the construction of the Building on the Property consisting of approximately 156,639 gross square feet including approximately 154,504 rentable square feet at a cost of approximately Fifteen Million Dollars (\$15,000,000) together with related utilities, parking, landscaping and other amenities, all according to the plans approved pursuant to Article V.
- L. Property shall mean that property located in St. Louis County, Minnesota, described on Exhibit A attached hereto and made a part hereof.

## ARTICLE II

### Duke Responsibilities

Duke agrees to lease to UHS the Property for use by UHS as an office building. Duke shall be responsible for all obligations under this Agreement prior to the Commencement Date set forth in the UHS Lease. Upon the Commencement Date set forth in the UHS Lease, certain obligations under this Agreement as specifically set forth herein shall be the responsibility of UHS. Notwithstanding the above, upon termination or expiration of the UHS lease, all obligations under this Agreement shall become the responsibility of Duke. Additionally, in the event that development occurs to the north of the Property, Duke agrees to pay for the cost of extension of utilities to the northwest line of the Property through assessments if such costs are not provided for through the anticipated development of a subsequent 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) EDINA HOUSING & REDEVELOPMENT AUTHORITY		2. Name of person completing this form GORDON L. HUGHES	
3. Street address 4801 WEST 50TH STREET		4. City EDINA	5. ZIP code 55424
6. County HENNEPIN	7. Phone number (952) 826-0401	8. Fax number (952) 826-0390	9. E-mail address ghughes@ci.edina.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title	Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)  <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>8/15/00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)  <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  GRANDVIEW SQUARE, L.L.C.		15. Address where business subsidy or financial assistance will be used  5201 EDEN AVENUE EDINA MN 55436	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)  <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No <u>See attached</u>			
Name of parent corporation		Street address	City State ZIP code

# PARENT CORPORATION

OPUS NORTHWEST, L.L.C  
10350 Bren Road West  
Minnetonka, MN 55343

R.E.C. INC.  
7500 West 78<sup>th</sup> Street  
Edina, MN 55439

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

☐ Manufacturing  
☐ Retail Trade

☐ Services  
☐ Wholesale Trade

☐ Finance, Insurance, Real Estate  
☐ 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 value by type in Questions 24 and 25.)

\$3,950,000

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

8/15/00

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.)

NO BENEFIT RECEIVED TO DATE

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 \$3,950,000  
☐ 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 POLLUTION CLEAN UP

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

EDINA HRA APPROXIMATELY \$500,000  
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) REDEVELOP BLIGHTED AREAS

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 checked="" 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 checked="" type="checkbox"/> Yes <input 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	_____	_____	_____	_____	\$ _____
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

# 2001 Minnesota Business Assistance Form

RECEIVED APR 9 2 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) <b>City of Elk River</b>		2. Name of person completing this form <b>Catherine Mehelich</b>	
3. Street address <b>13065 Orono Parkway</b>		4. City <b>Elk River</b>	5. ZIP code <b>55330</b>
6. County <b>Sherburne</b>	7. Phone number <b>763-441-7420</b>	8. Fax number <b>763-441-7425</b>	9. E-mail address <b>cmehelich@ci.elk-river.mn</b>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>3/13/00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <b>SoftPac Industries, Inc.</b>		15. Address where business subsidy or financial assistance will be used <b>13512 Business Ctr Dr Elk River MN 55330</b>	
Street address		City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	



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

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

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

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

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 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;"><b>\$700,000</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; font-size: 1.2em;"><b>August 28, 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; font-weight: bold;">To be date of Certificate of Completion</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <b>\$700,000</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>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input checked="" type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</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: 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
 ☒ Increasing tax base (cannot be only purpose)
 ☐ Other (please specify) \_\_\_\_\_
- ☒ Creating high-quality job growth
 ☐ 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 | <b>March 2003</b>                      | <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 checked="" type="checkbox"/> Yes <input 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.)

**Goals: completion of up to 73,000 SF manuf. facility and leasing to SoftPac. Status: completing construction**

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	_____	_____	<b>60</b>	_____	\$ _____
\$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	<b>1</b>	_____	_____	_____	\$ _____

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 APR 3 2 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) <b>Elk River EDA</b>		2. Name of person completing this form <b>Catherine Mehelich, Director</b>	
3. Street address <b>13065 Orono Parkway</b>		4. City <b>Elk River</b>	5. ZIP code <b>55330</b>
6. County <b>Sherburne</b>	7. Phone number <b>763-441-7420</b>	8. Fax number <b>763-441-7425</b>	9. E-mail address <b>cmehelich@ci.elk-river.mn.us</b>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>3-13-00</u> <sup>TIF</sup> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <b>David &amp; Carole Ripplinger (Track of the Wolf, Inc.)</b>	15. Address where business subsidy or financial assistance will be used <b>18308-18320 Joplin St NW Elk River MN 55330</b> Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

☐ Manufacturing  
☐ Retail Trade

☐ Services  
☐ Wholesale Trade

☐ Finance, Insurance, Real Estate  
☐ Construction

☒ Other (please specify) leasible lt. industrial sp

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.)

**Brooklyn Park**      **Property buyout for redevelopment**

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.)

**\$129,050**

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

**August 28, 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.)

**August 28, 2000**

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

- ☒ 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 \$ **129,050**  
☐ 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) \_\_\_\_\_

**contribute to fulfillment of City's  
Strategic Plan for Economic Development**

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>Aug 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Aug 2001</u>                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**Goal: construction of min 22,500SF  
light industrial space**

(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>4.5</u>	<u>5</u>	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

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

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☐ Yes ☒ No

## 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 APR 3 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) <b>Elk River EDA</b>		2. Name of person completing this form <b>Catherine Mehelich, Director</b>	
3. Street address <b>13065 Orono Parkway</b>		4. City <b>Elk River</b>	5. ZIP code <b>55330</b>
6. County <b>Sherburne</b>	7. Phone number <b>763-441-7420</b>	8. Fax number <b>763-441-7425</b>	9. E-mail address <b>cmehelich@ci.elk-river.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.")  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)  <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>3/13/00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)  <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  <b>Equity Management, Inc.</b>	15. Address where business subsidy or financial assistance will be used  <b>18326-18336</b> <b>Joplin St NW Elk River MN 55330</b> Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)  <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code



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

☐ Manufacturing      ☐ Services      ☐ Finance, Insurance, Real Estate  
☐ Retail Trade      ☐ Wholesale Trade      ☐ Construction      ☒ Other (please specify) leasable lt. industrial spa

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.)

☒ **Not applicable- new construction**  
☐ 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;"><b>\$129,050</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; font-size: 1.2em;"><b>August 28, 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; font-size: 1.2em;"><b>August 28, 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) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input checked="" type="checkbox"/> land contribution <b>\$129,050</b>  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input 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) \_\_\_\_\_

**contribute to fulfillment of City's  
Strategic Plan for Economic Development**

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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <b>Aug 2001</b>                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**Goal: construction of minimum  
22,500SF of leasable industrial space**

(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 4/18/01 Q.T.B.

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 4/18/01 Q.T.B. (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**

00-820



1 original received 5/10/01  
**2000 Minnesota Business Assistance Form**

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

**Section 1 Information About Grantor**

1. Name of grantor (funding entity) <b>CITY OF FARIBAULT</b>		2. Name of person completing this form <b>SARA ANNE DAINES</b>	
3. Street address <b>208 NW First Avenue</b>		4. City <b>Faribault</b>	5. ZIP code <b>55021</b>
6. County <b>RICE</b>	7. Phone number <b>507-333-0374</b>	8. Fax number <b>507-333-0399</b>	9. E-mail address <b>sdaines@ci.faribault.mn.us</b>
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.")  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <b>3/28/00</b> <input checked="" type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

**Section 2 Information About Recipient**

14. Name of business or organization receiving subsidy or financial assistance <b>SAGE ELECTROCHROMICS, INC.</b>		15. Address where business subsidy or financial assistance will be used <b>2150 Airport Drive, Faribault MN 55021</b>	
		Street address	City ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

### **Section 3 General Information About the Agreement**

<p>20. Total dollar value of business subsidy or financial assistance (<i>Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.</i>)</p> <p>\$100,000</p>	<p>21. Date agreement signed (<i>In addition to the agreement date, indicate any dates the agreement was amended.</i>)</p> <p>25 February 2000</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>26 July 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? (<i>Mark one.</i>)</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</p> <p><input checked="" type="checkbox"/> loan</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 (<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 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, 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? (<i>Mark one.</i>)</p> <p><input checked="" 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? (<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>)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="1"> <thead> <tr> <th>Grantor</th> <th>Value (\$)</th> </tr> </thead> <tbody> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </tbody> </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		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	<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	N/A	<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	1	_____	_____	_____	\$ N/A
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	19	_____	_____	_____	\$ N/A

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	20	_____	_____	_____	\$ 1.18

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
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34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after 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
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Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
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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, 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

RECEIVED APR 6 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) <b>City of Glyndon</b>		2. Name of person completing this form <b>David Pederson</b>	
3. Street address <b>218 Parke Ave SE, PO Box 223</b>		4. City <b>Glyndon</b>	5. ZIP code <b>56547</b>
6. County <b>Clay</b>	7. Phone number <b>218-498-2578</b>	8. Fax number <b>218-498-2579</b>	9. E-mail address <b>glyndonc@loretel.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.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <b>4/12/00</b> and <b>attach criteria</b> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <b>Green Masonry</b>		15. Address where business subsidy or financial assistance will be used <b>205 Foundation Ave Glyndon, MN 56547</b>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code



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

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

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

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

Glyndon, MN      New location within Glyndon, was working out of his home  
 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.) \$335,000	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) March 22, 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.) March 1, 2001      Occupied property									
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance									
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. <input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <u>2.7.46/2001</u> \$ <u>335,000</u> <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____								
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)	_____	_____
Grantor	Value (\$)								
_____	_____								
Grantor	Value (\$)								
_____	_____								

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>3/2003</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

r.t.H. 6/23/01

(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 27.H. 6/23/01

## 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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6514377082

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## 2001 Minnesota Business Assistance Form

RECEIVED MAR 22 2001

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## Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>CITY OF HASTINGS</u>		2. Name of person completing this form <u>JOHN GROSSMAN</u>	
3. Street address <u>101 E 4TH ST</u>		4. City <u>HASTINGS</u>	5. ZIP code <u>MN 55033</u>
6. County <u>OKOTA</u>	7. Phone number <u>651/437-4127</u>	8. Fax number <u>651/437-7082</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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>12/22/99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>MILLER ELECTRIC, INC.</u>	15. Address where business subsidy or financial assistance will be used <u>2620 Ind. Ct. Hastings MN 55033</u> Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

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

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

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

\_\_\_\_\_  
 City/State of previous address    Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 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.)  <p style="text-align: center;">29,899.00</p>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  <p style="text-align: center;">8-17-2000</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 style="text-align: center;">8-17-2000</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.)  <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance									
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input checked="" type="checkbox"/> land contribution \$ 29,899 <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____								
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <table> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)	_____	_____
Grantor	Value (\$)								
_____	_____								
Grantor	Value (\$)								
_____	_____								

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

☐ Enhancing economic diversity

☒ Creating high-quality job growth 8.4.06/7/01

☐ Job retention

☐ Stabilizing the community

☒ Increasing tax base (cannot be only purpose) 8.4.06/7/01

☐ 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>8-17-2002</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12-31-2001</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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	_____	_____	_____	_____	\$ _____
\$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

2001 MBAF report -Miller Electric  
Q. 29

- D. Other goals: complete \$240,000 building and site improvements on the property provided by the City by December 31, 2001.

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

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

☐ 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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## 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) <u>CITY OF HASTINGS</u>		2. Name of person completing this form <u>JOHN GROSSMAN</u>	
3. Street address <u>101 E 4TH ST</u>		4. City <u>HASTINGS</u>	5. ZIP code <u>MN 55033</u>
6. County <u>DAKOTA</u>	7. Phone number <u>651/437-4127</u>	8. Fax number <u>651/437-7082</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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>12/20/99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>GREENLAWN UNDERGROUND SPRINKLERS, INC.</u>		15. Address where business subsidy or financial assistance will be used <u>2550 MILLARD, HASTING MN 55033</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.): <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input checked="" type="checkbox"/> Services  <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other (please specify) _____         </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? (Mark one.) <input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) <input checked="" type="checkbox"/> No (Go to Question 19.) <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.) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Remained at previous location         <input checked="" type="checkbox"/> Relocated to different Minnesota location         <input type="checkbox"/> Relocated outside Minnesota       </div>	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">51,999.00</div>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">December 1, 2000</div>				
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">December 1, 2000</div>					
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <div style="display: flex; justify-content: space-around; 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) and total dollar value for each type. <input type="checkbox"/> not applicable, agreement provided financial assistance <div style="margin-top: 10px;"> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input checked="" type="checkbox"/> land contribution \$ <u>51,999</u>  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____       </div>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <div style="margin-top: 10px;"> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____       </div>				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <div style="margin-top: 10px;"> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict       </div>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No <div style="margin-top: 10px;">         Grantor(s) and value of the agreement(s):  <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

2001 MBAF report – Greenlawn

Q. 29

D. Other goals: complete \$200,000 building and site improvements by July 1, 2002.

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) FACILITATE

EXPANSION OF 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>12-1-2002</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>7-1-2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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>4</u>	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

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

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☐ Yes ☒ No

## 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

00-0442

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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) <u>City of Howard Lake</u>		2. Name of person completing this form <u>Gene Gilbert</u>	
3. Street address <u>PO Box 736</u>		4. City <u>Howard Lake</u>	5. ZIP code <u>55349</u>
6. County <u>Wright</u>	7. Phone number <u>320-543-3670</u>	8. Fax number <u>320-543-3306</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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>8/3/99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Dura Supreme</u>	15. Address where business subsidy or financial assistance will be used <u>300 Dura Dr Howard Lake MN 55349</u> Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

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

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

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

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

## Section 3 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.) P.A.Y.G. TIF \$ 150,000	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) July 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.) Jan 2, 2001									
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance									
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 150,000 <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). 8.7.46/27/01 <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____								
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input checked="" type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)	_____	_____
Grantor	Value (\$)								
_____	_____								
Grantor	Value (\$)								
_____	_____								

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

28. Minn. Stat. § 116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

- |  | Goals established?  | Target attainment dates (month & year) | All goals attained?   |
|--|---|--|---|
| A) Specific wage and job goals to be attained within 2 years | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>7/13/02</u> <u>12/1/01</u>          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| B) Other job-creation and/or retention goals                 | <input type="checkbox"/> Yes <input type="checkbox"/> No            | _____                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| C) Other wage goals  | <input type="checkbox"/> Yes <input type="checkbox"/> No            | _____                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| D) Other goals other than wage and job goals                 | <input type="checkbox"/> Yes <input type="checkbox"/> No            | _____                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	<u>1</u>	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

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

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☒ Yes ☐ No



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**EXHIBIT A**

**Wage and Job Goals**

Goals to be met within two (2) years from the Benefit Date:

At least one (1) new job created at minimum wage to be maintained for at least two (2) years.

715220

**Section 5 Recipients Failing to Fulfill Obligations***(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)*

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
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34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation  
☐ recipient 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:

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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

00-0444

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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) <u>City of Howard Lake</u>		2. Name of person completing this form <u>Doug Berglund</u>													
3. Street address <u>741 6th Street PO BOX 763</u>		4. City <u>HOWARD LAKE</u>	5. ZIP code <u>55349</u>												
6. County <u>Wright</u>	7. Phone number <u>320-543-3670</u>	8. Fax number <u>320-543-3306</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. <table border="1"> <tr> <td>Name</td> <td>Title</td> <td>Phone number</td> <td>Street address</td> <td>City</td> <td>ZIP code</td> </tr> <tr> <td><u>Doug Berglund</u></td> <td><u>City Admin</u></td> <td><u>320-543-3670</u></td> <td><u>PO BOX 736</u></td> <td><u>HOWARD LAKE</u></td> <td><u>55349</u></td> </tr> </table>				Name	Title	Phone number	Street address	City	ZIP code	<u>Doug Berglund</u>	<u>City Admin</u>	<u>320-543-3670</u>	<u>PO BOX 736</u>	<u>HOWARD LAKE</u>	<u>55349</u>
Name	Title	Phone number	Street address	City	ZIP code										
<u>Doug Berglund</u>	<u>City Admin</u>	<u>320-543-3670</u>	<u>PO BOX 736</u>	<u>HOWARD LAKE</u>	<u>55349</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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>3/15/00</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____													
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <u>Stellar Health Care Inc.</u>		15. Address where business subsidy or financial assistance will be used <u>1116 6th Street</u> <u>Howard Lake, MN</u> <u>55349</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

☐ Manufacturing  
☐ Retail Trade

☒ Services  
☐ Wholesale Trade

☐ Finance, Insurance, Real Estate  
☐ Construction ☐ Other (please specify) \_\_\_\_\_

## 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

(new business start up)

## 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.)

Developer P.A. 46. TIF  
up to a max. of \$99,000

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

7-13-2000

## 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.)

8-18-00

## 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 up to \$99,000  
☐ 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) redevelopment blighted area

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>7-13-02</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	<u>2</u>				\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					\$
\$15.00 and higher	<u>1</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	<u>0</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	<u>0</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

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**EXHIBIT A**

**Wage and Job Goals**

Goals to be met within two (2) years from the Benefit Date:

- 2 new (as opposed to transfers of existing positions) full time positions at \$6.00 per hour
- 1 new (as opposed to transfer of an existing position) full time position at \$15.00 per hour

**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**



00-0862

**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) City of Hugo		2. Name of person completing this form Ronald J. Otkin	
3. Street address 5524 Upper 146th Street N		4. City Hugo	5. ZIP code 55038
6. County Washington	7. Phone number 651 429-6676	8. Fax number 651 426-2859	9. E-mail address rotkin@ci.hugo.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) 10/04/99 <input checked="" type="checkbox"/> Yes (Indicate hearing date - and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

**Section 2 Information About Recipient**

14. Name of business or organization receiving subsidy or financial assistance  KR Lindstrom, LLC	15. Address where business subsidy or financial assistance will be used 5441 140th Street Hugo MN 55038 Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code



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;">\$66,538</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;">04/10/00</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.) 04/10/00</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance     </p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>66,538</u>  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____     </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____     </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict     </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No     </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Grantor</td> <td style="width: 40%; border-bottom: 1px solid black;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grantor</td> <td style="border-bottom: 1px solid black;">Value (\$)</td> </tr> </table>	Grantor	Value (\$)			Grantor	Value (\$)
Grantor	Value (\$)						
Grantor	Value (\$)						

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- ☐ Enhancing economic diversity  
☐ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community  
☐ Increasing tax base (cannot be only purpose)  
☒ Other (please specify) Construction of public improvements & develop retail facilities in the city

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>04/02</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>	<u>5</u>	_____	_____	\$_____
\$9.00 to \$10.99	_____	<u>1</u>	_____	_____	\$_____
\$11.00 to \$12.99	_____	<u>1</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:

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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



00-0863

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## 2001 Minnesota Business Assistance Form

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Hugo		2. Name of person completing this form Ronald J. Otkin	
3. Street address 5524 Upper 146th Street N		4. City Hugo	5. ZIP code 55038
6. County Washington	7. Phone number 651 429-6676	8. Fax number 651 426-2859	9. E-mail address rotkin@ci.hugo.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) 10/04/99 <input checked="" type="checkbox"/> Yes (Indicate hearing date - and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  Como Lube & Supply, Inc.		15. Address where business subsidy or financial assistance will be used 13575 Fenway Blvd Hugo MN 55038 Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No 1107 Port Terminal Road Como Lube & Supply, Inc. Duluth MN 55816 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;">\$167,850</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;">03/21/00</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;">03/21/00</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral      \$167,850  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="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) Construct public improvements & develop commercial facilities

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>03/02</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>3</u>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

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

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☒ Yes ☐ No

**Section 5 Recipients Failing to Fulfill Obligations**

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

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)*    ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

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

36. Reason(s) for default *(Mark all that apply.)*:

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

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

☐ Yes    ☐ No, recipient has begun to repay the assistance.    ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes    ☐ No

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


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

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

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



00-0864

## 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) City of Hugo		2. Name of person completing this form Ronald J. Otkin	
3. Street address 5524 Upper 146th Street N		4. City Hugo	5. ZIP code 55038
6. County Washington	7. Phone number 651 429-6676	8. Fax number 651 426-2859	9. E-mail address rotkin@ci.hugo.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) 10/04/99 <input checked="" type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

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



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

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

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

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

\_\_\_\_\_  
 City/State of previous address      Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$261,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">10/02/00</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) 10/02/00</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$261,000  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table 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;">Grantor</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;"></td> </tr> </table>		Value (\$)	Grantor		Grantor	
	Value (\$)						
Grantor							
Grantor							

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

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

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					\$
less than \$7.00					\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99	<u>1</u>				\$
\$13.00 to \$14.99					\$
\$15.00 and higher					\$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

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

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☐ Yes ☒ No

**Section 5 Recipients Failing to Fulfill Obligations**

*(Do not complete this section if you completed it on another 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

00-0492

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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) <u>Hutchinson Community Development</u>		2. Name of person completing this form <u>Christie Rock</u>	
3. Street address <u>111 Hassan St. SE</u>		4. City <u>Hutchinson</u>	5. ZIP code <u>MN 55350</u>
6. County <u>McLeod</u>	7. Phone number <u>(320) 234-4223</u>	8. Fax number <u>(320) 234-4240</u>	9. E-mail address <u>Crock@ci.hutchinson.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>7/25/00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Allied Mechanical Systems</u>		15. Address where business subsidy or financial assistance will be used <u>340 Michigan Hutchinson MN 55350</u> Street address    City    State    ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address    City    State    ZIP code	

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

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

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

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

\_\_\_\_\_  
 City/State of previous address      Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 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>\$ 80,000.00</b></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><b>Sept. 27, 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>October 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> <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)      <b>\$ 80,000.00</b>  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p> <input type="checkbox"/> not applicable, agreement provided a business subsidy         </p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p> <input type="checkbox"/> not applicable, assistance was not in the form of TIF         </p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input 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
 ☐ 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	4-1-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	4	_____	_____	_____	\$9.00

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

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

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

E.F.H. ☒ 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) <u>Iron Range Resources &amp; Rehabilitation Board</u>		2. Name of person completing this form <u>Rick Anderson</u>									
3. Street address <u>1006 Highway 53 South</u>		4. City <u>Eveleth</u>	5. ZIP code <u>55734</u>								
6. County <u>St. Louis</u>	7. Phone number <u>(218) 744-7400</u>	8. Fax number <u>(218) 744-7402</u>	9. E-mail address <u>richard.anderson@itrrb.org</u>								
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <table border="0"> <tr> <td><u>Phil Bakken</u></td> <td><u>(218) 744-7400</u></td> <td><u>1006 Highway 53 S. Eveleth, MN</u></td> <td><u>55734</u></td> </tr> <tr> <td>Name/Title</td> <td>Phone number</td> <td>Street address</td> <td>City ZIP code</td> </tr> </table>				<u>Phil Bakken</u>	<u>(218) 744-7400</u>	<u>1006 Highway 53 S. Eveleth, MN</u>	<u>55734</u>	Name/Title	Phone number	Street address	City ZIP code
<u>Phil Bakken</u>	<u>(218) 744-7400</u>	<u>1006 Highway 53 S. Eveleth, MN</u>	<u>55734</u>								
Name/Title	Phone number	Street address	City ZIP code								
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input type="checkbox"/> City government <input type="checkbox"/> County government <input checked="" type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input type="checkbox"/> Yes (Indicate hearing date - _____ and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input checked="" 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 ( <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 <u>LAREX, Inc.</u>	15. Address where business subsidy or financial assistance will be used <u>1101 NW 3rd St. Colesset, MN</u> Street address                      City                      State                      ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address                      City                      State                      ZIP code



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**2001 Minnesota Business Assistance Form**

12. The Commissioner of Iron Range Resources and Rehabilitation is empowered by Minnesota Statutes, Section 298.22 and 298.292 and 298.293 to participate with private sources in providing financing for various economic development projects in the form of loans and or/grants for the purpose of job creation and economic development within the Taconite Tax Relief Area.

The IRRRB's board meetings are public meetings. The business subsidy for each individual project is established during the public meeting at which the individual projects are being considered.

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

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.) N/A

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

### Section 3 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;">\$ 350,000.00</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;">March 22, 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="font-size: 1.2em;">Loan was advanced in increments from March 22, 2000 until December 31, 2000. Loan fully advanced as of December 31, 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)      \$ 350,000.00  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</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: 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>March 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	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>10</u>	_____	_____	_____	\$ <u>Not set</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	<u>0</u>	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☐ Yes ☒ No

## Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

☐ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)

☒ No

Name of recipient	Type of subsidy or assistance (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 APR 19 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) <u>Iron Range Resources &amp; Rehabilitation Board</u>		2. Name of person completing this form <u>Rick Anderson</u>											
3. Street address <u>1006 Highway 53 South</u>		4. City <u>Eveleth</u>	5. ZIP code <u>55734</u>										
6. County <u>St. Louis</u>	7. Phone number <u>(218) 744-7400</u>	8. Fax number <u>(218) 744-7402</u>	9. E-mail address <u>richard.anderson@irrb.org</u>										
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <table border="0"> <tr> <td><u>Phil Bakker</u></td> <td><u>(218) 744-7400</u></td> <td><u>1006 Hwy 53 S.</u></td> <td><u>Eveleth</u></td> <td><u>55734</u></td> </tr> <tr> <td>Name/Title</td> <td>Phone number</td> <td>Street address</td> <td>City</td> <td>ZIP code</td> </tr> </table>				<u>Phil Bakker</u>	<u>(218) 744-7400</u>	<u>1006 Hwy 53 S.</u>	<u>Eveleth</u>	<u>55734</u>	Name/Title	Phone number	Street address	City	ZIP code
<u>Phil Bakker</u>	<u>(218) 744-7400</u>	<u>1006 Hwy 53 S.</u>	<u>Eveleth</u>	<u>55734</u>									
Name/Title	Phone number	Street address	City	ZIP code									
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input checked="" 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 <u>Accelerated Payments, Inc.</u>	15. Address where business subsidy or financial assistance will be used <u>320 7th Ave. Two Harbors MN 55616</u> Street address                      City                      State                      ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation _____	Street address                      City                      State                      ZIP code

## **2001 Minnesota Business Assistance Form**

12. The Commissioner of Iron Range Resources and Rehabilitation is empowered by Minnesota Statutes, Section 298.22 and 298.292 and 298.293 to participate with private sources in providing financing for various economic development projects in the form of loans and or/grants for the purpose of job creation and economic development within the Taconite Tax Relief Area.

The IRRRB's board meetings are public meetings. The business subsidy for each individual project is established during the public meeting at which the individual projects are being considered.

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 value by type in Questions 24 and 25.)

\$ 550,000.00

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

March 1, 2000

22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)

Loan - Closed 2/17/00 - Funded 3/2/00  
 Grant - \$46,000 advanced as of 3/31/01. Balance to be advanced semiannually until 3/1/05

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) - Convertible Debt \$250,000  
☒ grant (i.e., forgivable loan) \$300,000  
☐ 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).

E.T. 7/19/01

- ☒ 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.)

- E.T. 7/19/01  
☒ 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	<u>3/1/02</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	<u>40</u> by <u>3/1/02</u>	_____	_____	_____	\$ <u>Not Set</u>
\$7.00 to \$8.99	<u>100</u> by <u>3/1/05</u>	_____	_____	_____	\$ <u>Set</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>25</u>	<u>3</u>	_____	_____	\$ <u>1.43</u>
\$9.00 to \$10.99	<u>6</u>	_____	_____	_____	\$ <u>1.43</u>
\$11.00 to \$12.99	<u>2</u>	_____	_____	_____	\$ <u>1.43</u>
\$13.00 to \$14.99	<u>0</u>	_____	_____	_____	\$ _____
\$15.00 and higher	<u>3</u>	_____	_____	_____	\$ <u>1.43</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

# 2001 Minnesota Business Assistance Form

RECEIVED APR 0 7 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) City of Jackson		2. Name of person completing this form Joe Vrchota, Economic Dev. Coordinator	
3. Street address 80 West Ashley Street		4. City Jackson	5. ZIP code 56143
6. County Jackson	7. Phone number (507) 847-4423	8. Fax number (507) 847-5586	9. E-mail address edc@rconnect.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 ( <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> )  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other ( <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> )  <input checked="" type="checkbox"/> Yes ( <i>Indicate hearing date - 9/21/99 and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )  <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  Erickson Truck Sales & Salvage, Inc.		15. Address where business subsidy or financial assistance will be used  R.R.2 Box 351 Jackson, MN 56143 Street address City State ZIP code	
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )  <input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) <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 value by type in Questions 24 and 25.)

\$80,000

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

8/3/2000

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.)

10/27/2000

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

- ☒ 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) \$ 80,000  
☐ grant (i.e., forgivable loan) \$ \_\_\_\_\_  
☐ tax abatement \$ \_\_\_\_\_  
☐ TIF or other tax reduction or deferral \$ \_\_\_\_\_  
☐ guarantee of payment \$ \_\_\_\_\_  
☐ contribution of property or infrastructure \$ \_\_\_\_\_  
☐ preferential use of governmental facilities \$ \_\_\_\_\_  
☐ land contribution \$ \_\_\_\_\_  
☐ other (Specify subsidy type.) \_\_\_\_\_ \$ \_\_\_\_\_

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

- ☐ not applicable, agreement provided a business subsidy  
☐ assistance for property polluted by contaminants \$ \_\_\_\_\_  
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ \_\_\_\_\_  
☐ assistance for pollution control or abatement \$ \_\_\_\_\_  
☐ assistance for a TIF soils condition district \$ \_\_\_\_\_

26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)

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

27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)

- ☐ Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  
☒ No

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

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

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

## 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10/00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	6			8	Company pays 60% of premium
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	6			8	Company pays 60% of premium
\$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) City of Jackson		2. Name of person completing this form Joe Vrchota, Economic Dev. Coordinator	
3. Street address 80 West Ashley Street		4. City Jackson, MN	5. ZIP code 56143
6. County Jackson	7. Phone number (507) 847-4423	8. Fax number (507) 847-5586	9. E-mail address edc@rconnect.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 ( <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> )  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other ( <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> )  <input checked="" type="checkbox"/> Yes ( <i>Indicate hearing date -9/21/99 and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )  <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. Jackson Development Corporation for: Accent Insurance Recovery Solutions		15. Address where business subsidy or financial assistance will be used  160 Industrial Park, Jackson, MN 56143 Street address City State ZIP code	
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )  <input checked="" type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) <input type="checkbox"/> No Omnium Worldwide, Inc.      7171 Mercy Rd. Omaha, NE 69004 Name of parent corporation Street address City State ZIP code			

17. Industry of recipient's facility (Mark one.): Q 1.1 6/23/01 Medical Insurance Claims processing

☐ 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.) Shared space in the Industrial Park. Jackson Development Corporation built a new facility for Accent Insurance Recovery Solutions.

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.) N/A

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

### Section 3 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.)  \$85,000	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  1/1/2000
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)  6/2000	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)  <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan (only principal) \$ 85,000 <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict  (Challenge Loan) -	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No  Grantor(s) and value of the agreement(s): Jackson County \$ 60,000 Grantor Value (\$) SW MN Foundation \$106,025 Grantor Value (\$)  



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# 27 Additional grantors for the Accent  
Insurance Recovery Solutions Project.

SW MN Foundation (IRP Loan) \$143,975

United Prairie Bank \$117,000

SRDC \$ 85,000  
(SW Region Development Commission)

80 West Ashley • Jackson, MN 56143 • 507-847-4423



## 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	10/00	<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	10/00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	20				\$ 28% of wage
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	27				\$ 28% of wage
\$11.00 to \$12.99	24				\$
\$13.00 to \$14.99	5				\$
\$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

00-0409

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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) <u>City of Kimball</u>		2. Name of person completing this form <u>Dianne Robinson</u>	
3. Street address <u>Main St N - P.O. Box 238</u>		4. City <u>Kimball</u>	5. ZIP code <u>55353</u>
6. County <u>Stearns</u>	7. Phone number <u>320-398-2725</u>	8. Fax number <u>320-398-2720</u>	9. E-mail address <u>_____</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>6-19-00</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <u>Schmidt C- Stores, Inc.</u>		15. Address where business subsidy or financial assistance will be used <u>115 State Hwy 15 - Kimball, MN 55353</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

☐ Manufacturing

☐ Services

☐ Finance, Insurance, Real Estate

☒ Retail Trade

☐ Wholesale Trade

☐ Construction

☐ Other (please specify) \_\_\_\_\_

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

☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)

☒ No (Go to Question 19.)

City/State of previous address \_\_\_\_\_

Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

☒ Remained at previous location

☐ Relocated to different Minnesota location

☐ Relocated outside Minnesota

### Section 3 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.)

82,000.00

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

Aug 25, 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.)

Opened for business Dec 2000 - Cert. of Occupancy issued 3-30-01

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

☒ 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 \$ 2000.00

☐ 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Oct. 2001</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	<u>3</u>	_____	<u>yes</u>	\$ _____
\$7.00 to \$8.99	<u>1</u>	<u>1</u>	_____	<u>yes</u>	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>1</u>	_____	_____	<u>yes</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	_____	<u>3</u>	_____	<u>yes</u>	\$ _____
\$7.00 to \$8.99	<u>1</u>	<u>1</u>	_____	<u>yes</u>	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>1</u>	_____	_____	<u>yes</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



00-0389

# 2001 Minnesota Business Assistance Form

RECEIVED APR 0 7 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) <u>City of Lake City</u>		2. Name of person completing this form <u>Ron Zeigler</u>	
3. Street address <u>205 West Center Street</u>		4. City <u>Lake City</u>	5. ZIP code <u>55041</u>
6. County <u>Wabasha/Goodhue</u>	7. Phone number <u>651-345-5383</u>	8. Fax number <u>651-345-3208</u>	9. E-mail address <u>lakecity@mr.net</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>Ron Zeigler</u> <u>651-345-5265</u> <u>212 S. Washington</u> <u>Lake City</u> <u>55041</u> Name/Title      Phone number      Street address      City      ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date <u>12/28/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <u>Hearth Technologies Inc.</u>	15. Address where business subsidy or financial assistance will be used <u>Wabasha Cty #5 Lake City MN 55041</u> Street address      City      State      ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No <u>HON Industries Inc.</u> <u>414 E. 3rd St.</u> <u>Muscataine</u> <u>IA</u> <u>52761</u> Name of parent corporation      Street address      City      State      ZIP code	

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

☒ Manufacturing  
☐ Retail Trade

☐ Services  
☐ Wholesale Trade

☐ Finance, Insurance, Real Estate  
☐ Construction ☐ Other (please specify) \_\_\_\_\_

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.)

☒ expansion would have happened in different state

☐ 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.)

\$483,075

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

9/12/2000

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-go, 1st payment estimated 2002, job base as of May 12, 2000

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

☒ 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 \$ 483,075  
☐ 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):

Minnesota Investment Fund/City  
Grantor Value (\$) \$500,000  
Grantor Value (\$)



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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

☒ Increasing tax base (cannot be only purpose)

☐ Other (please specify) \_\_\_\_\_

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/30/03	<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	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	50	N/A	_____	N/A	\$ N/A
\$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	0	_____	_____	_____	\$ _____
\$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

00-1056

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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) City of Lakeville		2. Name of person completing this form Ann Flad, Economic Development Coord.	
3. Street address 20195 Holyoke Avenue		4. City Lakeville	5. ZIP code 55044
6. County Dakota	7. Phone number (952) 985-4400	8. Fax number (952) 985-4429	9. E-mail address aflad@ci.lakeville.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date <u>9/18/00</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 DR Horton, Inc. - Minnesota		15. Address where business subsidy or financial assistance will be used 20860 Kenbridge Ct., Lakeville, MN 55044 Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	

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

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

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

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

Eagan, MN      No room for expansion, and wanted to own rather than lease.  
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.)
\$336,288.00	9/18/00

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.)

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

☒ business subsidy      ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>336,228</u> <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____

26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
<input type="checkbox"/> not applicable, assistance was not in the form of TIF <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s):  Grantor _____ Value (\$) _____ Grantor _____ Value (\$) _____

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input checked="" 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 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	N/A	_____	_____	_____	\$_____
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	N/A	_____	_____	_____	\$_____
\$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 (As project is not yet complete, all funds have not yet been expended.)

**Section 5 Recipients Failing to Fulfill Obligations***(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)*

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
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34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

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

36. Reason(s) for default *(Mark all that apply.)*:

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

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

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

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

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

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

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



original received 3/30/01 00-0233

## 2000 Minnesota Business Assistance Form

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

### Section 1 Information About Grantor

1. Name of grantor (funding entity). <u>CITY OF LE CENTER</u>		2. Name of person completing this form <u>DON HAYDEN</u>	
3. Street address <u>10 W. TYRONE ST</u>		4. City <u>LE CENTER</u>	5. ZIP code <u>56057</u>
6. County <u>LE SUEUR</u>	7. Phone number <u>507-357-4450</u>	8. Fax number <u>507-357-6888</u>	9. E-mail address <u>N/A</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 govt agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input checked="" type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>LENNY + SCHENCKEL PROPERTIES</u> <u>ROYAL AMERICAN FOODS</u>		15. Address where business subsidy or financial assistance will be used <u>LE CENTER</u> <u>410 W INDUSTRIAL ST</u> <u>56057</u> Street address City ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No			
Name of parent corporation <u>ROYAL AMERICAN FOODS</u>		Street address City State ZIP code <u>5000</u>	

17. Industry of recipient's facility (Mark one.): <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input checked="" type="checkbox"/> Services  <input checked="" type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other (please specify) _____         </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? (Mark one.) <input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) <input checked="" type="checkbox"/> No (Go to Question 19.) <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.) <input checked="" 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.) <div style="font-size: 1.2em; margin-top: 10px;">\$400,000 TORNADO LOAN</div>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <div style="font-size: 1.2em; margin-top: 10px;">12/29/2000</div>
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) <div style="font-size: 1.2em; margin-top: 10px;">2-1-01</div>	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> business subsidy            <input checked="" type="checkbox"/> financial assistance       </div>	
24. If the agreement provided a business subsidy, please indicate the type(s). <input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): <hr/> <div style="display: flex; justify-content: space-between; width: 80%;"> <span>Grantor</span> <span>Value (\$)</span> </div> <hr/> <div style="display: flex; justify-content: space-between; width: 80%;"> <span>Grantor</span> <span>Value (\$)</span> </div>



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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

☐ Increasing tax base (cannot be only purpose)

☐ Other (please specify)

☒ Other (please specify) TORNADO LOSS

☐ 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			N/A		\$
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			N/A		\$
\$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 <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
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34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after 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
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Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
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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



original received 3/30/01 00-0225

## 2001 Minnesota Business Assistance Form

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

### Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>CITY OF LE CENTER</u>		2. Name of person completing this form <u>DON HAYDEN</u>	
3. Street address <u>10 W. TYRONS ST</u>		4. City <u>LE CENTER</u>	5. ZIP code <u>56057</u>
6. County <u>LE SUEUR</u>	7. Phone number <u>507-357-4450</u>	8. Fax number <u>507-357-6888</u>	9. E-mail address <u>N/A</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title	Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>FIBERGLAS FABRICATORS</u> <u>315 W. INDUSTRIAL ST</u>		15. Address where business subsidy or financial assistance will be used <u>315 W INDUSTRIAL ST</u> <u>LE CENTER</u> <u>56057</u> Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No <u>Same</u>			
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>\$100,000 TORNADO LOAN</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>1/6/00</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>3/1/00</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><input checked="" 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 checked="" type="checkbox"/> loan (only principal) \$27,750,000 \$100,000  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input 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) TORNADO DAMAGE

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Target attainment dates (month & year) _____	All goals attained? <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.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
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34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)*

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

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

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

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation

☐ recipient relocated to a different community

☐ recipient was unable to fill vacant positions

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

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

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

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

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

Resubmitted form 6/15/01 to  
include total loan amount; date 6.7.02 6/19/01  
agreement signed



# 2001 Minnesota Business Assistance Form

00-0858

RECEIVED MAY 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) <u>Lino Lakes EDA</u>		2. Name of person completing this form <u>Mary Alice Divine</u>	
3. Street address <u>1000 Town Center Pkwy</u>		4. City <u>Lino Lakes</u>	5. ZIP code <u>55014</u>
6. County <u>Anoka</u>	7. Phone number <u>651/982-2423</u>	8. Fax number <u>651/982-2499</u>	9. E-mail address <u>MDivine@Lino-Lakes.MN.US</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address
City		ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>11/8/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <u>CJN Investments, LLP</u>		15. Address where business subsidy or financial assistance will be used <u>295 Apollo Drive Lino Lakes, MN 55014</u>	
		Street address	City
		State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City
		State	ZIP code

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

☒ Manufacturing  
☐ Retail Trade

☐ Services  
☐ Wholesale Trade

☐ Finance, Insurance, Real Estate  
☐ Construction ☐ Other (please specify) \_\_\_\_\_

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## 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.)

Blaine, MN no available land  
 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.)

77,185

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

8/24/00

## 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.)

10/22/00

## 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 \$ 77,185  
☐ 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  
☒ Increasing tax base (cannot be only purpose)  
☒ Creating high-quality job growth  
☐ Other (please specify) using underutilized infrastructure  
☐ 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	<u>Nov. 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	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>5</u>	_____	_____	_____	\$ <u>1.85</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	<u>2</u>	<u>.5</u>	_____	_____	\$ <u>1.85</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



# 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) <b>City of Litchfield</b>		2. Name of person completing this form <b>Bruce Miller</b>	
3. Street address <b>126 Marshall Avenue North</b>		4. City <b>Litchfield</b>	5. ZIP code <b>55355</b>
6. County <b>Meeker</b>	7. Phone number <b>320-693-7201</b>	8. Fax number <b>320-693-9134</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.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		<b>Amended</b> <input checked="" type="checkbox"/> Yes (Indicate hearing date <b>7/05/00</b> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" 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  <b>AmericInn</b>		15. Address where business subsidy or financial assistance will be used  <b>1525 E. Hwy 12 Litchfield, MN 55355</b>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No			
<b>ETC Enterprises, Inc.</b>		<b>110 So. 2nd St.</b>	
Name of parent corporation		Suite 132 Waite Park MN 56387	
		Street address	City State ZIP code

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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate value by type in Questions 24 and 25.)</i>  <div style="text-align: center; font-size: 1.2em;">\$100,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended)</i>  <div style="text-align: center; font-size: 1.2em;">November 15, 2000</div>
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>  <div style="text-align: center; font-size: 1.2em;">June, 2001</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? <i>(Mark one.)</i>  <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  <input type="checkbox"/> not applicable, agreement provided financial assistance  <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> loan (only principal)  <input type="checkbox"/> grant (i.e., forgivable loan)  <input checked="" type="checkbox"/> tax abatement  <input type="checkbox"/> TIF or other tax reduction or deferral  <input type="checkbox"/> guarantee of payment  <input type="checkbox"/> contribution of property or infrastructure  <input type="checkbox"/> preferential use of governmental facilities  <input type="checkbox"/> land contribution  <input type="checkbox"/> other <i>(Specify subsidy type.)</i> _____         </div> <div style="width: 15%; text-align: right;">           \$ _____            \$ _____  <div style="font-size: 1.2em;">\$100,000</div>            \$ _____            \$ _____            \$ _____            \$ _____            \$ _____            \$ _____         </div> </div>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s)  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> assistance for property polluted by contaminants  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost  <input type="checkbox"/> assistance for pollution control or abatement  <input type="checkbox"/> assistance for a TIF soils condition district         </div> <div style="width: 15%; text-align: right;">           \$ _____            \$ _____            \$ _____            \$ _____            \$ _____         </div> </div>
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one)</i>  <input checked="" type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span>Meeker County</span> <span>\$100,000</span> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span>Grantor</span> <span>Value (\$)</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Grantor</span> <span>Value (\$)</span> </div>

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

28. Minn. Stat. §116J 994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

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

(Please attach descriptions of goals and progress toward attainment if not documented in 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>6</u>	_____	_____	_____	\$ <u>1.75</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>6</u>	_____	_____	_____	\$ <u>1.85</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



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**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) City of Litchfield		2. Name of person completing this form Bruce Miller	
3. Street address 126 Marshall Avenue North		4. City Litchfield	5. ZIP code 55355
6. County Meeker	7. Phone number 320-693-7201	8. Fax number 320-693-9134	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 ( <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> ) <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other ( <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> ) <b>Amended</b> <input checked="" type="checkbox"/> Yes ( <i>Indicate hearing date 7/05/00 and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> ) <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 Innovex, Inc.	15. Address where business subsidy or financial assistance will be used 1 Precision Dr. Litchfield MN 55355 Street address City State ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> ) <input checked="" type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) <input type="checkbox"/> No Innovex, Inc. 5540 Pioneer Creek Drive Maple Plain MN 55359-9008 Name of parent corporation Street address City State ZIP code	

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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate value by type in Questions 24 and 25.)</i>  <div style="text-align: center; font-size: 1.2em;">\$329,251</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-size: 1.2em;">March 1, 2000</div>				
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>  <div style="text-align: center; font-size: 1.2em;">March 1, 2000</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? <i>(Mark one.)</i>  <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.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> loan (only principal)  <input type="checkbox"/> grant (i.e., forgivable loan)  <input type="checkbox"/> tax abatement  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral  <input type="checkbox"/> guarantee of payment  <input type="checkbox"/> contribution of property or infrastructure  <input type="checkbox"/> preferential use of governmental facilities  <input type="checkbox"/> land contribution  <input type="checkbox"/> other <i>(Specify subsidy type.)</i> _____           </div> <div style="width: 30%; text-align: right;">             \$ _____              \$ _____              \$ _____  <div style="border-bottom: 1px solid black; font-weight: bold;">\$329,251</div>              \$ _____              \$ _____              \$ _____              \$ _____              \$ _____           </div> </div>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> assistance for property polluted by contaminants  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost  <input type="checkbox"/> assistance for pollution control or abatement  <input type="checkbox"/> assistance for a TIF soils condition district           </div> <div style="width: 30%; text-align: right;">             \$ _____              \$ _____              \$ _____              \$ _____           </div> </div>				
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Grantor</td> <td style="width: 40%; border-bottom: 1px solid black; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grantor</td> <td style="border-bottom: 1px solid black; text-align: right;">Value (\$)</td> </tr> </table>	Grantor	Value (\$)	Grantor	Value (\$)
Grantor	Value (\$)				
Grantor	Value (\$)				



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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	December, 2000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in 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	75	_____	_____	_____	\$2.00
\$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	77	_____	_____	_____	\$2.15
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☒ Yes ☐ No

## Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
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34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

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

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation

☐ recipient relocated to a different community

☐ recipient was unable to fill vacant positions

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

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

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

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


**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 MAY 29 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) City of Little Falls		2. Name of person completing this form Lori Kasella/Finance Officer	
3. Street address 100 NE 7th Ave., P. O. Box 244		4. City Little Falls	5. ZIP code 56345
6. County Morrison	7. Phone number (320) 632-2341	8. Fax number (320) 632-2344	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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date <u>12-20-99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input 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  DJ Holding LLC		15. Address where business subsidy or financial assistance will be used  1009 NW 4th St. Little Falls MN 56345	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

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

\_\_\_\_\_  
 City/State of previous address      Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 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.)  <div style="font-size: 1.2em; margin-left: 40px;">\$37,500</div>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  <div style="font-size: 1.2em; margin-left: 40px;">Jan 10, 2000</div>				
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)  <div style="font-size: 1.2em; margin-left: 40px;">3-1-2000</div>					
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)  <div style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </div>					
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <div style="margin-left: 20px;"> <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      \$ 37,500  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </div>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <div style="margin-left: 20px;"> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </div>				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <div style="margin-left: 20px;"> <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         </div>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <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>03-01-02</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	/	<del>1</del> per Ed at DTEO	/	/	/
\$7.00 to \$8.99	/	/	/	/	/
\$9.00 to \$10.99	/	/	/	/	/
\$11.00 to \$12.99 AVERAGE	<del>2</del> per Ed at DTEO	/	/	/	/
\$13.00 to \$14.99	/	/	/	/	/
\$15.00 and higher	/	/	/	1	/

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	/	3	/	/	/
\$7.00 to \$8.99	1	2	/	/	/
\$9.00 to \$10.99	1	/	/	/	/
\$11.00 to \$12.99	1	/	/	/	/
\$13.00 to \$14.99	/	/	/	/	/
\$15.00 and higher	/	/	/	1	/

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☐ Yes ☒ No

## 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 MAY 29 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) City of Little Falls		2. Name of person completing this form Lori Kasella/Finance Officer	
3. Street address 100 NE 7th Ave., P.O. Box 244		4. City Little Falls	5. ZIP code 56345
6. County Morrison	7. Phone number (320) 632-2341	8. Fax number (320) 632-2344	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.")  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)  <input checked="" type="checkbox"/> Yes (Indicate hearing date - 12-20-99 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)  <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  Fallsburg Woodworking		15. Address where business subsidy or financial assistance will be used  609 NW 9th Ave Little Falls MN 56345	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)  <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

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

Belle Prairie Township  
 Little Falls, MN      no room for 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

<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;">\$ 53,500<sup>00</sup></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;">1-26-00</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="font-size: 1.2em;">December 15, 1999</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral      \$ 53,500  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input checked="" type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;">Value (\$)</td> </tr> </table>		Value (\$)		Value (\$)
	Value (\$)				
	Value (\$)				



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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	01-26-02	<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	1	_____	_____	_____	\$ _____
\$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	1	1	1	_____	\$ _____
\$7.00 to \$8.99	1	1	1	_____	\$ _____
\$9.00 to \$10.99	5	1	1	_____	\$ _____
\$11.00 to \$12.99	1	1	1	_____	\$ _____
\$13.00 to \$14.99	2	1	1	_____	\$ _____
\$15.00 and higher	2	1	1	_____	\$ _____

100% of jobs Retained

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

RECEIVED MAY 29 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) City of Little Falls		2. Name of person completing this form Lori Kasella/Finance Officer	
3. Street address 100 NE 7th Ave., P. O. Box 244		4. City Little Falls	5. ZIP code 56345
6. County Morrison	7. Phone number (320) 632-2341	8. Fax number (320) 632-2344	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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 12-20-99 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  Goldeneye Solutions, Inc.		15. Address where business subsidy or financial assistance will be used  502 NW 13th Ave Little Falls MN 56345	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):  
☒ Manufacturing      ☐ Services      ☐ Finance, Insurance, Real Estate  
☐ Retail Trade      ☐ Wholesale Trade      ☐ Construction      ☐ Other (please specify) \_\_\_\_\_

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)  
☒ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)  
☐ No (Go to Question 19.)  
Prior Lake/Mn      customer base for this expansion was in Little Falls  
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>\$ 84,000</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  <u>5-15-00</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.)  <u>10-15-00</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.)  <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral      \$ <u>48,000</u>  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input checked="" type="checkbox"/> land contribution      \$ <u>36,000</u>  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____ </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input checked="" type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;">Value (\$)</td> </tr> </table>		Value (\$)		Value (\$)
	Value (\$)				
	Value (\$)				

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>10-15-02</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	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	\$ <u>/</u>
less than \$7.00	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	\$ <u>/</u>
\$7.00 to \$8.99	<u>/</u>	<u>1</u>	<u>/</u>	<u>/</u>	\$ <u>/</u>
\$9.00 to \$10.99	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	\$ <u>/</u>
\$11.00 to \$12.99	<u>5-6</u>	<u>/</u>	<u>/</u>	<u>/</u>	\$ <u>/</u>
\$13.00 to \$14.99	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	\$ <u>/</u>
\$15.00 and higher	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	\$ <u>/</u>

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	\$ <u>/</u>
\$7.00 to \$8.99	<u>1</u>	<u>1</u>	<u>/</u>	<u>/</u>	\$ <u>/</u>
\$9.00 to \$10.99	<u>2</u>	<u>/</u>	<u>/</u>	<u>/</u>	\$ <u>4.08</u>
\$11.00 to \$12.99	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	\$ <u>/</u>
\$13.00 to \$14.99	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	\$ <u>/</u>
\$15.00 and higher	<u>4</u>	<u>/</u>	<u>/</u>	<u>/</u>	\$ <u>3.86</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**

# 2001 Minnesota Business Assistance Form

RECEIVED APR 9 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) <u>Long Lake Economic Devlp. Authority</u>		2. Name of person completing this form <u>Michelle Morse, Ex. Director</u>	
3. Street address <u>1964 PARK AVENUE, P.O. Box 606</u>		4. City <u>Long Lake</u>	5. ZIP code <u>55356</u>
6. County <u>Hennepin</u>	7. Phone number <u>952-473-6961</u>	8. Fax number <u>952-476-9822</u>	9. E-mail address <u>mmorse@ci.long-lake.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>5/4/00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>James A. Loosen</u>		15. Address where business subsidy or financial assistance will be used <u>545 and 525 Tamarack Ave.</u> Street address City State ZIP code <u>Long Lake, MN 55356</u>	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

- ☐ Manufacturing  
☐ Retail Trade

- ☒ Services  
☐ Wholesale Trade

- ☐ Finance, Insurance, Real Estate  
☐ Construction ☐ Other (please specify) \_\_\_\_\_

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.)

\$150,000

pay as you go  
revenue note

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

June 20, 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.)

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.)

6/10/01 4.7.0  
☒ 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 \$150,000  
☐ 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 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 is still under construction*

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>8</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	<i>Project is still under construction</i>			_____	\$ _____
\$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.)

*Project is still under construction*

☐ 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

RECEIVED APR 3 2 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) <u>Long Lake Economic Development Authority</u>		2. Name of person completing this form <u>Michelle Morse, Ex Director</u>	
3. Street address <u>1964 Park Avenue PO Box 606</u>		4. City <u>Long Lake</u>	5. ZIP code <u>55356</u>
6. County <u>Hennepin</u>	7. Phone number <u>952-473-6961</u>	8. Fax number <u>952-476-9622</u>	9. E-mail address <u>mmorse@ci.long-lake.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date <u>5/4/00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Greg and Jane Shaughnessy VB Properties LLC</u>		15. Address where business subsidy or financial assistance will be used <u>Not addressed yet.</u>	
Street address		City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

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

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

**Section 3 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.)

\$ 465,000

pay as you go  
TIF Revenue  
Note

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

September 28, 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.)

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 \$ 465,000  
☐ 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	<u>project is</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	<u>still under</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>construct.</u>	<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

6.1.16.4/18/10

(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>4</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

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

project is still under construction

☐ Yes ☒ No

6.1.16.4/18/10

### 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



00-1048

## 2001 Minnesota Business Assistance Form

RECEIVED JUN 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) City of Maple Grove		2. Name of person completing this form Shelly Peterson									
3. Street address 12800 Arbor Lakes Pkwy		4. City Maple Grove	5. ZIP code 55369								
6. County Hennepin	7. Phone number 763-494-6320	8. Fax number 763-494-6419	9. E-mail address speterson@ci.maple-grove.mn.us								
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <table border="0"> <tr> <td><u>Fredric Christiansen</u></td> <td><u>763-494-6320</u></td> <td><u>Same</u></td> <td></td> </tr> <tr> <td>Name/Title</td> <td>Phone number</td> <td>Street address</td> <td>City ZIP code</td> </tr> </table>				<u>Fredric Christiansen</u>	<u>763-494-6320</u>	<u>Same</u>		Name/Title	Phone number	Street address	City ZIP code
<u>Fredric Christiansen</u>	<u>763-494-6320</u>	<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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date <u>9/20/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____									
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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  Data Recognition Corp.	15. Address where business subsidy or financial assistance will be used  13490 Bass Lk Rd. Maple Grove, MN 55311 Street address                      City                      State                      ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address                      City                      State                      ZIP code

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

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

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

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

Minnetonka

Major expansion/consolidation from 6 to 1 bldg.

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.)

466,000

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

11/1/2000

## 22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)

12/27/2000

## 23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

☒ 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 \$466,000☐ 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	1/1/02	<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 \*SEE ATTACHED\* 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	3	_____	_____	_____	\$ _____
\$15.00 and higher	22	_____	_____	_____	\$ _____

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	5	_____	_____	_____	\$ _____
\$15.00 and higher	12	_____	_____	_____	\$ _____

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 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) <u>Mid-Minnesota Development Center</u>		2. Name of person completing this form <u>LES NELSON</u>	
3. Street address <u>333 West 6th Street</u>		4. City <u>Willmar</u>	5. ZIP code <u>56201</u>
6. County <u>Regina Kandiyohi</u>	7. Phone number <u>(320) 235-8504</u>	8. Fax number <u>(320) 235-4329</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 <input type="checkbox"/> County government <input checked="" type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: _____)		<input type="checkbox"/> Yes (Indicate hearing date - _____ and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input checked="" 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 <u>Hector Meats &amp; Poultry</u>		15. Address where business subsidy or financial assistance will be used <u>Hector men 5</u>	
Street address		City	State
ZIP code			
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	
City		State	
ZIP code			

12.

The Mid-Minnesota Development Commission has developed criteria for our revolving loan fund.

This development took place many years ago. These criteria were in turn approved by the U.S. Department of Commerce/Economic Development Administration. In developing the criteria the commission had a public meeting. At this meeting the public could furnish input on our goals and objective. The commission voted and passed the guidelines and agreement. The fund must stay in compliance with the D.O.C./E.D.A. Each loan awarded must be in compliance with the standards and regulations brought forth in this agreement regarding wage and job goals..

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; text-align: center;">100,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="font-size: 1.2em; text-align: center;">3/16/00</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="font-size: 1.2em; text-align: center;">2/16/01</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ 100,000  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input 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="font-size: 1.2em;">Fidelity Bank      200,000</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) \_\_\_\_\_

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>2-16-01</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	<u>5</u>	_____	_____	<u>5</u>	<u>\$ 0</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	<u>5</u>	_____	_____	<u>5</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.)		
<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 checked="" 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 checked="" 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



00-0846

## 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) <u>City of Milaca</u>		2. Name of person completing this form <u>Greg Lerud</u>	
3. Street address <u>1205 Central Avenue North</u>		4. City <u>Milaca</u>	5. ZIP code <u>56353</u>
6. County <u>Mille Lacs</u>	7. Phone number <u>320-983-3141</u>	8. Fax number <u>320-983-3142</u>	9. E-mail address <u>glerud@milacacity.com</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>6</u>			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) <u>City of Milaca</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.) <u>Approved Guideline for RLF on 7/20/00 4.1.11 8/1/01</u> <input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input checked="" 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 <u>MLVE Partnership</u>	15. Address where business subsidy or financial assistance will be used <u>255 3rd Ave SW Milaca MN 56353</u>
Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code



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

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

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

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

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 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;">\$ 32,000</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;">11/21/2000</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="font-size: 1.2em;">August 1, 2003</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="font-size: 1.2em;">6.7441019 <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>32000</u>  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p> <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input checked="" type="checkbox"/> redevelopment - in redevelopment district  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11/21/2002	<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.)

Goal was to increase tax base. New construction valued @ 725,000 is 40% complete as of the date of this report.

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 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**



00-0122

**2001 Minnesota Business Assistance Form**

RECEIVED MAR 26 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) <b>Mpls Community Development Agency</b>		2. Name of person completing this form <b>Kent Robbins</b>							
3. Street address <b>105 5th Avenue South, Suite 200</b>		4. City <b>Minneapolis</b>	5. ZIP code <b>55401-2534</b>						
6. County <b>Hennepin</b>	7. Phone number <b>(612) 673-5187</b>	8. Fax number <b>(612) 673-5111</b>	9. E-mail address <b>kent.robbs@mnda.org</b>						
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <b>Terrell Towers, Director 673-5134</b> <b>105 5th Ave. So., Mpls, MN 55401</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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____				12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one) <b>January 22, 2001</b> <input checked="" type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <b>Living Wage Resolution-Attached</b> <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation)					
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)									

**Section 2 Information About Recipient**

14. Name of business or organization receiving subsidy or financial assistance <b>DMP dba Dunn Bros. Elliot Park</b>		15. Address where business subsidy or financial assistance will be used <b>811 11th Ave. So., Mpls., MN 55404</b>	
		Street address      City      State      ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address      City      State      ZIP code	

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

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

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

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

\_\_\_\_\_  
 City/State of previous address      Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

**New Business**

☐ 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.) <b>\$95,000.00</b></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <b>October 11, 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.) <b>February 15, 2001</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> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> loan (only principal)</td> <td style="text-align: right;">\$ <b>65,000</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> grant (i.e., forgivable loan)</td> <td style="text-align: right;">\$ <b>30,000</b></td> </tr> <tr> <td><input type="checkbox"/> tax abatement</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> TIF or other tax reduction or deferral</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> guarantee of payment</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> contribution of property or infrastructure</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> preferential use of governmental facilities</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> land contribution</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> other (Specify subsidy type.) _____</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	<input checked="" type="checkbox"/> loan (only principal)	\$ <b>65,000</b>	<input checked="" type="checkbox"/> grant (i.e., forgivable loan)	\$ <b>30,000</b>	<input type="checkbox"/> tax abatement	\$ _____	<input type="checkbox"/> TIF or other tax reduction or deferral	\$ _____	<input type="checkbox"/> guarantee of payment	\$ _____	<input type="checkbox"/> contribution of property or infrastructure	\$ _____	<input type="checkbox"/> preferential use of governmental facilities	\$ _____	<input type="checkbox"/> land contribution	\$ _____	<input type="checkbox"/> other (Specify subsidy type.) _____	\$ _____	<p>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 style="width: 100%;"> <tr> <td><input type="checkbox"/> assistance for property polluted by contaminants</td> <td style="text-align: right;">\$ _____</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 style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> assistance for pollution control or abatement</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> assistance for a TIF soils condition district</td> <td style="text-align: right;">\$ _____</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 checked="" type="checkbox"/> loan (only principal)	\$ <b>65,000</b>																										
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<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 checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF         </p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;">Grantor</td> <td style="border-bottom: 1px solid black; width: 40%;">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) **Adding a retail venue identified by the residents of Elliot Park Neigh. as a priority for improving the quality of life in Neigh.**

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	<b>Feb. 2001</b>	<input checked="" 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 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



00-0123

## 2001 Minnesota Business Assistance Form

RECEIVED MAR 2 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) <b>Mpls. Community Development Agency</b>		2. Name of person completing this form <b>Kent Robbins</b>							
3. Street address <b>105 5th Avenue S., Suite 200</b>		4. City <b>Minneapolis</b>	5. ZIP code <b>55401-2534</b>						
6. County <b>Hennepin</b>	7. Phone number <b>(612) 673-5187</b>	8. Fax number <b>(612) 673-5111</b>	9. E-mail address <b>kent.robbs@mcda.org</b>						
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <b>Terrell Towers, Director 673-5134</b> <b>105 5th Ave. S., Mpls., MN 55401</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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____					12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <b>January 22, 2001</b> <input checked="" type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input type="checkbox"/> No <b>Living Wage Resolution-Attached</b> <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____				
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <b>Yes</b> (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)									

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <b>Shirley and Birch Jones dba Plymouth Avenue Studio</b>		15. Address where business subsidy or financial assistance will be used <b>2406 Plymouth Ave., Mpls., MN 55411</b>							
Street address		City		State		ZIP code			
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No									
Name of parent corporation		Street address		City		State		ZIP code	



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

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

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

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

\_\_\_\_\_  
 City/State of previous address    Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

**New Business**

☐ 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;"><b>\$119,499.00</b></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><b>Dec. 29, 1999 = \$24,999.00</b>  <b>Jan. 31, 2000 = \$94,500.00</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; font-size: 1.2em;"><b>April 29, 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 checked="" type="checkbox"/> loan (only principal)    \$ <b>24,500.</b>  <input checked="" type="checkbox"/> grant (i.e., forgivable loan)    \$ <b>94,999.</b>  <input type="checkbox"/> tax abatement    \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral    \$ _____  <input type="checkbox"/> guarantee of payment    \$ _____  <input type="checkbox"/> contribution of property or infrastructure    \$ _____  <input type="checkbox"/> preferential use of governmental facilities    \$ _____  <input type="checkbox"/> land contribution    \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants    \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost    \$ _____  <input type="checkbox"/> assistance for pollution control or abatement    \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district    \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input 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 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	<u>April, 2000</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

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

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☒ Yes ☐ No

**Section 5 Recipients Failing to Fulfill Obligations**

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

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

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

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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## 2001 Minnesota Business Assistance Form

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) <b>Agency Minneapolis Community Development</b>		2. Name of person completing this form <b>Kent Robbins</b>	
3. Street address <b>105 5th Ave. S.</b>		4. City <b>Minneapolis</b>	5. ZIP code <b>55401-2534</b>
6. County <b>Hennepin</b>	7. Phone number <b>(612)673-5187</b>	8. Fax number <b>(612)673-5111</b>	9. E-mail address <b>kent.robbs@mcda.org</b>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2 <b>Terrell Towers, Director 673-5134 105 5th Ave. S., Mpls., MN 55401-2534</b>			
Name/Title		Phone number	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: )		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <b>January 22, 2001</b> <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>January 22, 2001</u> and attach criteria) <input type="checkbox"/> No <b>Living Wage Resolution Attached</b> <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <b>Yes</b> <input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <b>Ryan GB 2000, LLC</b>		15. Address where business subsidy or financial assistance will be used <b>1220 Marshall, Mpls., MN 55413</b>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No <b>Ryan Companies U.S., Inc.</b> Name of parent corporation <b>700 International Center</b> <b>900 Second Ave. S., Mpls., MN 55402-3387</b> 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.)

**Tenant 150 + Jobs**

☐ 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>\$965,000</u> <u>Oct. 14, 2000</u>  <del>\$11.5 million</del></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>October 26, 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>October 26, 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"/> <u>Oct. 14, 2000</u> 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 type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral (GTIF) <b>Pay \$965,000</b>  <input type="checkbox"/> guarantee of payment \$ _____  <input checked="" type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input checked="" type="checkbox"/> assistance for renovating building <b>\$10,686,004.00</b>  <input type="checkbox"/> stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost  <input checked="" type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below: attach an additional sheet if necessary.)  <input type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <p> <b>Met Council</b> <b>\$1,646,097.00</b>          Grantor Value (\$)  <b>DTED</b> <b>\$ 444,000.00</b>          Grantor Value (\$)       </p>

15-5-10

## 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) Historic Preservation

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 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	_____	_____	_____	_____	\$ _____
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? <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

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## 2001 Minnesota Business Assistance Form

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

### Section 1 Information About Grantor

1. Name of grantor (funding entity) <b>Agency</b> <b>Minneapolis Community Development</b>		2. Name of person completing this form <b>Kent Robbins</b>	
3. Street address <b>105 5th Avenue South,</b>		4. City <b>Minneapolis</b>	5. ZIP code <b>55401-2534</b>
6. County <b>Hennepin</b>	7. Phone number <b>(612)673-5187</b>	8. Fax number <b>(612)673-5111</b>	9. E-mail address <b>kent.robbs@mcda.org</b>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <b>Terrell Towers, Director 673-5134 105 5th Ave. S., Mpls., MN 55401-2534</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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: )		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one) <b>January 22, 2001</b> <input checked="" type="checkbox"/> Yes (Indicate hearing date - and attach criteria) <input type="checkbox"/> No <b>Living Wage Resolution Attached</b> <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one) <b>11/3/01</b> <input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <b>GRACO, Inc.</b>		15. Address where business subsidy or financial assistance will be used <b>88 11th Avenue NE, Mpls., MN 55440</b>	
Street address		City	
State		ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	
City		State	
ZIP code			



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

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

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

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

**Golden Valley**      **Headquarters moved to Mpls. plant.**  
 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;"><b>\$1.175 million</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; font-size: 1.2em;"><b>August 18, 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; font-size: 1.2em;"><b>March 1, 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 style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral      \$ <b>1.175M</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>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="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
 ☐ 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	<u>3/1/2002</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	<u>3/1/2002</u>	<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 (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>47</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>0</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

00-0663

*27th original received 5/02/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) MN AG & ECON DEVELOPMENT BOARD		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ, 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address <a href="mailto:paul.a.moe@state.mn.us">paul.a.moe@state.mn.us</a>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title	Phone number	Street address	City ZIP code
11. Classification of grantor ( <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> )  <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <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> )  * Yes ( <i>Indicate hearing date - 1-26-00 and <u>attach criteria</u></i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )  <input 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  HEALTHEAST OBLIGATED GROUP	15. Address where business subsidy or financial assistance will be used  ST. PAUL AND WOODBURY Street address City ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )  * Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes HEALTHEAST                      559 CAPITOL BLVD.,                      ST. PAUL,                      MN    55101 Name of parent corporation                      Street address                      City                      State                      ZIP code	

17. Industry of recipient's facility (mark one) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input checked="" type="checkbox"/> <sup>2.4.11.8/2010</sup> Services  <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction         </div> <div> <input type="checkbox"/> Other (please specify) <u>HEALTH CARE</u> </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)  <input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) * 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 <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)  <b>\$16,245,269 conduit bond issue</b>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  <p style="text-align: center;"><b>February 2000</b></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 style="text-align: center;"><b>2-1-00</b></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.)  <div style="display: flex; justify-content: center; gap: 20px;"> <span>* business subsidy</span> <span><input type="checkbox"/> financial assistance</span> </div>					
24. If the agreement provided a business subsidy, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution * other (Specify subsidy type.) <b>conduit bond issue</b>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  * not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  * No  Grantor(s) and value of the agreement(s):  <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) providing and expanding health care services and facilities for 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	* Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>3 FTE @ \$15/hr</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	<u>2/2002</u>	<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	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$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	_____	_____	<u>34</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 relocated to a different community

☐ recipient was unable to fill vacant positions

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

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

☐ Yes    ☐ No, recipient has begun to repay the assistance.    ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes    ☐ No

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

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

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

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

# 2001 Minnesota Business Assistance Form

00-0664

27th original received 5/2/01

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) MN AG & ECON DEVELOPMENT BOARD		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.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 type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		* Yes (Indicate hearing date - 3-12-00 and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
P.F.H. 8/20/01 <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  FAIRVIEW HEALTH SERVICES		15. Address where business subsidy or financial assistance will be used  2450 RIVERSIDE AVE., MINNEAPOLIS, MN 55454 Street address City ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	



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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)  <b>\$180,315,000 CONDUIT BOND ISSUE</b>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  <p style="text-align: center;"><b>APRIL 15, 2000</b></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 style="text-align: center;"><b>MAY 2003</b></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.)  <div style="display: flex; justify-content: center; gap: 20px;"> <input checked="" type="checkbox"/> business subsidy            <input type="checkbox"/> financial assistance       </div>					
24. If the agreement provided a business subsidy, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input checked="" type="checkbox"/> other (Specify subsidy type.) <b>CONDUIT BOND ISSUE</b>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <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) PROVIDE AND EXPAND HEALTH CARE SERVICES

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>May 2005</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

27th 8/20/09

(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	_____	_____	100	_____	\$ _____
\$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:


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

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

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

# 2001 Minnesota Business Assistance Form

RECEIVED APR 12 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) <b>Minnesota Dept. of Agriculture</b>		2. Name of person completing this form <b>Jim Boerboom</b>	
3. Street address <b>90 W. Plato Blvd.</b>		4. City <b>St. Paul</b>	5. ZIP code <b>55107</b>
6. County <b>E.F.H. 7/6/0</b> <b>Ramsay</b>	7. Phone number <b>651-297-3395</b>	8. Fax number <b>651-297-5522</b>	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <b>Gail Ryan - Asst Dept Counsel 6-3378</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.") <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input checked="" type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <b>FarmConnect</b>	15. Address where business subsidy or financial assistance will be used <b>PO Box 396 Crookston, MN 56716</b>
	Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

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

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

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

City/State of previous address      Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

Section 3 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.)

\$225,000.

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

January 11, 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.)

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) \$ 225,000.  
☐ tax abatement \$ \_\_\_\_\_  
☐ TIF or other tax reduction or deferral \$ \_\_\_\_\_  
☐ guarantee of payment \$ \_\_\_\_\_  
☐ contribution of property or infrastructure \$ \_\_\_\_\_  
☐ preferential use of governmental facilities \$ \_\_\_\_\_  
☐ land contribution \$ \_\_\_\_\_  
☐ other (Specify subsidy type.) \_\_\_\_\_ \$ \_\_\_\_\_

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

☒ not applicable, agreement provided a business subsidy

- ☐ assistance for property polluted by contaminants \$ \_\_\_\_\_  
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ \_\_\_\_\_  
☐ assistance for pollution control or abatement \$ \_\_\_\_\_  
☐ assistance for a TIF soils condition district \$ \_\_\_\_\_

26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)

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

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

27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)

☐ Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)

☒ No

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

Grantor Value (\$)

Grantor Value (\$)

## 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) To increase  
profitability of agricultural producers.

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 checked="" 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 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 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 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 APR 12 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) <u>MN Dept. of Agriculture</u>		2. Name of person completing this form <u>Terry Dalbec</u>	
3. Street address <u>90 W. Plato Blvd</u>		4. City <u>St. Paul</u>	5. ZIP code <u>55107</u>
6. County <u>Ramsey</u>	7. Phone number <u>651-215-0368</u>	8. Fax number <u>651-296-6890</u>	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>Gail Ryan - Asst Dept Counsel 6-3378</u>			
Name/Title		Street address City ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify): _____		<input type="checkbox"/> Yes (Indicate hearing date - _____ and <u>attach criteria</u> ) <input checked="" type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>MN Soybean Processors</u>		15. Address where business subsidy or financial assistance will be used <u>PO Box 100 Brewster MN 56119</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	



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

E.F.H.  
7/16/01

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

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

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

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.) N/A - Just starting up

☐ 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.) <u>\$ 27,500.00</u>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <u>3/28/00</u>
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) <u>Final payment 11/14/00</u>	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. <input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input checked="" type="checkbox"/> grant (i.e., forgivable loan) <u>\$27,500.00</u> <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No Grantor(s) and value of the agreement(s): <u>AURZ</u> <u>\$ ?</u> 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) encourage and promote marketing of MN agricultural products

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 checked="" 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	_____	_____	_____	_____	\$ _____
\$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

00-0550

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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) <u>MN Dept. of Agriculture</u>		2. Name of person completing this form <u>Terry Dalbec</u>													
3. Street address <u>90 W. Plato Blvd</u>		4. City <u>St. Paul</u>	5. ZIP code <u>55107</u>												
6. County <u>Ramsey</u>	7. Phone number <u>651-215-0368</u>	8. Fax number <u>651-296-6840</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. <table border="0"> <tr> <td><u>Gail Ryan</u></td> <td><u>Dept Council</u></td> <td><u>651-296-3378</u></td> <td><u>90 W Plato Blvd</u></td> <td><u>St. Paul</u></td> <td><u>55107</u></td> </tr> <tr> <td>Name/Title</td> <td></td> <td>Phone number</td> <td>Street address</td> <td>City</td> <td>ZIP code</td> </tr> </table>				<u>Gail Ryan</u>	<u>Dept Council</u>	<u>651-296-3378</u>	<u>90 W Plato Blvd</u>	<u>St. Paul</u>	<u>55107</u>	Name/Title		Phone number	Street address	City	ZIP code
<u>Gail Ryan</u>	<u>Dept Council</u>	<u>651-296-3378</u>	<u>90 W Plato Blvd</u>	<u>St. Paul</u>	<u>55107</u>										
Name/Title		Phone number	Street address	City	ZIP code										
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input checked="" type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____													
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)															

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Minnesota Marketplace (Farm Connect)</u>	15. Address where business subsidy or financial assistance will be used <u>PO Box 396</u> <u>Crookston MN</u> <u>55716</u> Street address      City      State      ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address      City      State      ZIP code

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

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

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.) NA - just formed

- ☐ 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.)

\$ 50,000.00

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

1/21/00

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.)

11/14/00

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

- ☒ 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) \$ 50,000  
☐ tax abatement \$ \_\_\_\_\_  
☐ TIF or other tax reduction or deferral \$ \_\_\_\_\_  
☐ guarantee of payment \$ \_\_\_\_\_  
☐ contribution of property or infrastructure \$ \_\_\_\_\_  
☐ preferential use of governmental facilities \$ \_\_\_\_\_  
☐ land contribution \$ \_\_\_\_\_  
☐ other (Specify subsidy type.) \_\_\_\_\_ \$ \_\_\_\_\_

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

- ☒ not applicable, agreement provided a business subsidy

- ☐ assistance for property polluted by contaminants \$ \_\_\_\_\_  
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ \_\_\_\_\_  
☐ assistance for pollution control or abatement \$ \_\_\_\_\_  
☐ assistance for a TIF soils condition district \$ \_\_\_\_\_

26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)

- ☒ not applicable, assistance was not in the form of TIF

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

27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)

- ☒ Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  
☐ No

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

AURI      ?  
 Grantor      Value (\$)  
others      -  
 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) encourage and promote marketing of MN agricultural products

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 checked="" 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	_____	_____	NA	_____	\$_____
\$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	_____	_____	NA	_____	\$_____
\$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

*Original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (RURAL JOB CREATION GRANT)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.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 ( <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> )  <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <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> )  * Yes ( <i>Indicate hearing date - 7-27-00 and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )  * 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  UNITED HEALTH CARE	15. Address where business subsidy or financial assistance will be used  4316 RICE LAKE RD    DULUTH    MN 55802 Street address                      City                      ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )  <input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) * No	
Name of parent corporation	Street address                      City                      State    ZIP code



17. Industry of recipient's facility <i>(Mark one.)</i> : <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input checked="" type="checkbox"/> Services  <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other <i>(please specify)</i> _____         </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i> <div style="display: flex; margin-top: 5px;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;">City/State of previous address</div> <div style="flex: 2; border-bottom: 1px solid black;">Reason project not completed at previous address</div> </div>	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Remained at previous location         <input type="checkbox"/> Relocated to different Minnesota location         <input type="checkbox"/> Relocated outside Minnesota       </div>	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$100,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">June 27, 2000</div>
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>  <div style="text-align: center; font-weight: bold;">June 27, 2000</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? <i>(Mark one.)</i> <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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan <input checked="" type="checkbox"/> grant <i>(i.e., forgivable loan)</i> <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i> <div style="text-align: center; margin-top: 5px;"> <u>2-7-11 8/20/01</u> </div> <input checked="" type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input type="checkbox"/> No  Grantor(s) and value of the agreement(s)  <div style="display: flex; justify-content: space-between;"> <div>TIF _____</div> <div>1,500,000 _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Grantor _____</div> <div>Value (\$) _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div><b>DEDA</b> _____</div> <div><b>150,000</b> _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Grantor _____</div> <div>Value (\$) _____</div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	June 2000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	50	_____	_____	_____	\$ _____
\$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	50	_____	_____	_____	\$ _____
\$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:**

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

00-0691

*L.F.H. original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address <u>paul.a.moe@state.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 ( <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> )  <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <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> )  * Yes ( <i>Indicate hearing date - 7-27-00 and <u>attach criteria</u></i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )  * 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  VOYAGER SUPPLY & FABRICATION	15. Address where business subsidy or financial assistance will be used  803 CENTRAL AVE N.      BRANDON      MN 56315 Street address      City      ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )  <input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) * No	
Name of parent corporation	Street address City State ZIP code

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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$90,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">DECEMBER 8, 2000</div>
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>  <div style="text-align: center; font-weight: bold;">JUNE, 2001</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? <i>(Mark one.)</i>  <div style="display: flex; justify-content: center; gap: 20px;"> <input checked="" type="checkbox"/> business subsidy         <input type="checkbox"/> financial assistance         </div>	
24. If the agreement provided a business subsidy, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s)  <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <span>Grantor</span> <span>Value (\$)</span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <span>Grantor</span> <span>Value (\$)</span> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	JUNE 2003	<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 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	13				\$ .75
\$11.00 to \$12.99	2				\$ .75
\$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:

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

00-0697

*E.F.H. original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.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 type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		* Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
* Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  IMPACT PLASTICS	15. Address where business subsidy or financial assistance will be used  223 SE FIRST AVE CLARA CITY MN 56222 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
* Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)	
<input type="checkbox"/> No <input checked="" type="checkbox"/> BLYTH INDUSTRIES 100 FIELD POINT ROAD GREENWICH CT 06830 Name of parent corporation Street address City State ZIP code	



17. Industry of recipient's facility <i>(Mark one.)</i> : <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input type="checkbox"/> Service  <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other <i>(please specify)</i> _____         </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i> <div style="display: flex; margin-top: 10px;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;">City/State of previous address</div> <div style="flex: 2; border-bottom: 1px solid black;">Reason project not completed at previous address</div> </div>	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Remained at previous location         <input type="checkbox"/> Relocated to different Minnesota location         <input type="checkbox"/> Relocated outside Minnesota       </div>	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$198,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">June 2, 2000</div>
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>  <div style="text-align: center; font-weight: bold;">SEPTEMBER 27, 2001</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? <i>(Mark one.)</i> <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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s)  <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="border-bottom: 1px solid black; width: 40%;"></div> <div style="text-align: right;">Value (\$)</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 40%;"></div> <div style="text-align: right;">Value (\$)</div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>SEPTEMBER 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 Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>22</u>	_____	_____	_____	\$ <u>1.66</u>
\$11.00 to \$12.99	<u>9</u>	_____	_____	_____	\$ <u>1.66</u>
\$13.00 to \$14.99	<u>2</u>	_____	_____	_____	\$ <u>1.66</u>
\$15.00 and higher	_____	_____	_____	_____	\$ <u>1.66</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	<u>3</u>	_____	_____	_____	\$ <u>1.66</u>
\$9.00 to \$10.99	<u>2</u>	_____	_____	_____	\$ <u>1.90</u>
\$11.00 to \$12.99	<u>2</u>	_____	_____	_____	\$ <u>2.50</u>
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	<u>3</u>	_____	_____	_____	\$ <u>3.50</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:

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

00-0700

*2.7.6. original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address <u>paul.a.moe@state.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 ( <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> )		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> )	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <i>Please specify.</i> ) _____		* Yes ( <i>Indicate hearing date - 7-27-00 and <u>attach criteria</u></i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )			
* 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  SCHWANS SALES ENTERPRISES		15. Address where business subsidy or financial assistance will be used  115 W COLLEGE DRIVE    MARSHALL    MN 56258 Street address                      City                      ZIP code	
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )			
<input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) * No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility <i>(Mark one.)</i> : <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input type="checkbox"/> Service  <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other <i>(please specify)</i> _____         </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i>	
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? <i>(Mark one.)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Remained at previous location         <input type="checkbox"/> Relocated to different Minnesota location         <input type="checkbox"/> Relocated outside Minnesota         </div>	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$233,300</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">OCTOBER 26, 2000</div>
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>  <div style="text-align: center; font-weight: bold;">JUNE 2001</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? <i>(Mark one.)</i> <div style="text-align: 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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s)  <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span>_____ Grantor</span> <span>_____ Value (\$)</span> </div> <div style="display: flex; justify-content: space-between;"> <span>_____ Grantor</span> <span>_____ Value (\$)</span> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>JUNE 2003</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 Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>10</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>41</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 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:

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

00-0725

*24th original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address <a href="mailto:paul.a.moe@state.mn.us">paul.a.moe@state.mn.us</a>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor ( <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> )		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> )	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <i>Please specify.</i> ) _____		* Yes ( <i>Indicate hearing date - 7-27-00 and <u>attach criteria</u></i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )			
* 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  HILL WOOD PRODUCTS, INC.		15. Address where business subsidy or financial assistance will be used  PO BOX 398                      COOK                      MN 55723 Street address                      City                      ZIP code	
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )			
<input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) * No			
Name of parent corporation		Street address	City State ZIP code



17. Industry of recipient's facility <i>(Mark one.)</i> : <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input type="checkbox"/> Service  <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other <i>(please specify)</i> _____         </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i> <div style="display: flex; margin-top: 10px;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;">City/State of previous address</div> <div style="flex: 2; border-bottom: 1px solid black;">Reason project not completed at previous address</div> </div>	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input checked="" type="checkbox"/> Remained at previous location         <input type="checkbox"/> Relocated to different Minnesota location         <input type="checkbox"/> Relocated outside Minnesota         </div>	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">\$96,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">JANUARY 7, 2000</div>
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>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">FEBRUARY, 2001</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? <i>(Mark one.)</i> <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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input type="checkbox"/> No  Grantor(s) and value of the agreement(s)  <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> IRRRB              Grantor  <b>NORTHLAND FOUNDATION</b>              Grantor           </div> <div style="text-align: right;">             \$400,000              Value (\$)  <b>\$100,00</b>              Value (\$)           </div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>FEBRUARY 2003</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 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>4</u>	\$2.25
\$9.00 to \$10.99	_____	_____	_____	<u>4</u>	\$ 2.78
\$11.00 to \$12.99	_____	_____	_____	<u>6</u>	\$3.27
\$13.00 to \$14.99	_____	_____	_____	<u>1</u>	\$ 3.93
\$15.00 and higher	_____	_____	_____	<u>1</u>	\$ 4.40

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:

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

00-0786

*E.L.H. original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.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 type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		* Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
* Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  COOPERATIVE RESPONSE CENTER, INC.		15. Address where business subsidy or financial assistance will be used  21966 STATE HIGHWAY 56 AUSTIN MN 55912 Street address City ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) * No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility <i>(Mark one.)</i> : <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input checked="" type="checkbox"/> Service  <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other <i>(please specify)</i> _____         </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i> <div style="display: flex; margin-top: 5px;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;">City/State of previous address</div> <div style="flex: 2; border-bottom: 1px solid black;">Reason project not completed at previous address</div> </div>	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Remained at previous location         <input type="checkbox"/> Relocated to different Minnesota location         <input type="checkbox"/> Relocated outside Minnesota       </div>	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$150,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">OCTOBER 2, 2000</div>						
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>  <div style="text-align: center; font-weight: bold;">DECEMBER 31, 2002</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? <i>(Mark one.)</i> <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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district						
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input type="checkbox"/> No  Grantor(s) and value of the agreement(s)  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Grantor</td> <td style="width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td>CITY OF AUSTIN</td> <td style="text-align: right;">\$462,209</td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> </table>	Grantor	Value (\$)	CITY OF AUSTIN	\$462,209	Grantor	Value (\$)
Grantor	Value (\$)						
CITY OF AUSTIN	\$462,209						
Grantor	Value (\$)						

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	<u>DECEMBER 2003</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 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	17	_____	_____	_____	\$1.25
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	5	_____	_____	_____	\$1.81
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	3	_____	_____	_____	\$2.67

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:

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

00-0787

*2.4.4 original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address <u>paul.a.moe@state.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 ( <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> )  <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <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> )  * Yes ( <i>Indicate hearing date - 7-27-00 and <u>attach criteria</u></i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )  * 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  AAF - MC QUAY, INC.		15. Address where business subsidy or financial assistance will be used  OWATONNA MN 55060 Street address City ZIP code	
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )  <input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) * No			
Name of parent corporation		Street address	City State ZIP code



17. Industry of recipient's facility <i>(Mark one.)</i> : <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input type="checkbox"/> Service  <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other <i>(please specify)</i> _____         </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input type="checkbox"/> No <i>(Go to Question 19.)</i>  <u>SCOTTSBORO, ALABAMA</u> <u>CLOSED PLANT</u>  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? <i>(Mark one.)</i>  <input type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$500,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">OCTOBER 27, 2000</div>						
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>  <div style="text-align: center; font-weight: bold;">DECEMBER 31, 2000</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? <i>(Mark one.)</i>  <div style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy    <input type="checkbox"/> financial assistance         </div>							
24. If the agreement provided a business subsidy, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan <input checked="" type="checkbox"/> grant <i>(i.e., forgivable loan)</i> <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district						
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s)  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Grantor</td> <td style="width: 50%; text-align: center;">Value (\$)</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Grantor</td> <td style="text-align: center;">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	* Yes <input type="checkbox"/> No	DECEMBER 2002	<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 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	125	_____	_____	_____	\$3.00
\$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:

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

00-0750

*L.F.H. original received 5/20/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.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 type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		* Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
* Yes (Complete the remainder of the form.) <input type="checkbox"/> No ( <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  REGAL MACHINE		15. Address where business subsidy or financial assistance will be used  5103 273 <sup>RD</sup> ST WYOMING MN 55092 Street address City ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) * No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility <i>(Mark one.)</i> : <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input type="checkbox"/> Service  <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other <i>(please specify)</i> _____         </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i>	
_____ 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? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$120,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">DECEMBER 26, 2000</div>
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>  <div style="text-align: center; font-weight: bold;">DECEMBER 26, 2000</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? <i>(Mark one.)</i>  <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> business subsidy            <input type="checkbox"/> financial assistance       </div>	
24. If the agreement provided a business subsidy, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input type="checkbox"/> No  Grantor(s) and value of the agreement(s)  <div style="display: flex; justify-content: space-between;"> <div>CITY OF WYOMING</div> <div>\$450,000</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Grantor</div> <div>Value (\$)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Grantor</div> <div>Value (\$)</div> </div>

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

28. Minn. Stat. § 116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	<u>DECEMBER 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 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	12	_____	_____	_____	\$4.80
\$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:


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

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

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

# 2001 Minnesota Business Assistance Form

00-0751

*2.74. Original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.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 ( <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> )  <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <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> )  <input checked="" type="checkbox"/> Yes ( <i>Indicate hearing date - 7-27-00 and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )  <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  RESALE WORLD.COM	15. Address where business subsidy or financial assistance will be used  MINNEAPOLIS MN 55415 Street address City ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )  <input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code



17. Industry of recipient's facility <i>(Mark one.)</i> : <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input type="checkbox"/> Service  <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other <i>(please specify)</i> _____         </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i> <div style="display: flex; margin-top: 10px;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;">City/State of previous address</div> <div style="flex: 2; border-bottom: 1px solid black;">Reason project not completed at previous address</div> </div>	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i> <div style="display: flex; margin-top: 10px;"> <input checked="" type="checkbox"/> Remained at previous location         <input type="checkbox"/> Relocated to different Minnesota location         <input type="checkbox"/> Relocated outside Minnesota       </div>	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$250,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">MAY 1, 2000</div>
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>  <div style="text-align: center; font-weight: bold;">MAY 1, 2000</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? <i>(Mark one.)</i> <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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan <input checked="" type="checkbox"/> grant <i>(i.e., forgivable loan)</i> <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s)  <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 40%; border-bottom: 1px solid black;">Grantor</div> <div style="width: 20%; text-align: center;">Value (\$)</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%; border-bottom: 1px solid black;">Grantor</div> <div style="width: 20%; text-align: center;">Value (\$)</div> <div style="width: 40%;"></div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>DECEMBER 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 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	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	118	_____	_____	_____	1.49

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.)		
* 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.)      * 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:

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

00-9719

*Original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.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 ( <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> )  <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <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> )  * Yes ( <i>Indicate hearing date - 7-27-00 and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )  * 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  DE ZURIK	15. Address where business subsidy or financial assistance will be used  250 RIVERSIDE AVE N.    SARTELL    MN 56377 Street address                      City                      ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )  * Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) <input type="checkbox"/> No <input checked="" type="checkbox"/> SFT CORP.                      700 TERRACE POINT DRIVE    MUSKEGON    MI    49843 Name of parent corporation                      Street address                      City                      State    ZIP code	

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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$500,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">JANUARY 19, 2000</div>
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>  <div style="text-align: center; font-weight: bold;">DECEMBER 15, 2000</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? <i>(Mark one.)</i> <div style="text-align: 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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input type="checkbox"/> No  Grantor(s) and value of the agreement(s) <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>TIF _____</div> <div>\$729,194 _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Grantor _____</div> <div>Value (\$)</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Grantor _____</div> <div>Value (\$)</div> </div> </div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>DECEMBER 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 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	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	<u>100</u>	_____	_____	_____	\$ <u>6.57</u>

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	<u>100</u>	_____	_____	_____	\$ <u>6.57</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:**

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

00-0720

*E.F.H. original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address <a href="mailto:paul.a.moe@state.mn.us">paul.a.moe@state.mn.us</a>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title	Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		* Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
* Yes (Complete the remainder of the form.) <input type="checkbox"/> No ( <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  SHARK INDUSTRIES	15. Address where business subsidy or financial assistance will be used  5700 BUCK DRIVE      ROCKFORD      MN 55373 Street address      City      ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) * No	
Name of parent corporation	Street address City State ZIP code



17. Industry of recipient's facility <i>(Mark one.)</i> : <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input type="checkbox"/> Service  <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other <i>(please specify)</i> _____         </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i> <input checked="" type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input type="checkbox"/> No <i>(Go to Question 19.)</i> <div style="display: flex; margin-top: 5px;"> <div style="flex: 1;"> <u>CHICAGO, IL</u>            City/State of previous address         </div> <div style="flex: 2;">           Reason project not completed at previous address         </div> </div>	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Remained at previous location         <input type="checkbox"/> Relocated to different Minnesota location         <input type="checkbox"/> Relocated outside Minnesota       </div>	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$200,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">DECEMBER 14, 2000</div>
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>  <div style="text-align: center; font-weight: bold;">JULY 31, 2001</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? <i>(Mark one.)</i> <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).  <input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input type="checkbox"/> No <div style="margin-top: 10px;">           Grantor(s) and value of the agreement(s)  <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>TIF _____</div> <div>\$135,000 _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Grantor _____</div> <div>Value (\$)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Grantor _____</div> <div>Value (\$)</div> </div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input checked="" type="checkbox"/> No	JULY 2003	<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 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	18				\$ .77
\$11.00 to \$12.99	2				\$ .77
\$13.00 to \$14.99	4				\$ .77
\$15.00 and higher	4				\$ .77

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:**

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

00-0717

*E.H. original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address <u>paul.a.moe@state.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 ( <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> )		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> )	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <i>Please specify.</i> ) _____		* Yes ( <i>Indicate hearing date - 7-27-00 and <u>attach criteria</u></i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )			
* 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  PARK INDUSTRIES, INC.	15. Address where business subsidy or financial assistance will be used  6301 SAUK VIEW DRIVE SAUK RAPIDS MN 56301 Street address                      City                      ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )	
<input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) * No	
Name of parent corporation	Street address                      City                      State                      ZIP code

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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">\$150,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">MAY 8, 2000</div>
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>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">MARCH 2000</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? <i>(Mark one.)</i> <div style="text-align: 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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s)  <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; width: 80%; margin-bottom: 5px;"> <span>Grantor</span> <span>Value (\$)</span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; width: 80%;"> <span>Grantor</span> <span>Value (\$)</span> </div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

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

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	1	_____	_____	_____	\$ 3.75
\$11.00 to \$12.99	25	_____	_____	_____	\$ 4.00
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	4	_____	_____	_____	\$ 5.00

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	_____	1	_____	_____	\$ 4.13
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	5	1	_____	_____	\$ 4.13
\$11.00 to \$12.99	14	1	_____	_____	\$ 4.13
\$13.00 to \$14.99	3	_____	_____	_____	\$ 4.13
\$15.00 and higher	10	_____	_____	_____	\$ 4.13

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.)		
* 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.)      * 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:

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

00-0693

*l. 7. H. original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address <u>paul.a.moe@state.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 ( <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> )  <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <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> )  * Yes ( <i>Indicate hearing date - 7-27-00 and <u>attach criteria</u></i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )  * 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  MINNESOTA ELEVATOR, INC.	15. Address where business subsidy or financial assistance will be used  19336 607 <sup>TH</sup> AVE    MANKATO    MN 56001 Street address                                  City                                  ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )  <input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) * No	
Name of parent corporation	Street address                                  City                                  State    ZIP code



17. Industry of recipient's facility <i>(Mark one.)</i> : <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input type="checkbox"/> Service  <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other <i>(please specify)</i> _____         </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i> <div style="display: flex; margin-top: 5px;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;">City/State of previous address</div> <div style="flex: 2; border-bottom: 1px solid black;">Reason project not completed at previous address</div> </div>	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Remained at previous location         <input type="checkbox"/> Relocated to different Minnesota location         <input type="checkbox"/> Relocated outside Minnesota       </div>	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">\$195,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">MAY 31, 2000</div>
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>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">AUGUST, 2001</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? <i>(Mark one.)</i> <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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s)  <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="border-bottom: 1px solid black; width: 40%;"></div> <div style="text-align: right; width: 40%;">Value (\$)</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 40%;"></div> <div style="text-align: right; width: 40%;">Value (\$)</div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>DECEMBER 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 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>5</u>	_____	_____	_____	\$ <u>3.00</u>
\$9.00 to \$10.99	<u>6</u>	_____	_____	_____	\$ <u>3.00</u>
\$11.00 to \$12.99	_____	_____	_____	_____	\$ <u>3.00</u>
\$13.00 to \$14.99	<u>3</u>	_____	_____	_____	\$ _____
\$15.00 and higher	<u>4</u>	_____	_____	_____	\$ <u>3.00</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	<u>6</u>	_____	_____	_____	\$ <u>3.01</u>
\$11.00 to \$12.99	<u>6</u>	_____	_____	_____	\$ <u>3.01</u>
\$13.00 to \$14.99	<u>1</u>	_____	_____	_____	\$ <u>3.01</u>
\$15.00 and higher	<u>5</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:

2000 Minnesota Business Assistance Form  
Minnesota Department of Trade and Economic Development - AEO

# 2001 Minnesota Business Assistance Form

00-0692

*L.Y.H. original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.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 ( <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> )  <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <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> )  <input checked="" type="checkbox"/> Yes ( <i>Indicate hearing date - 7-27-00 and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )  <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  GENMAR HOLDING/LUND BOATS	15. Address where business subsidy or financial assistance will be used  P.O. BOX 248    NEW YORK MILLS    MN 56567 Street address                                  City                                  ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )  <input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) <input checked="" type="checkbox"/> No GENMAR HOLDINGS, INC.                                  100 SO. 5 <sup>TH</sup> ST.    MINNEAPOLIS    MN    55402 Name of parent corporation                                  Street address                                  City                                  State    ZIP code	

17. Industry of recipient's facility <i>(Mark one.)</i> : <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input type="checkbox"/> Service  <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other <i>(please specify)</i> _____         </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i> <div style="display: flex; margin-top: 10px;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;">City/State of previous address</div> <div style="flex: 2; border-bottom: 1px solid black;">Reason project not completed at previous address</div> </div>	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input checked="" type="checkbox"/> Remained at previous location         <input type="checkbox"/> Relocated to different Minnesota location         <input type="checkbox"/> Relocated outside Minnesota       </div>	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">\$500,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">NOVEMBER, 2000</div>
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>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">JUNE, 2001</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? <i>(Mark one.)</i> <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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s)  <div style="display: flex; margin-top: 10px;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;">Grantor</div> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;">Value (\$)</div> </div> <div style="display: flex; margin-top: 10px;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;">Grantor</div> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;">Value (\$)</div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- ☐ Enhancing economic diversity
 ☐ 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	* Yes <input type="checkbox"/> No	JUNE 2003	<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 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	62	_____	_____	_____	\$ 3.86
\$11.00 to \$12.99	14	_____	_____	_____	\$3.86
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	3	_____	_____	_____	\$ 3.86

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:**

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

00-0690

*24th original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.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 type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		* Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
* Yes (Complete the remainder of the form.) <input type="checkbox"/> No ( <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  UNITED STRUCTURAL COMPONENTS		15. Address where business subsidy or financial assistance will be used  4141 30TH AVE S. MOORHEAD MN 56560 Street address City ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) * No			
Name of parent corporation		Street address	City State ZIP code



17. Industry of recipient's facility <i>(Mark one.)</i> : <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input type="checkbox"/> Service  <input checked="" type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other <i>(please specify)</i> _____         </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i> <div style="display: flex; margin-top: 5px;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;">City/State of previous address</div> <div style="flex: 2; border-bottom: 1px solid black;">Reason project not completed at previous address</div> </div>	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i> <div style="display: flex; margin-top: 5px;"> <input type="checkbox"/> Remained at previous location         <input type="checkbox"/> Relocated to different Minnesota location         <input type="checkbox"/> Relocated outside Minnesota       </div>	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$470,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">OCTOBER, 2000</div>
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>  <div style="text-align: center; font-weight: bold;">JANUARY, 2001</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? <i>(Mark one.)</i> <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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s)  <div style="display: flex; margin-bottom: 5px;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;">Grantor</div> <div style="flex: 1; border-bottom: 1px solid black; text-align: right;">Value (\$)</div> </div> <div style="display: flex;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;">Grantor</div> <div style="flex: 1; border-bottom: 1px solid black; text-align: right;">Value (\$)</div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	<u>JUNE 2003</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 Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>40</u>	_____	_____	_____	\$ <u>2.00</u>
\$11.00 to \$12.99	<u>6</u>	_____	_____	_____	\$ <u>2.00</u>
\$13.00 to \$14.99	<u>8</u>	_____	_____	_____	\$ <u>2.00</u>
\$15.00 and higher	<u>9</u>	_____	_____	_____	\$ <u>2.00</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 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.)		
* 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.)      * 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:

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

00-0671

*Original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address <u>paul.a.moe@state.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 ( <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> )		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> )	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <i>Please specify.</i> ) _____		* Yes ( <i>Indicate hearing date - 7-27-00 and <u>attach criteria</u></i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )			
* 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  GOLD'N PLUMP POULTRY		15. Address where business subsidy or financial assistance will be used  14244 EAST HWY 24, COLD SPRING MN 56320 Street address City ZIP code	
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )			
<input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) * No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility <i>(Mark one.)</i> : <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input type="checkbox"/> Services  <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other <i>(please specify)</i> _____         </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i> <div style="display: flex; margin-top: 10px;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;">City/State of previous address</div> <div style="flex: 2; border-bottom: 1px solid black;">Reason project not completed at previous address</div> </div>	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input checked="" type="checkbox"/> Remained at previous location         <input type="checkbox"/> Relocated to different Minnesota location         <input type="checkbox"/> Relocated outside Minnesota         </div>	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">\$71,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">June 30, 2000</div>				
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>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">June 30, 2000</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? <i>(Mark one.)</i> <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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan <input checked="" type="checkbox"/> grant <i>(i.e., forgivable loan)</i> <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i> CONDUIT BOND ISSUE	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district				
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <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) PROVIDE AND EXPAND HEALTH CARE SERVICES

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <input type="checkbox"/>	<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 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>35</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	_____	_____	_____	_____	\$ _____

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:**

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

00-0673

*2.4.H. original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (RURAL JOB CREATION GRANT)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.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 type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		* Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
* Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  SCHWAN'S SALES ENTERPRISES		15. Address where business subsidy or financial assistance will be used  115 WEST COLLEGE DRIVE, MARSHALL MN 56258 Street address City ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) * No			
Name of parent corporation		Street address	City State ZIP code



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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <p style="text-align: center;"><b>\$45,000</b></p>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <p style="text-align: center;"><b>June 30, 2000</b></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 style="text-align: center;"><b>June 30, 2000</b></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 style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy    <input type="checkbox"/> financial assistance         </p>					
24. If the agreement provided a business subsidy, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan * grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district				
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s)  <table style="width: 100%;"> <tr> <td style="width: 60%;">Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- ☐ Enhancing economic diversity  
☐ Increasing tax base (cannot be only purpose)  
☒ Creating high-quality job growth  
☐ Other (please specify)  
☐ 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	* Yes <input type="checkbox"/> No <input type="checkbox"/>	June 2000	<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

B.7. H. 8/29/01

(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	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	25	_____	_____	_____	\$ _____
\$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:

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

*27th. original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.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 ( <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> )  <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <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> )  <input checked="" type="checkbox"/> Yes ( <i>Indicate hearing date - 7-27-00 and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )  <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  EUROPEAN ROASTERIE, INC.	15. Address where business subsidy or financial assistance will be used  250 W. BRADSHAW, LE CENTER MN 56057 Street address City ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )  <input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$225,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">AUGUST 10, 2000</div>
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>  <div style="text-align: center; font-weight: bold;">DECEMBER 30, 2000</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? <i>(Mark one.)</i>  <div style="display: flex; justify-content: center; gap: 20px;"> <input checked="" type="checkbox"/> business subsidy         <input type="checkbox"/> financial assistance       </div>	
24. If the agreement provided a business subsidy, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s)  <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="border-bottom: 1px solid black; width: 60%;"></div> <div style="text-align: right;">Value (\$)</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 60%;"></div> <div style="text-align: right;">Value (\$)</div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	<u>DECEMBER 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 Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>15</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>8</u>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>3</u>	_____	_____	_____	\$ _____
\$15.00 and higher	<u>4</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 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

☐ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)

\* No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

☐ Yes (Complete the remainder of this section.) \* No (Stop here and submit form to DTED.)

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

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

36. Reason(s) for default (Mark all that apply.):

☐ recipient ceased operation

☐ recipient relocated to a different community

☐ recipient was unable to fill vacant positions

☐ other (Specify reason.) \_\_\_\_\_

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

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)

☐ Yes ☐ No

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


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

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

Or fax to: (651) 215-3841

# 2001 Minnesota Business Assistance Form

00-1014

*2.4.4 original received 5/1/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address <a href="mailto:bart.bevins@state.mn.us">bart.bevins@state.mn.us</a>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor ( <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> )		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> )	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <i>Please specify.</i> ) _____		* Yes ( <i>Indicate hearing date - 9-24-99- and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )			
* 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  ALEXANDRIA EXTRUSION		15. Address where business subsidy or financial assistance will be used  401 CO. ROAD 22 NW ALEXANDRIA MN 56308 Street address City ZIP code	
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )			
<input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) * No			
Name of parent corporation		Street address	City State ZIP code



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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)  <div style="text-align: center; font-weight: bold;">\$100,000</div>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  <div style="text-align: center; font-weight: bold;">APRIL 16, 2000</div>
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)  <div style="text-align: center; font-weight: bold;">MAY 1, 2000</div>	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <div style="text-align: center; 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).  <input type="checkbox"/> not applicable, agreement provided financial assistance * loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.)	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  * not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> No         </div> <div style="margin-top: 10px;">           Grantor(s) and value of the agreement(s)  <div style="display: flex; justify-content: space-between;"> <div>Grantor _____</div> <div>Value (\$)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Grantor _____</div> <div>Value (\$)</div> </div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

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

27.4 8/29/01

(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	2	_____	_____	_____	\$5.19
\$7.00 to \$8.99	5	_____	_____	_____	\$5.19
\$9.00 to \$10.99	16	_____	_____	_____	\$5.19
\$11.00 to \$12.99	4	_____	_____	_____	\$5.19
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	3	_____	_____	_____	\$5.19

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	2	_____	_____	_____	\$2.00
\$9.00 to \$10.99	10	_____	_____	_____	\$2.00
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	2	_____	_____	_____	\$2.00

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)  
☐ Yes \* No

## Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

☐ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)

\* No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

☐ Yes (Complete the remainder of this section.) \* No (Stop here and submit form to DTED.)

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

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

36. Reason(s) for default (Mark all that apply.):

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

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

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)

☐ Yes ☐ No

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


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

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

Or fax to: (651) 215-3841

# 2001 Minnesota Business Assistance Form

00-155/015

*2.4.71. Original received 5/31/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address bart.bevins@state.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 type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		* Yes (Indicate hearing date - 9-24-99- and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
* Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  LAREX, INC.		15. Address where business subsidy or financial assistance will be used  1101 NW 3 <sup>RD</sup> ST COHASSET MN 55721 Street address City ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) * No			
Name of parent corporation		Street address	City State ZIP code

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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">\$175,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">JULY 18, 2000</div>
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>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">SEPTEMBER 11, 2000</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? <i>(Mark one.)</i> <div style="text-align: 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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i> _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input checked="" type="checkbox"/> No  <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div>Grantor(s) and value of the agreement(s)</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div>Grantor _____</div> <div>Value (\$)</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Grantor _____</div> <div>Value (\$)</div> </div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>DECEMBER 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 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	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	15	_____	_____	_____	\$2.34

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:**

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

*Original received 5/31/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address bart.bevins@state.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 ( <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> )		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> )	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <i>Please specify.</i> ) _____		* Yes ( <i>Indicate hearing date - 9-24-99- and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )			
* 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  ACCELERATED PAYMENTS, INC.		15. Address where business subsidy or financial assistance will be used  320 7 <sup>TH</sup> AVE    TWO HARBORS    MN 55616 Street address                                  City                                  ZIP code	
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )			
<input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) * No			
Name of parent corporation		Street address	City State ZIP code



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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)  <div style="text-align: center; font-weight: bold;">\$116,000</div>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  <div style="text-align: right;"> <del>SEPTEMBER 23, 2001</del>  <b>OCT 24, 2000</b> <i>E.F.H. 9/9/00</i> </div>
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)  <div style="text-align: center; font-weight: bold;">FEBRUARY 8, 2001</div>	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <div style="text-align: center; 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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  * loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  * not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  * not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  * No  <div style="margin-top: 10px;">           Grantor(s) and value of the agreement(s)  <div style="display: flex; justify-content: space-between;"> <div>Grantor _____</div> <div>Value (\$) _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Grantor _____</div> <div>Value (\$) _____</div> </div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	<u>DECEMBER 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 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	58	_____	_____	_____	\$53
\$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	33	5	_____	_____	\$1.43
\$9.00 to \$10.99	6	_____	_____	_____	\$1.43
\$11.00 to \$12.99	2	_____	_____	_____	\$1.43
\$13.00 to \$14.99	1	_____	_____	_____	\$1.43
\$15.00 and higher	3	_____	_____	_____	\$1.43

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☐ Yes \* No

## Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

☐ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)

\* No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

☐ Yes (Complete the remainder of this section.) \* No (Stop here and submit form to DTED.)

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

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

36. Reason(s) for default (Mark all that apply.):

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

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

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)

☐ Yes ☐ No

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


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

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

Or fax to: (651) 215-3841

# 2001 Minnesota Business Assistance Form

00-1017

*l.t.t. original received 5/31/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address bart.bevins@state.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 type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		* Yes (Indicate hearing date - 9-24-99- and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
* Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  CENTRAL MARBLE PRODUCTS	15. Address where business subsidy or financial assistance will be used  10499 HWY 10 NW RICE MN 56367 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) * No	
Name of parent corporation	Street address City State ZIP code

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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$100,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">MARCH 31, 2000</div>
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>  <div style="text-align: center; font-weight: bold;">MARCH 31, 2000</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? <i>(Mark one.)</i> <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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i> _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input checked="" type="checkbox"/> No  <div style="margin-top: 10px;"> Grantor(s) and value of the agreement(s)  <div style="display: flex; justify-content: space-between;"> Grantor _____ Value (\$) _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Grantor _____ Value (\$) _____ </div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	<u>DECEMBER 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

*p. 7. H. 8/30/01*

(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	6	_____	_____	_____	\$
\$11.00 to \$12.99	_____	_____	_____	22	\$
\$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	_____	1	_____	_____	\$
\$9.00 to \$10.99	_____	_____	_____	2	\$1.16
\$11.00 to \$12.99	2	_____	_____	10	\$1.24
\$13.00 to \$14.99	1	_____	_____	3	\$1.44
\$15.00 and higher	_____	_____	_____	9	\$1.73

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☐ Yes ☒ No

## Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

☐ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)

\* No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

☐ Yes (Complete the remainder of this section.) \* No (Stop here and submit form to DTED.)

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default (Mark all that apply.):

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

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

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)

☐ Yes ☐ No

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

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

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

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

Or fax to: (651) 215-3841

# 2001 Minnesota Business Assistance Form

*2.7.11. original received 5/31/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address <a href="mailto:bart.bevins@state.mn.us">bart.bevins@state.mn.us</a>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: )		* Yes (Indicate hearing date - 9-24-99- and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
* Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  TURNING LEAF, LLC		15. Address where business subsidy or financial assistance will be used  1920 TURNING LEAF LN ALEXANDRIA MN 56308 Street address City ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) * No			
Name of parent corporation		Street address	City State ZIP code



17. Industry of recipient's facility <i>(Mark one.)</i> : <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input type="checkbox"/> Service  <input checked="" type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other <i>(please specify)</i> _____         </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between; width: 80%;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between; width: 80%;"> <div>City/State of previous address</div> <div>Reason project not completed at previous address</div> </div> </div>	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i> <div style="margin-top: 10px;"> <input type="checkbox"/> Remained at previous location            <input type="checkbox"/> Relocated to different Minnesota location            <input type="checkbox"/> Relocated outside Minnesota       </div>	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$150,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">JUNE 20, 2000</div>
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>  <div style="text-align: center; font-weight: bold;">JUNE, 2000</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? <i>(Mark one.)</i> <div style="text-align: 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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  * loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  * not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input checked="" type="checkbox"/> No  <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between; width: 80%;"> <div>Grantor(s) and value of the agreement(s)</div> </div> <div style="display: flex; justify-content: space-between; width: 80%;"> <div>Grantor _____</div> <div>Value (\$)</div> </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-top: 10px;"> <div>Grantor _____</div> <div>Value (\$)</div> </div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established? * Yes <input type="checkbox"/> No <input type="checkbox"/>	Target attainment dates (month & year) <u>DECEMBER 2002</u>	All goals attained? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>DECEMBER 2002</u>	<input checked="" 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 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	20	_____	_____	18	\$ _____
\$9.00 to \$10.994	4	_____	_____	3	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	3	_____	_____	5	\$ _____

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	16	14	_____	_____	\$ _____
\$9.00 to \$10.99	11	_____	_____	_____	\$ _____
\$11.00 to \$12.99	23	_____	_____	_____	\$ _____
\$13.00 to \$14.99	16	_____	_____	_____	\$ _____
\$15.00 and higher	6	_____	_____	_____	\$ _____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)  
 \* Yes ☐ No ☐

## Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

☐ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)

\* No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

☐ Yes (Complete the remainder of this section.) \* No (Stop here and submit form to DTED.)

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default (Mark all that apply.):

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

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

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)

☐ Yes ☐ No

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

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

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

Or fax to: (651) 215-3841



# 2001 Minnesota Business Assistance Form

*Original received 5/31/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address bart.bevins@state.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 ( <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> )		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> )	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <i>Please specify.</i> ) _____		* Yes ( <i>Indicate hearing date - 9-24-99- and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )			
* 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  TRACY MINNTRONIX, CORP	15. Address where business subsidy or financial assistance will be used  1045CRAIG AVE                      TRACY                      MN 56175 Street address                      City                      ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )	
<input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) * No	
Name of parent corporation	Street address                      City                      State                      ZIP code

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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$150,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">MARCH 29, 2000</div>
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>  <div style="text-align: center; font-weight: bold;">MARCH 29, 2000</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? <i>(Mark one.)</i> <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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input checked="" type="checkbox"/> No  <div style="margin-top: 5px;">           Grantor(s) and value of the agreement(s)  <div style="display: flex; justify-content: space-between;"> <div>Grantor _____</div> <div>Value (\$)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Grantor _____</div> <div>Value (\$)</div> </div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	<u>DECEMBER 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 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	28	_____	_____	_____	\$ .35
\$9.00 to \$10.994	3	_____	_____	_____	\$ .35
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	3	_____	_____	_____	\$ .35

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	_____	_____	6	_____	\$ _____
\$7.00 to \$8.99	_____	_____	4	20	\$ .70
\$9.00 to \$10.99	_____	_____	4	5	\$ .70
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	2	_____	\$ _____
\$15.00 and higher	_____	_____	3	4	\$ .70

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☐ Yes    \* No

## Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

☐ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)

\* No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

☐ Yes (Complete the remainder of this section.) \* No (Stop here and submit form to DTED.)

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

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

36. Reason(s) for default (Mark all that apply.):

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

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

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)

☐ Yes ☐ No

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

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

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

Or fax to: (651) 215-3841

# 2001 Minnesota Business Assistance Form

00-1020

*E.F.H. original received 5/31/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address <a href="mailto:bart.bevins@state.mn.us">bart.bevins@state.mn.us</a>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: )		* Yes (Indicate hearing date - 9-24-99- and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
* Yes (Complete the remainder of the form.) <input type="checkbox"/> No ( <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  BEDFORD TECHNOLOGY, LLC		15. Address where business subsidy or financial assistance will be used  2424 ARMOUR BLVD WORTHINGTON MN 56187 Street address City ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) * No			
Name of parent corporation		Street address	City State ZIP code



17. Industry of recipient's facility <i>(Mark one.)</i> : <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input type="checkbox"/> Service  <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other <i>(please specify)</i> _____         </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between; width: 80%;"> <div>City/State of previous address _____</div> <div>Reason project not completed at previous address _____</div> </div> </div>	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i> <div style="margin-top: 10px;"> <input type="checkbox"/> Remained at previous location            <input type="checkbox"/> Relocated to different Minnesota location            <input type="checkbox"/> Relocated outside Minnesota       </div>	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">\$199,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">JULY 7, 2000</div>
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>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">FEBRUARY 14, 2000</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? <i>(Mark one.)</i> <div style="text-align: 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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> loan  <input type="checkbox"/> grant (i.e., forgivable loan)  <input type="checkbox"/> tax abatement  <input type="checkbox"/> TIF or other tax reduction or deferral  <input type="checkbox"/> guarantee of payment  <input type="checkbox"/> contribution of property or infrastructure  <input type="checkbox"/> preferential use of governmental facilities  <input type="checkbox"/> land contribution  <input type="checkbox"/> other <i>(Specify subsidy type.)</i> _____       </div>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <div style="margin-top: 5px;"> <input type="checkbox"/> assistance for property polluted by contaminants  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost  <input type="checkbox"/> assistance for pollution control or abatement  <input type="checkbox"/> assistance for a TIF soils condition district       </div>
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF   <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict       </div>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> No   <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between; width: 80%;"> <div>Grantor(s) and value of the agreement(s)</div> </div> <div style="display: flex; justify-content: space-between; width: 80%;"> <div>Grantor _____</div> <div>Value (\$)</div> </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-top: 10px;"> <div>Grantor _____</div> <div>Value (\$)</div> </div> </div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	<u>DECEMBER 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 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	20	_____	_____	_____	\$1.50
\$9.00 to \$10.994	_____	_____	_____	_____	\$ _____
\$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	1	_____	_____	_____	\$1.50
\$9.00 to \$10.99	2	_____	_____	_____	\$1.50
\$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:

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

00-1021

*2.7.4. original received 5/31/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address bart.bevins@state.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 ( <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> )  <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <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> )  * Yes ( <i>Indicate hearing date - 9-24-99- and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )  * 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  BEDFORD TECHNOLOGY, LLC		15. Address where business subsidy or financial assistance will be used  2424 ARMOUR BLVD    WORTHINGTON    MN 56187 Street address                                  City                                  ZIP code	
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )  <input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) * No FIEDLER ENTERPRISES                                  1010 NE 11 <sup>TH</sup> AVE                                  FARIBAULT                                  MN    55021 Name of parent corporation                                  Street address                                  City                                  State    ZIP code			



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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

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

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.994	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	8	\$2.00
\$15.00 and higher	_____	_____	_____	1	\$2.00

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	_____	_____	_____	8	\$2.00
\$15.00 and higher	_____	_____	_____	1	\$2.00

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)  
 \* Yes ☐ No

## Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

\* No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
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34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* \* No *(Stop here and submit form to DTED.)*

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Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
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36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation

☐ recipient relocated to a different community

☐ recipient was unable to fill vacant positions

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

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

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

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


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

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

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

# 2001 Minnesota Business Assistance Form

00-1022

*2.7.11 original received 5/3/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address bart.bevins@state.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 ( <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> )  <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <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> )  * Yes ( <i>Indicate hearing date - 9-24-99- and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )  * 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  HARFEL, LLC		15. Address where business subsidy or financial assistance will be used  410 WEST ANOKA ST    DULUTH    MN 55803 Street address    City    ZIP code	
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )  <input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) * No			
Name of parent corporation		Street address	City State ZIP code



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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)  <div style="text-align: center; font-weight: bold;">\$200,000</div>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  <div style="text-align: center; font-weight: bold;">SEPTEMBER 19, 2000</div>						
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)  <div style="text-align: center; font-weight: bold;">OCTOBER 31, 2001</div>							
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <div style="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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  * loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.)	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  * not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district						
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  * not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  * Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input type="checkbox"/> No  Grantor(s) and value of the agreement(s) <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Grantor</td> <td style="width: 40%;">Value (\$)</td> </tr> <tr> <td style="text-align: center;"><b>CITY OF DULUTH</b></td> <td style="text-align: center;"><b>\$100,000</b></td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	Grantor	Value (\$)	<b>CITY OF DULUTH</b>	<b>\$100,000</b>	Grantor	Value (\$)
Grantor	Value (\$)						
<b>CITY OF DULUTH</b>	<b>\$100,000</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):

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	<u>DECEMBER 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

e.f.h. 8/30/01

(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 \$10.994		_____	_____		\$
\$11.00 to \$12.99		_____			\$
\$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 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

☐ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)

\* No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

☐ Yes (Complete the remainder of this section.) \* No (Stop here and submit form to DTED.)

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

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

36. Reason(s) for default (Mark all that apply.):

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

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

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)

☐ Yes ☐ No

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

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

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

Or fax to: (651) 215-3841



# 2001 Minnesota Business Assistance Form

*244. original received 5/31/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address bart.bevins@state.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 ( <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> )		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> )	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <i>Please specify.</i> ) _____		* Yes ( <i>Indicate hearing date - 9-24-99- and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )			
* 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  CENTURY FIXTURES & MILLWORK		15. Address where business subsidy or financial assistance will be used  5175 260 <sup>TH</sup> ST. WYOMING MN 55092 Street address City ZIP code	
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )			
<input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) * No			
Name of parent corporation		Street address	City State ZIP code

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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$199,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">DECEMBER 15, 2000</div>						
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>  <div style="text-align: center; font-weight: bold;">JANUARY 1, 2000</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? <i>(Mark one.)</i> <div style="text-align: 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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district						
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input checked="" type="checkbox"/> No  <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div>Grantor(s) and value of the agreement(s)</div> </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Grantor</td> <td style="width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> </table> </div>	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	* Yes <input type="checkbox"/> No	<u>DECEMBER 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 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 \$10.994	1	5	_____	_____	\$3.50
\$11.00 to \$12.99	1	_____	_____	_____	\$ .89
\$13.00 to \$14.99	16	_____	_____	_____	\$2.82
\$15.00 and higher	4	_____	_____	_____	\$ .22

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	1	5	_____	_____	\$3.50
\$11.00 to \$12.99	1	_____	_____	_____	\$ .89
\$13.00 to \$14.99	16	_____	_____	_____	\$2.82
\$15.00 and higher	4	_____	_____	_____	\$ .22

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

\* Yes ☐ No

## Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

☐ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)

\* No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

☐ Yes (Complete the remainder of this section.) \* No (Stop here and submit form to DTED.)

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

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

36. Reason(s) for default (Mark all that apply.):

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

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

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)

☐ Yes ☐ No

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


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

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

Or fax to: (651) 215-3841

# 2001 Minnesota Business Assistance Form

00-1024

*2.7.11 original received 5/31/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address bart.bevins@state.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 ( <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> )		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> )	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <i>Please specify.</i> ) _____		* Yes ( <i>Indicate hearing date - 9-24-99- and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )			
* 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  DYCAST SPECIALITIES CORP	15. Address where business subsidy or financial assistance will be used  29468 STATE HWY 28    STARBUCK    MN 56381 Street address                      City                      ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )	
<input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) * No	
Name of parent corporation	Street address                      City                      State    ZIP code



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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$100,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">FEBRUARY 29, 2000</div>						
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>  <div style="text-align: center; font-weight: bold;">MAY 3, 2000</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? <i>(Mark one.)</i>  <div style="display: flex; justify-content: center; gap: 20px;"> <input checked="" type="checkbox"/> business subsidy         <input type="checkbox"/> financial assistance         </div>							
24. If the agreement provided a business subsidy, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district						
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>  <input checked="" type="checkbox"/> No  <div style="margin-top: 10px;">             Grantor(s) and value of the agreement(s)  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Grantor</td> <td style="width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="height: 10px;"> </td> <td> </td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> </table> </div>	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	* 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 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	_____	_____	30	_____	\$ _____
\$9.00 to \$10.994	_____	_____	_____	_____	\$ _____
\$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	_____	_____	16	_____	\$1.29
\$9.00 to \$10.99	_____	_____	2	_____	\$1.29
\$11.00 to \$12.99	_____	_____	1	_____	\$1.29
\$13.00 to \$14.99	_____	_____	1	_____	\$1.29
\$15.00 and higher	_____	_____	1	_____	\$1.29

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:**

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

00-1025

*2.4.4. original received 5/31/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address bart.bevins@state.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 type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		* Yes (Indicate hearing date - 9-24-99- and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
* Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  FIRST PLAN OF MN		15. Address where business subsidy or financial assistance will be used  409 17 <sup>TH</sup> AVE    TWO HARBORS    MN 55616 Street address    City    ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) * No			
Name of parent corporation		Street address	City State ZIP code

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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$85,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">JULY 19, 2000</div>						
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>  <div style="text-align: center; font-weight: bold;">JULY 19, 2000</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? <i>(Mark one.)</i> <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). <input type="checkbox"/> not applicable, agreement provided financial assistance  <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> loan  <input type="checkbox"/> grant (i.e., forgivable loan)  <input type="checkbox"/> tax abatement  <input type="checkbox"/> TIF or other tax reduction or deferral  <input type="checkbox"/> guarantee of payment  <input type="checkbox"/> contribution of property or infrastructure  <input type="checkbox"/> preferential use of governmental facilities  <input type="checkbox"/> land contribution  <input type="checkbox"/> other <i>(Specify subsidy type.)</i> </div>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <div style="margin-top: 5px;"> <input type="checkbox"/> assistance for property polluted by contaminants  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost  <input type="checkbox"/> assistance for pollution control or abatement  <input type="checkbox"/> assistance for a TIF soils condition district       </div>						
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict       </div>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input checked="" type="checkbox"/> No  <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span>Grantor(s) and value of the agreement(s)</span> </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Grantor</td> <td style="width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> </table> </div>	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	* Yes <input type="checkbox"/> No <input type="checkbox"/>	JUNE 2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$
\$7.00 to \$8.99	21	_____	_____	_____	\$4.00
\$9.00 to \$10.994	_____	_____	_____	_____	\$
\$11.00 to \$12.99	_____	_____	_____	_____	\$
\$13.00 to \$14.99	2	_____	_____	_____	\$4.00
\$15.00 and higher	1	_____	_____	_____	\$4.00

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	42	_____	_____	_____	\$4.00
\$11.00 to \$12.99	_____	_____	_____	_____	\$
\$13.00 to \$14.99	_____	_____	_____	_____	\$
\$15.00 and higher	4	_____	_____	_____	\$4.00

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

\* Yes ☐ No ☐

## Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

☐ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)

\* No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

☐ Yes (Complete the remainder of this section.) \* No (Stop here and submit form to DTED.)

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

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

36. Reason(s) for default (Mark all that apply.):

☐ recipient ceased operation

☐ recipient relocated to a different community

☐ recipient was unable to fill vacant positions

☐ other (Specify reason.)

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

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)

☐ Yes ☐ No

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

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

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

Or fax to: (651) 215-3841

# 2001 Minnesota Business Assistance Form

00-0695

*L.F.H. original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.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 ( <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> )  <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other ( <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> )  * Yes ( <i>Indicate hearing date - 7-27-00 and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )  * 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  SCHERPING SYSTEMS		15. Address where business subsidy or financial assistance will be used  801 KINGSLEY    WINSTED    MN 55395 Street address    City    ZIP code	
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )  <input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) * No			
Name of parent corporation		Street address	City State ZIP code



<b>17. Industry of recipient's facility (Mark one.):</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input type="checkbox"/> Service  <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other (please specify) _____         </div> </div>	
<b>18. Did the recipient relocate as a result of signing this agreement? (Mark one.)</b> <input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) <input checked="" type="checkbox"/> No (Go to Question 19.) <div style="display: flex; margin-top: 5px;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;">City/State of previous address</div> <div style="flex: 2; border-bottom: 1px solid black;">Reason project not completed at previous address</div> </div>	
<b>19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Remained at previous location         <input type="checkbox"/> Relocated to different Minnesota location         <input type="checkbox"/> Relocated outside Minnesota       </div>	

### 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.)</b>  <div style="text-align: center; font-weight: bold;">\$150,000</div>	<b>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</b>  <div style="text-align: center; font-weight: bold;">APRIL 6, 2000</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>  <div style="text-align: center; font-weight: bold;">OCTOBER 12, 2000</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> <div style="display: flex; justify-content: center; margin-top: 5px;"> <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>  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.)	<b>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</b>  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <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
<b>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</b>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<b>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</b>  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s)  <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="border-bottom: 1px solid black; width: 40%;"></div> <div style="border-bottom: 1px solid black; width: 40%; text-align: right;">Value (\$)</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 40%;"></div> <div style="border-bottom: 1px solid black; width: 40%; text-align: right;">Value (\$)</div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- ☐ Enhancing economic diversity      ☐ 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	* Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>OCTOBER 2002</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>30</u>	_____	_____	_____	\$ <u>32</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 E.T.H. 9/19/01

### Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

☐ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)

\* No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

☐ Yes (Complete the remainder of this section.) \* No (Stop here and submit form to DTED.)

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)

35. Information on recipient and agreement:

_____ Name of recipient in default	_____ Type of subsidy or assistance	_____ Initial value of subsidy or assistance
_____ Street address of recipient	_____ City/ZIP code of recipient	_____ Outstanding value of subsidy or assistance

36. Reason(s) for default (Mark all that apply.):

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

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

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)

☐ Yes ☐ No

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

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

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

2000 Minnesota Business Assistance Form  
Minnesota Department of Trade and Economic Development - AEO

# 2001 Minnesota Business Assistance Form

00-0752

*E.H. original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.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 type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<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  SYSTEMATIC REFRIGERATION, INC		15. Address where business subsidy or financial assistance will be used  6151 NORTH AVE NW    RAMSEY    MN 55303 Street address                      City                      ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	
City		State    ZIP code	

17. Industry of recipient's facility <i>(Mark one.)</i> : <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> * Manufacturing  <input type="checkbox"/> Retail Trade         </div> <div> <input type="checkbox"/> Service  <input type="checkbox"/> Wholesale Trade         </div> <div> <input type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other <i>(please specify)</i> _____         </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> * No <i>(Go to Question 19.)</i> <div style="display: flex; margin-top: 10px;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;">City/State of previous address</div> <div style="flex: 2; border-bottom: 1px solid black;">Reason project not completed at previous address</div> </div>	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input checked="" type="checkbox"/> * Remained at previous location         <input type="checkbox"/> Relocated to different Minnesota location         <input type="checkbox"/> Relocated outside Minnesota       </div>	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">\$300,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">MAY 1, 2000</div>								
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>  <div style="text-align: center; font-weight: bold; margin-top: 10px;">MAY 1, 2000</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? <i>(Mark one.)</i> <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).  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input checked="" type="checkbox"/> * loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district								
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> * economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> * Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input type="checkbox"/> No  Grantor(s) and value of the agreement(s)  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Grantor</td> <td style="width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td><u>CITY OF RAMSEY</u></td> <td style="text-align: right;"><u>\$540,000</u></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> </table>	Grantor	Value (\$)	<u>CITY OF RAMSEY</u>	<u>\$540,000</u>			Grantor	Value (\$)
Grantor	Value (\$)								
<u>CITY OF RAMSEY</u>	<u>\$540,000</u>								
Grantor	Value (\$)								

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	MAY 2002	<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 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	50				\$3.33
\$13.00 to \$14.99					\$
\$15.00 and higher					\$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

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

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☐ Yes \* No

## Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

\* No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
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34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* \* No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

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

36. Reason(s) for default *(Mark all that apply.):*

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

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

☐ Yes    ☐ No, recipient has begun to repay the assistance.    ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes    ☐ No

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


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

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

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

# 2001 Minnesota Business Assistance Form

00-0789

*24th original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address <a href="mailto:paul.a.moe@state.mn.us">paul.a.moe@state.mn.us</a>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		* Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
* Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  LACROSSE MCCORMICK		15. Address where business subsidy or financial assistance will be used  1116 SO. OAK LA CRESCENT MN 55947 Street address City ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) * No			
Name of parent corporation		Street address	City State ZIP code



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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)  <div style="text-align: center; margin-top: 10px;"><b>\$142,000</b></div>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  <div style="text-align: center; margin-top: 10px;"><b>DECEMBER 12, 2000</b></div>
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)  <div style="text-align: center; margin-top: 10px;"><b>DECEMBER 12, 2000</b></div>	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)  <div style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy    <input type="checkbox"/> financial assistance       </div>	
24. If the agreement provided a business subsidy, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <b>Q.T.H. 9/11/01</b> <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.)	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No  <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div>Grantor(s) and value of the agreement(s)</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Grantor _____</div> <div>Value (\$)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Grantor _____</div> <div>Value (\$)</div> </div> </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	<u>DECEMBER 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 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	21	_____	_____	_____	\$2.00
\$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.)		
* 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.)      * 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:

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

00-0790

*2.4. The original received 5/2/01*

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 <sup>TH</sup> PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address <u>paul.a.moe@state.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		* Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
* Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  ALPHAGRAPHS GROUP, INC.		15. Address where business subsidy or financial assistance will be used  310 CANNON RIVER AVE RED WING MN 55066 Street address City ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) * No			
Name of parent corporation		Street address	City State ZIP code

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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>  <div style="text-align: center; font-weight: bold;">\$285,000</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>  <div style="text-align: center; font-weight: bold;">JUNE 27, 2000</div>
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>  <div style="text-align: center; font-weight: bold;">DECEMBER 31, 2000</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? <i>(Mark one.)</i> <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). <input checked="" type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <u>6.7.4. 9/14/01</u> <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other <i>(Specify subsidy type.)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input checked="" type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input type="checkbox"/> No <div style="margin-top: 10px;">           Grantor(s) and value of the agreement(s)            Grantor _____ Value (\$) <b>RED WING PORT AUTHORITY \$ 150,000</b>            Grantor _____ Value (\$)         </div>

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	DECEMBER 2002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	* Yes <input type="checkbox"/> No	DECEMBER 2002	<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 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	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	57	_____	_____	_____	\$2.96
\$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	47	_____	_____	_____	\$3.43

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:**

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**



00-0305

## 2001 Minnesota Business Assistance Form

RECEIVED APR 01 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) <u>Montevideo Community Development Corp.</u>		2. Name of person completing this form <u>Scott Marquardt</u>	
3. Street address <u>103 Canton Ave. P.O. Box 676</u>		4. City <u>Montevideo</u>	5. ZIP code <u>56265</u>
6. County <u>Chippewa</u>	7. Phone number <u>(320) 269-6575</u>	8. Fax number <u>(320) 269-9340</u>	9. E-mail address <u>eda@montevideomn.org.</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input checked="" type="checkbox"/> Other (Please specify.) <u>Corp. 501(c)(4)</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.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>10-4-99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Ingram Rollers, Inc.</u>	15. Address where business subsidy or financial assistance will be used <u>121 1/2 N. 1st St. Montevideo, MN 56265</u> Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <u>56265</u> <input type="checkbox"/> No <u>Ritalka, Inc.</u> <u>117 1/2 No. First St. Montevideo, MN</u> 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;">\$80,000</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;">Dec. 29, 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="font-size: 1.2em;">Dec. 29, 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)      \$80,000  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input 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> <u>First National Bank</u>      \$170,000              Grantor      Value (\$)              _____              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) \_\_\_\_\_

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment dates) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>6-30-02</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>6-30-02</u>	<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	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>8</u>	_____	_____	<u>13</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>13</u>	\$ _____
\$11.00 to \$12.99	<u>8</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



00-0306

**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) <u>Cor f. Montevideo Community Development</u>		2. Name of person completing this form <u>Scott Marquardt</u>		
3. Street address <u>103 Canton Ave., P.O. Box 676</u>		4. City <u>Montevideo</u>	5. ZIP code <u>56265</u>	
6. County <u>Chippewa</u>	7. Phone number <u>(320) 269-6575</u>	8. Fax number <u>(320) 269-9340</u>	9. E-mail address <u>eda@montevideo.mn.org</u>	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input checked="" type="checkbox"/> Other (Please specify.) <u>501(C)(4)</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.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>10-4-99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <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 <u>Micro-Dynamics Corporation</u>		15. Address where business subsidy or financial assistance will be used <u>1633 9<sup>th</sup> St. No., Montevideo, MN 56245</u>		
Street address		City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

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

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

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

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

\_\_\_\_\_  
 City/State of previous address      Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 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.) \$ 150,000	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) 2-07-2000
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.) 2-7-2000	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan (only principal) \$ 150,000 <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No Grantor(s) and value of the agreement(s): Montevideo Industrial Development Corp. \$ 150,000 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) \_\_\_\_\_

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12-31-01</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>March 2000</u>	<input checked="" 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>20</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>0</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) CITY OF MONTICELLO		2. Name of person completing this form OLLIE KOROPCHAK	
3. Street address 505 WALNUT STREET, SHITE 1		4. City MONTICELLO	5. ZIP code 55362
6. County WRIGHT	7. Phone number 763-271-3208	8. Fax number 762-295-4404	9. E-mail address okoropch@uslink.net
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor ( <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> )  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other ( <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> )  <input checked="" type="checkbox"/> Yes ( <i>Indicate hearing date - 9/13/99 and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing -</i> ) <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> )  <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  TWIN CITY DIE CASTINGS COMPANY		15. Address where business subsidy or financial assistance will be used  520 CHELSEA ROAD MONTICELLO 55362 Street address City State ZIP code	
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )  <input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) <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;">\$500,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">June 8, 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;">August 7, 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)      \$ 500,000  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____</p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> Not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">HRA</td> <td style="width: 40%;">\$225,000 TIF</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>EDA</td> <td>\$100,000 Equipment Loan</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	HRA	\$225,000 TIF	Grantor	Value (\$)	EDA	\$100,000 Equipment Loan	Grantor	Value (\$)
HRA	\$225,000 TIF								
Grantor	Value (\$)								
EDA	\$100,000 Equipment Loan								
Grantor	Value (\$)								

CITY      \$40,000 REDUCTION OF TRUNK FEES

## 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 type="checkbox"/> Enhancing economic diversity                | <input checked="" 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	<u>Sept. 1, 2002</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
<del>LESS THAN \$7.00</del>	_____	_____	_____	_____	\$ _____
<del>AT LEAST \$8.50</del>	<u>71</u>	_____	_____	_____	\$ _____
<del>\$9.00 TO \$10.00</del>	_____	_____	_____	_____	\$ _____
<del>AT LEAST \$12.00</del>	<u>14</u>	_____	_____	_____	\$ _____
<del>\$12.00 TO \$14.99</del>	_____	_____	_____	_____	\$ _____
<del>\$15.00 and higher</del>	_____	_____	_____	_____	\$ _____

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
<del>LESS THAN \$7.00</del>	_____	_____	_____	_____	\$ _____
<del>AT LEAST \$8.50</del>	<u>3</u>	_____	_____	_____	\$ <u>.92/Hr</u>
<del>\$9.00 TO \$10.00</del>	_____	_____	_____	_____	\$ _____
<del>AT LEAST \$12.00</del>	<u>11</u>	_____	_____	_____	\$ <u>.92/Hr</u>
<del>\$12.00 TO \$14.99</del>	_____	_____	_____	_____	\$ _____
<del>\$15.00 and higher</del>	_____	_____	_____	_____	\$ _____

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

RECEIVED APR 5 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) MONTICELLO ECONOMIC DEVELOPMENT AUTHORITY		2. Name of person completing this form OLLIE KOROPCHAK	
3. Street address 505 WALNUT STREET, SUITE 1		4. City MONTICELLO	5. ZIP code 55362
6. County WRIGHT	7. Phone number 763-271-3208	8. Fax number 763-295-4404	9. E-mail address okoropch@uslink.net
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <u>City government</u> <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input checked="" type="checkbox"/> Other (Please specify.) <u>MONTICELLO EDA</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.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>8/31/99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input checked="" type="checkbox"/> Other (Please attach explanation.) <u>AMENDED 11/8/00</u>	
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 ( <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 TWIN CITY DIE CASTINGS COMPANY		15. Address where business subsidy or financial assistance will be used <u>520 CHELSEA RD E MONTICELLO, MN 55362</u> Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	

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

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

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

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

City/State of previous address      Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

**Section 3 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.)

\$100,000

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

June 8, 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.)

June 8, 2000

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

- ☒ 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)      \$ 100,000  
☐ grant (i.e., forgivable loan)      \$ \_\_\_\_\_  
☐ tax abatement      \$ \_\_\_\_\_  
☐ TIF or other tax reduction or deferral      \$ \_\_\_\_\_  
☐ guarantee of payment      \$ \_\_\_\_\_  
☐ contribution of property or infrastructure      \$ \_\_\_\_\_  
☐ preferential use of governmental facilities      \$ \_\_\_\_\_  
☐ land contribution      \$ \_\_\_\_\_  
☐ other (Specify subsidy type.) \_\_\_\_\_ \$ \_\_\_\_\_

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

- ☒ not applicable, agreement provided a business subsidy

- ☐ assistance for property polluted by contaminants      \$ \_\_\_\_\_  
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ \_\_\_\_\_  
☐ assistance for pollution control or abatement      \$ \_\_\_\_\_  
☐ assistance for a TIF soils condition district      \$ \_\_\_\_\_

26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)

- ☒ not applicable, assistance was not in the form of TIF

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

27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)

- ☒ Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  
☐ No

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

MONTICELLO HRA      \$225,000 TIF

Grantor	Value (\$)	
City of Monticello	\$500,000	Equipment Loan
Grantor	Value (\$)	

City of Monticello      \$ 40,000 REDUCTION OF Trunk Fees

## 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>Sept. 1, 2002</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
<del>less than \$7.00</del>	_____	_____	_____	_____	\$ _____
AT LEAST \$8.50	<u>71</u>	_____	_____	_____	\$ _____
<del>\$9.00 to \$11.99</del>	_____	_____	_____	_____	\$ _____
At LEAST \$12.00	<u>14</u>	_____	_____	_____	\$ _____
<del>\$12.00 to \$14.99</del>	_____	_____	_____	_____	\$ _____
<del>\$15.00 and higher</del>	_____	_____	_____	_____	\$ _____

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
<del>less than \$7.00</del>	_____	_____	_____	_____	\$ _____
<del>\$7.00 to \$8.49</del>	_____	_____	_____	_____	\$ _____
AT LEAST \$8.50	<u>3</u>	_____	_____	_____	\$ <u>9.25/Hr</u>
<del>\$8.50 to \$11.99</del>	_____	_____	_____	_____	\$ _____
<del>\$12.00 to \$14.99</del>	_____	_____	_____	_____	\$ _____
At Least \$12.00	<u>11</u>	_____	_____	_____	\$ <u>9.25/Hr</u>
<del>\$15.00 and higher</del>	_____	_____	_____	_____	\$ _____

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



00-0654

## 2001 Minnesota Business Assistance Form

RECEIVED MAY 2 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) City of Moorhead		2. Name of person completing this form Beth Grosen	
3. Street address 500 Center Avenue, PO Box 779		4. City Moorhead	5. ZIP code 56560
6. County Clay	7. Phone number 218-299-5441	8. Fax number 218-299-5399	9. E-mail address beth.grosen@ci.moorhead.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate <u>hearing date</u> <u>8/23/99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <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 Brady Olson/Brady's Service Center, Inc		15. Address where business subsidy or financial assistance will be used 2404 8 St. S. Moorhead, MN 56560	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code



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

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

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

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

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Not done - total rebuild on site

☐ 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;">\$ 43,250</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;">12-18-2000</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;">October 2000</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input checked="" type="checkbox"/> Other (Specify subsidy type.) _____ \$ _____         </p> <p style="text-align: center;">Border City Development Zone \$ 43,250</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> Not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input 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	7/01/02	<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	<u>1</u>	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	<u>1</u>	_____	_____	\$ _____
\$9.00 to \$10.99	<u>1</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) City of Moorhead		2. Name of person completing this form Beth Grosen	
3. Street address 500 Center Avenue, PO Box 779		4. City Moorhead	5. ZIP code 56560
6. County Clay	7. Phone number 218-299-5441	8. Fax number 218-299-5399	9. E-mail address beth.grosen@ci.moorhead.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title	Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)  <input checked="" type="checkbox"/> Yes (Indicate <u>hearing date</u> <u>8/23/99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)  <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 Sterling Development Group		15. Address where business subsidy or financial assistance will be used  <u>3333 Hwy 10 E.</u> <u>Moorhead MN</u> <u>56560</u> Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)  <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	

17. Industry of recipient's facility (Mark one.):  
☐ Manufacturing      ☐ Services      ☐ Finance, Insurance, Real Estate  
☒ Retail Trade      ☐ Wholesale Trade      ☐ Construction      ☐ Other (please specify) \_\_\_\_\_

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)  
☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)

\_\_\_\_\_  
City/State of previous address      Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)  
N/A

☐ 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.)  \$234,300	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  4-17-00				
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.)  October 2000					
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)  <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance					
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input checked="" type="checkbox"/> other (Specify subsidy type.) _____ \$ _____ Border City Development Zone \$ 234,300	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <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

☒ 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	9-11-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	100	_____	_____	\$ _____
\$7.00 to \$8.99	10	_____	_____	_____	\$ _____
\$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	2	81	_____	_____	\$ _____
\$7.00 to \$8.99	3	15	_____	_____	\$ _____
\$9.00 to \$10.99	5	_____	_____	_____	\$ _____
\$11.00 to \$12.99	1	_____	_____	_____	\$ _____
\$13.00 to \$14.99	2	_____	_____	_____	\$ _____
\$15.00 and higher	1	_____	_____	_____	\$ _____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☒ Yes ☐ No

## 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) City of Moorhead		2. Name of person completing this form Beth Grosen	
3. Street address 500 Center Avenue, PO Box 779		4. City Moorhead	5. ZIP code 56560
6. County Clay	7. Phone number 218-299-5441	8. Fax number 218-299-5399	9. E-mail address beth.grosen@ci.moorhead.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		<input checked="" type="checkbox"/> Yes (Indicate <u>hearing date</u> <u>8/23/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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  State Bank of Hawley		15. Address where business subsidy or financial assistance will be used  3004 14 St. S. Moorhead MN 56560	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code



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

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

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

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

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 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;">\$ 42,600</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 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 2000</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input checked="" type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p> <p>Border City Development Zone \$ 42,600</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</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: 60%;">Grantor</td> <td style="border-bottom: 1px solid black; width: 40%;">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) \_\_\_\_\_

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	9/1/02	<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	1	_____	_____	_____	\$ _____
\$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

# 2001 Minnesota Business Assistance Form

RECEIVED MAY 2 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) City of Moorhead		2. Name of person completing this form Beth Grosen	
3. Street address 500 Center Avenue, PO Box 779		4. City Moorhead	5. ZIP code 56560
6. County Clay	7. Phone number 218-299-5441	8. Fax number 218-299-5399	9. E-mail address beth.grosen@ci.moorhead.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) 8/23/99 <input checked="" type="checkbox"/> Yes (Indicate hearing date) and attach criteria <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance United Structural Components, LLC		15. Address where business subsidy or financial assistance will be used 4141 30 Ave. S. Moorhead MN 56560 Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

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

**Business Startup**

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

N/A

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

### Section 3 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;">\$ 139,400</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;">12-22-00</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;">1-10-01</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____</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 checked="" type="checkbox"/> other (Specify subsidy type.) _____ \$ _____</p> <p><b>Borders City Development Zone \$139,400</b></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 checked="" 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 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  
☒ 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	9-01-02	<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	20	20	_____	_____	\$ _____
\$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	5	_____	_____	_____	\$ _____
\$11.00 to \$12.99	1	_____	_____	_____	\$ _____
\$13.00 to \$14.99	4	_____	_____	_____	\$ _____
\$15.00 and higher	3	_____	_____	_____	\$ _____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☐ Yes ☒ No

## Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 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 MAR 23 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) City of Morris		2. Name of person completing this form Edward R. Larson	
3. Street address 609 Oregon Avenue		4. City Morris	5. ZIP code 56267
6. County Stevens	7. Phone number 320-589-3141	8. Fax number 320-589-3111	9. E-mail address morrisnm@info-link.net
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>5/23/00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <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 DENCO, LLC		15. Address where business subsidy or financial assistance will be used CH 22 Morris MN 56267 Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	



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

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

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

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

\_\_\_\_\_  
 City/State of previous address      Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 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;">\$188,084</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;">June 13, 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;">June 29, 2000 issuance date of TIF Revenue Note</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral      \$ <u>188,084</u>  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input checked="" type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;">Value (\$)</td> </tr> </table>		Value (\$)		Value (\$)
	Value (\$)				
	Value (\$)				

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
 ☐ 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 type="checkbox"/> Yes <input checked="" 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	_____	_____	_____	_____	\$ _____
\$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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2001 Minnesota Business Assistance Form  
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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

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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) MOUND HRA		2. Name of person completing this form Gino Businaro	
3. Street address 5341 Maywood Road		4. City MOUND	5. ZIP code 55364
6. County Hennepin	7. Phone number 952-472-0608	8. Fax number 952-472-0620	9. E-mail address businaro@msn.com
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. N/A			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - 12/14/99 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance MetroPlains Development LLC		15. Address where business subsidy or financial assistance will be used Suite 212 Spruce Tree Centre, ST. Paul, Mn. 55104	
Street address		City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

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

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (*Mark one.*)

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

### Section 3 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 style="text-align: center; font-size: 1.2em;">1,800,000</p>	<p>21. Date agreement signed (<i>In addition to the agreement date, indicate any dates the agreement was amended.</i>)</p> <p style="text-align: center; font-size: 1.2em;">Dec. 12, 2000</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>)      anticipated improvements finished 12/31/01</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (<i>Mark one.</i>)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral      <i>0.1% 6/1/01</i> \$ 1,800,000  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (<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).      N/A</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (<i>Mark one.</i>)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (<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>)  <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) promote redevelopment generate spin-off development and redevelopment

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Dec. 2002</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Dec. 2002</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Dec. 2002</u>	<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>Dec. 2005</u>	<input checked="" 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>1</u>	_____	\$ _____
less than \$7.00	_____	_____	<u>125% of Federal Minimum wage</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	_____	_____	_____	_____	\$ _____
\$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 at this time

## 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) MOUND HRA		2. Name of person completing this form Gino Businaro	
3. Street address 5341 Maywood Road		4. City MOUND	5. ZIP code 55364
6. County Hennepin	7. Phone number 952-472-0608	8. Fax number 952-472-0620	9. E-mail address businaro@msn.com
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. N/A			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>12/14/00</u> attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) 2.1.11 5341 <input checked="" 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 RayMar Properties, Inc.		15. Address where business subsidy or financial assistance will be used <u>2250 Commerce Mound, Mn. 55364</u> Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	



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

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

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

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

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (*Mark one.*)

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

### Section 3 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 style="text-align: center; font-size: 1.2em;">\$250,000</p>	<p>21. Date agreement signed (<i>In addition to the agreement date, indicate any dates the agreement was amended.</i>)</p> <p style="text-align: center; font-size: 1.2em;">July 11, 2000</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 style="text-align: center; font-size: 1.2em;">December 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? (<i>Mark one.</i>)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input checked="" type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <i>Q. 1. 21 6/16/01</i> \$ <u>250,000</u>  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (<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). N/A</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (<i>Mark one.</i>)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (<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>)  <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) promote redevelopment  
generate spin-off development and redevelopment.

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>March 2001</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Dec. 2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C) Other wage goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Dec. 2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Dec. 2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	<u>50</u>	_____	\$ _____
less than \$7.00	_____	_____	<u>1.4</u>	_____	\$ _____
\$7.00 to \$8.99	_____	_____	<u>50 6/31/01</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.) N/A

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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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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## 2001 Minnesota Business Assistance Form

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

### Section 1 Information About Grantor

1. Name of grantor (funding entity) Mountain Iron HRA		2. Name of person completing this form Craig J. Wainio	
3. Street address 8586 Enterprise Drive South		4. City Mountain Iron MN	5. ZIP code 55768
6. County St. Louis	7. Phone number 218-748-7570	8. Fax number 218-748-7573	9. E-mail address cityadm@mtniron.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 ( <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> ) <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other ( <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> ) <input checked="" type="checkbox"/> Yes ( <i>Indicate hearing date - 10/12/99 and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> ) <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 First State Bank of Mountain Iron	15. Address where business subsidy or financial assistance will be used 8401 8th Street Mountain Iron MN 55768 Street address City State ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> ) <input checked="" type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) <input type="checkbox"/> No Mesaba Bankshare, Inc. 428 NW 4th Avenue Grand Rapids MN 55744 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;">\$50,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center; font-size: 1.2em;">January 11, 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>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance       </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input checked="" type="checkbox"/> grant (i.e., forgivable loan) \$ <u>50,000</u>  <input type="checkbox"/> tax abatement \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____       </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____       </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict       </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input 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 | Jan. 2002                              | <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	2	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	3	\$ _____
\$9.00 to \$10.99	_____	_____	_____	3	\$ _____
\$11.00 to \$12.99	_____	_____	_____	2	\$ _____
\$13.00 to \$14.99	_____	_____	_____	2	\$ _____
\$15.00 and higher	_____	_____	_____	2	\$ _____

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	2	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	3	\$ _____
\$9.00 to \$10.99	_____	_____	_____	3	\$ _____
\$11.00 to \$12.99	_____	_____	_____	2	\$ _____
\$13.00 to \$14.99	_____	_____	_____	2	\$ _____
\$15.00 and higher	_____	_____	_____	2	\$ _____

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

00-0906



# 2001 Minnesota Business Assistance Form

RECEIVED MAY 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) <u>Mt Lake Economic Development Authority</u>		2. Name of person completing this form <u>Marva Ott</u>	
3. Street address <u>930 3rd Ave</u>		4. City <u>Mt Lake</u>	5. ZIP code <u>56159</u>
6. County <u>Cottonwood</u>	7. Phone number <u>507-427-2999</u>	8. Fax number <u>507-427-3327</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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>1-18-2000</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" 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 <u>Protient, Inc</u>		15. Address where business subsidy or financial assistance will be used <u>3204 3rd Ave E. Mt. Lake, MN 56159</u>	
Street address		City	State
ZIP code			
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	
City		State	
ZIP code			



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

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

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

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

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 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>\$ 300,000.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>6-1-2000</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>6-15-2000</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><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) \$ 300,000.00  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input 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> </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	6-30-2002	<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	3	_____	_____	_____	\$ 2.75
\$11.00 to \$12.99	16	_____	_____	_____	\$ 2.75
\$13.00 to \$14.99	2	_____	_____	_____	\$ 2.75
\$15.00 and higher	9	_____	_____	_____	\$ 2.75

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	9	_____	_____	9	\$ 2.75
\$11.00 to \$12.99	4	_____	_____	4	\$ 2.75
\$13.00 to \$14.99	11	_____	_____	11	\$ 2.75
\$15.00 and higher	4	_____	_____	4	\$ 2.75

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

RECEIVED MAY 8 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) City of New Ulm		2. Name of person completing this form David Schnobrich	
3. Street address 100 North Broadway PO Box 636		4. City New Ulm	5. ZIP code 56073-0636
6. County Brown	7. Phone number (507) 359-8245	8. Fax number (507) 359-9752	9. E-mail address dhempel@newulmtel.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> )		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> )	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other ( <i>Please specify.</i> )		<input checked="" type="checkbox"/> Yes ( <i>Indicate hearing date - 10/3/2000 &amp; 10/17/2000 attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing -</i> ) <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> )			
<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 New Ulm Economic Development Corporation		15. Address where business subsidy or financial assistance will be used 56073 2101 North Broadway/New Ulm Minnesota	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )			
<input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

\* See attachment A for further information on this project.

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

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

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

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

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

N/A

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

### Section 3 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.)  \$350,000	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  November 29, 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.) Estimated date - August 1, 2001					
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)  <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance					
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 350,000 <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- ☐ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)  
☒ Other (please specify) 1. Provide impetus for development of the property and to enhance the area for private development. (over)

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>Estimated to be 8/17/2003</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>12</u>	<u>-</u>	<u>12</u>	<u>-</u>	\$ <u>-</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	_____	_____	NOT APPLICABLE	_____	\$ _____
\$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**

## ATTACHMENT A

### PROJECT DESCRIPTION

The City of New Ulm established a tax increment financing district to assist the New Ulm Economic Development Corporation (NUEDC) with the construction of a new manufacturing facility. NUEDC, a non-profit entity, has entered into a lease agreement with MTS Systems Corporation (MTS) to occupy the building. The Lease agreement requires MTS to comply with the job creation goals identified in this report and the project Development Agreement.



00-0522



## 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) <b>NORTH BRANCH EDA</b>		2. Name of person completing this form <b>DAVID STUTELBERG</b>	
3. Street address <b>6408 Elm St.</b>		4. City <b>NORTH BRANCH</b>	5. ZIP code <b>55056</b>
6. County <b>CHISAgo</b>	7. Phone number <b>651-674-8113</b>	8. Fax number <b>651-674-8113</b>	9. E-mail address <b>davids@north-branch.com</b>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <b>7/10/01 F.F.H.</b> and <b>8/23/99</b> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  <b>G&amp;K DEVELOPMENT</b>	15. Address where business subsidy or financial assistance will be used  <b>PO BOX 454, NORTH BRANCH, MN 55056</b>
Street address	City      State      ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address      City      State      ZIP code

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

## Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)  \$185,000	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  12/28/2000				
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.)  12/28/2000					
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)  <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance					
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input checked="" type="checkbox"/> other (Specify subsidy type.) \$185,000 <i>Assessments for street &amp; utilities paid by TIF</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>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>12/31/2001</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>20</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>14</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 <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



00-0524

## 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) <b>NORTH BRANCH EDA</b>		2. Name of person completing this form <b>DAVID STUTELBERG</b>	
3. Street address <b>6408 ELM STREET</b>		4. City <b>NORTH BRANCH</b>	5. ZIP code <b>55056</b>
6. County <b>CHISAGO</b>	7. Phone number <b>651-674-8113</b>	8. Fax number <b>651-674-8262</b>	9. E-mail address <b>dauids@north-branch.com</b>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address
City		ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date <u>8/23/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <b>PETERSON'S NORTH BRANCH MILL</b>		15. Address where business subsidy or financial assistance will be used <b>638 BRANCH ST. NORTH BRANCH, MN. 55056</b>	
		Street address	City
		State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City
		State	ZIP code

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

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

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

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

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 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><del>\$ 167,000</del> <b>\$ 83,000</b></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><b>July 17, 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>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input checked="" type="checkbox"/> tax abatement <b>\$ 83,000</b> <del>\$ 167,000</del>  <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p> <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </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.)  <input type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <p><b>Chisago County</b> <b>\$ 167,000</b></p> <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </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) Job creation  
contaminated site cleanup

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

- |  | Goals established?  | Target attainment dates (month & year) | All goals attained?   |
|--|---|--|---|
| A) Specific wage and job goals to be attained within 2 years | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>7/2002</u>                          | <input 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            |

E.F. # 7/29/01

(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>10</u>	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	<u>0</u>	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☐ Yes ☒ No

**Section 5 Recipients Failing to Fulfill Obligations***(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)*

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
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34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
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Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation ☐ recipient 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

00-0525

RECEIVED APR 09 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) <b>NORTH BRANCH EDA</b>		2. Name of person completing this form <b>DAVID STUTELBERG</b>	
3. Street address <b>6408 ELM STREET</b>		4. City <b>NORTH BRANCH</b>	5. ZIP code <b>MN</b>
6. County <b>CHISAgo</b>	7. Phone number <b>651-674-8113</b>	8. Fax number <b>651-674-8262</b>	9. E-mail address <b>DavidS@north-branch.com</b>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: _____)		<input checked="" type="checkbox"/> Yes (Indicate hearing date <u>2/23/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <b>HBSL, LLC</b>		15. Address where business subsidy or financial assistance will be used <b>GRAND Avenue NORTH BRANCH, MN. 55056</b>	
		Street address	City
		State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City
		State	ZIP code

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

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

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

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

CAMBRIDGE, MN      COULD NOT RECEIVE A BUSINESS SUBSIDY FROM THEM  
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.)  <u>\$ 29,000</u>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  <u>11/21/2000</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.)  <del>10/27/2000</del> <u>10/27/2000</u>									
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)  <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance									
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan (only principal)      \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____ <input checked="" type="checkbox"/> tax abatement      \$ <u>29,000</u> <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____ <input type="checkbox"/> guarantee of payment      \$ _____ <input type="checkbox"/> contribution of property or infrastructure      \$ _____ <input type="checkbox"/> preferential use of governmental facilities      \$ _____ <input type="checkbox"/> land contribution      \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____ <input type="checkbox"/> assistance for pollution control or abatement      \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____								
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below: attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Grantor	Value (\$)			Grantor	Value (\$)		
Grantor	Value (\$)								
Grantor	Value (\$)								

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

☒ Increasing tax base (cannot be only purpose)

☒ Other (please specify) Job creation

E.F.H.  
7/6/01

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>11/2002 E.F.H.</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>7</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>0</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 <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

00-0993

RECEIVED MAY 31 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) City of Oakdale		2. Name of person completing this form Richard McNamara	
3. Street address 1584 Hadley Avenue North		4. City Oakdale	5. ZIP code 55128
6. County Washington	7. Phone number (651) 730-2809	8. Fax number (651) 730-2818	9. E-mail address 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. 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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>4/25/00</u> attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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.)			

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

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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) <b>\$432,000</b> <b>2.7.4. 7/31/01</b> <b>\$54,000 annually for 8 years</b>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <b>5/1/00</b>				
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) <b>8/1/01</b>					
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance					
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input checked="" type="checkbox"/> tax abatement <b>\$432,000</b> \$ <del>54,000</del> <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Grantor _____</td> <td style="width: 40%;">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	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

2.7.4. 7/31/01

**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 APR 25 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) <u>CITY OF DWATONNA / EDA</u>		2. Name of person completing this form <u>DAVID M STRAND</u>	
3. Street address <u>540 WEST HILLS Circle</u>		4. City <u>DWATONNA</u>	5. ZIP code <u>55060</u>
6. County <u>STEELE</u>	7. Phone number <u>507 444-4344</u>	8. Fax number <u>507 444-4351</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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9/21/99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>GENERAL EQUIPMENT CO. INC.</u>		15. Address where business subsidy or financial assistance will be used <u>620 ALEXANDER DR. DWATONNA MN 55060</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)  
☐ No (Go to Question 19.)  
1500 MAIN ST.  
Owatonna      EXISTING SITE NOT CONSIDERING TO 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

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) <u>\$211,065</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <u>10/25/00</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.) <u>OCT. 31, 2000</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) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <u>\$211,065</u>  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input checked="" type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;">Value (\$)</td> </tr> </table>		Value (\$)		Value (\$)
	Value (\$)				
	Value (\$)				

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10/31/02	<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	4	_____	_____	_____	\$ _____
\$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	0	_____	_____	_____	\$ _____
\$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

RECEIVED MAR 26 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) <u>City of Pequot Lakes</u>		2. Name of person completing this form <u>Marty Peisch</u>	
3. Street address <u>31108 Government Drive</u>		4. City <u>Pequot Lakes</u>	5. ZIP code <u>56472</u>
6. County <u>Crow Wing</u>	7. Phone number <u>(218) 568-5222</u>	8. Fax number <u>(218) 568-5860</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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: )		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>6/6/2000</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <u>DRW Partnership, L.L.P.</u>		15. Address where business subsidy or financial assistance will be used <u>4744 Morehouse Drive</u> <u>Pequot Lakes, MN 56472</u> Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	

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

☐ Manufacturing  
☐ Retail Trade

☒ Services  
☐ Wholesale Trade

☐ Finance, Insurance, Real Estate  
☐ Construction ☐ Other (please specify) \_\_\_\_\_

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.)

NISSWA, MN

NO ASSISTANCE AVAILABLE

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.)

223,000 PHASE I

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

6/6/2000

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.)

11/2000

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

- ☒ 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 \$ 223,000  
☐ 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	<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	<u>100</u>	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>22</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>37</u>	<u>3</u>	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☐ Yes ☒ No

## Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

☐ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)

☒ No *§ 1.1. 6/5/01*

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 *§ 1.1. 6/5/01* (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

00-0188

RECEIVED MAR 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) CITY OF PINE RIVER		2. Name of person completing this form WANDA TULENCHIK, CLERK	
3. Street address P.O. BOX 87		4. City PINE RIVER	5. ZIP code 56474
6. County CASS	7. Phone number 218-587-2440	8. Fax number 218-587-3335	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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 11/14/00 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Pine River State Bank		15. Address where business subsidy or financial assistance will be used 103 Mill St Pine River Min 56474 Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.): <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Retail Trade </div> <div> <input type="checkbox"/> Services  <input type="checkbox"/> Wholesale Trade </div> <div> <input checked="" type="checkbox"/> Finance, Insurance, Real Estate  <input type="checkbox"/> Construction  <input type="checkbox"/> Other (please specify) _____ </div> </div>	
18. Did the recipient relocate as a result of signing this agreement? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) <input type="checkbox"/> No (Go to Question 19.) <div style="display: flex; margin-top: 10px;"> <div style="flex: 1;"> <u>PINE RIVER, MN</u>  City/State of previous address </div> <div style="flex: 2;"> <u>BUILT A LARGER FACILITY IN SAME TOWN</u>  Reason project not completed at previous address </div> </div>	
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.) <input checked="" type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota	

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) \$ <u>205,000</u>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <u>11/27/00</u>						
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) <u>Aug 1, 2001 (Estimate, still under construction)</u>							
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance							
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. <input type="checkbox"/> not applicable, agreement provided financial assistance <div style="margin-top: 5px;"> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>205,000</u>  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input checked="" type="checkbox"/> other (Specify subsidy type.) _____ \$ _____  <u>note</u>  <u>Aug 20 2000 TIF 8 years increment</u> </div>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). <input type="checkbox"/> not applicable, agreement provided a business subsidy <div style="margin-top: 5px;"> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </div>						
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) <input type="checkbox"/> not applicable, assistance was not in the form of TIF <div style="margin-top: 5px;"> <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 </div>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">Grantor</td> <td style="width: 40%;">Value (\$)</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	Grantor	Value (\$)			Grantor	Value (\$)
Grantor	Value (\$)						
Grantor	Value (\$)						

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

☒ Enhancing economic diversity

☐ Creating high-quality job growth

☒ Job retention

☒ Stabilizing the community

☐ Increasing tax base (cannot be only purpose)

☐ Other (please specify) \_\_\_\_\_

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment 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 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	2				\$
\$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.)

NONE YET Project Not completed

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 NOT AT THIS TIME

**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**



00-0847

## 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) City of Ramsey		2. Name of person completing this form Sean Sullivan	
3. Street address 15153 Nowthen Blvd. NW		4. City Ramsey	5. ZIP code 55303
6. County Anoka	7. Phone number 763-427-1410	8. Fax number 763-427-5543	9. E-mail address ssullivan@ci.ramsey.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date <u>9/28/99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <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  H & P DEVELOPMENT, LLC	15. Address where business subsidy or financial assistance will be used  13915 Radium St, Suite A Ramsey 55303 Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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><b>\$ 252,806</b></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><b>6-5-2000</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>12-31-2000</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><input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____  <input type="checkbox"/> guarantee of payment \$ _____  <input checked="" type="checkbox"/> contribution of property or infrastructure <b>\$ 252,806</b>  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input checked="" type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td> </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	7/31/2002	<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	10	_____	_____	_____	\$ _____
\$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	3	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	13	_____	_____	_____	\$ _____

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 E.T.H. 7/26/01

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.) E.T.H. 7/26/01

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





00-0848

## 2001 Minnesota Business Assistance Form

RECEIVED MAY 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) City of Ramsey		2. Name of person completing this form Sean Sullivan	
3. Street address 15153 Nowthen Blvd. NW		4. City Ramsey	5. ZIP code 55303
6. County Anoka	7. Phone number 763-427-1410	8. Fax number 763-427-5543	9. E-mail address ssullivan@ci.ramsey.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9-28-1999</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <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  SYSTEMATIC REFRIGERATION, INC.	15. Address where business subsidy or financial assistance will be used  <u>6151 140TH AVE. NW RAMSEY, MN 55303</u> Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No <u>MATESKI PROPERTIES, LLC</u> Name of parent corporation Street address City State ZIP code	

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

☒ Manufacturing  
☐ Retail Trade

☐ Services  
☐ Wholesale Trade

☐ Finance, Insurance, Real Estate  
☐ Construction ☐ Other (please specify) \_\_\_\_\_

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.)

DAYTON, MINNESOTA  
City/State of previous address

EXPANSION, NOT ENOUGH ROOM  
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.)

~~\$ 892,000~~ \$ 642,000

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

APRIL 10, 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.)

10-5-2000

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

- ☒ 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) \$ 300,000  
☐ grant (i.e., forgivable loan) \$ \_\_\_\_\_  
☐ tax abatement \$ 400,000  
☐ TIF or other tax reduction or deferral \$ 400,000  
☐ guarantee of payment \$ \_\_\_\_\_  
☒ contribution of property or infrastructure \$ 642,000  
☐ 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):

City of Ramsey: DTED 300,000  
Grantor Value (\$)  
EQUIPMENT LOAN  
Grantor Value (\$)

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>10-5-2002</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	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>50</u>	<u>0</u>	<u>0</u>	<u>2</u>	\$ <u>7</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>6</u>	_____	_____	<u>6</u>	\$ <u>2.36</u>
\$11.00 to \$12.99	<u>2</u>	_____	_____	<u>2</u>	\$ <u>3.48</u>
\$13.00 to \$14.99	<u>4</u>	_____	_____	<u>4</u>	\$ <u>3.56</u>
\$15.00 and higher	<u>3</u>	_____	_____	<u>3</u>	\$ <u>4.83</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

# 2001 Minnesota Business Assistance Form

RECEIVED MAY 25 2001

MAY 0 -

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Ramsey		2. Name of person completing this form Sean Sullivan	
3. Street address 15153 Nowthen Blvd. NW		4. City Ramsey	5. ZIP code 55303
6. County Anoka	7. Phone number 763-427-1410	8. Fax number 763-427-5543	9. E-mail address ssullivan@ci.ramsey.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) 6.1.18/24/01 <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>6.28.2001</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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  Ramsey B&B, LLC		15. Address where business subsidy or financial assistance will be used  6931 STATE HWY NO 10 Ramsey, MN 55303	
16. Does the recipient have a parent corporation? (Mark one.)  <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No		Name of parent corporation    Street address    City    State    ZIP code	

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

☐ Manufacturing

☐ Services

☐ Finance, Insurance, Real Estate

☒ Retail Trade

☐ Wholesale Trade

☐ Construction ☐ Other (please specify) \_\_\_\_\_

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

☒ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)

☐ No (Go to Question 19.)

ANCKA, MN

SPACE

City/State of previous address

Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

☐ Remained at previous location

☒ Relocated to different Minnesota location

☐ Relocated outside Minnesota

### Section 3 General Information About the Agreement

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

\$349,589

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

5-4-2000

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.)

10-1-2000

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

☒ 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 \$ 349,589

☐ 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	<u>10-2002</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	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>10</u>	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>3</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>4</u>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>2</u>	_____	_____	_____	\$ _____
\$15.00 and higher	<u>15</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



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00-0139



## 2001 Minnesota Business Assistance Form

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

### Section 1 Information About Grantor

1. Name of grantor (funding entity) <b>RED WING PORT AUTHORITY</b>		2. Name of person completing this form <b>SHARI KULLMAN</b>	
3. Street address <b>419 BUSH ST</b>		4. City <b>RED WING</b>	5. ZIP code <b>55066</b>
6. County <b>GOODHUE</b>	7. Phone number <b>651-385-3623</b>	8. Fax number <b>651-388-4782</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.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <b>11/15/99</b> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <b>Alphagraphics</b> <b>MUNSON Printing</b>		15. Address where business subsidy or financial assistance will be used <b>Red Wing</b> <b>310 Cannon River Ave</b> <b>MN 55066</b>	
Street address		City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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>\$435,000</u> <u>150,000</u></p> <p style="text-align: right;">2.7.11. 11/9/01</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>10/13/00</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.) <u>CONST. Should be complete end of April 2001</u></p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy    <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input checked="" type="checkbox"/> loan (only principal)    \$ <u>150,000</u>  <input type="checkbox"/> grant (i.e., forgivable loan)    \$ _____  <input type="checkbox"/> tax abatement    \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral    \$ _____  <input type="checkbox"/> guarantee of payment    \$ _____  <input type="checkbox"/> contribution of property or infrastructure    \$ _____  <input type="checkbox"/> preferential use of governmental facilities    \$ _____  <input type="checkbox"/> land contribution    \$ _____  <input checked="" type="checkbox"/> Other (Specify subsidy type.) <u>MIF</u>    \$ <u>285,000</u> </p> <p style="text-align: right;">DTED reported 2.7.11. 11/9/01</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants    \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost    \$ _____  <input type="checkbox"/> assistance for pollution control or abatement    \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district    \$ _____         </p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" 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> <p><u>DTED</u>    \$ <u>285,000</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) \_\_\_\_\_

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	10/02	<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	15	_____	_____	_____	\$ 2504.33
\$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	5	_____	_____	_____	\$ 2504.33

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 CONST. NOT COMPLETED YET.

**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 JAN 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) <b>RED WING PORT AUTHORITY</b>		2. Name of person completing this form <b>SHARI KULIMAN</b>	
3. Street address <b>419 BUSH STREET</b>		4. City <b>RED WING</b>	5. ZIP code <b>55066</b>
6. County <b>Goodhue</b>	7. Phone number <b>651-385-3623</b>	8. Fax number <b>651-388-4782</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.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <b>11/15/99</b> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <b>D.L. RICCI</b>		15. Address where business subsidy or financial assistance will be used <b>RED WING, MN</b>	
Street address		City	State
ZIP code			
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	
City		State	
ZIP code			

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

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

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

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

\_\_\_\_\_  
City/State of previous address      Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 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; text-align: center;">\$1,250,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended)</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input 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)      \$1,250,000</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 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 checked="" 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 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: 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	04/03	<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.)

\*Construction not complete.

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	15	_____	_____	_____	\$ _____
\$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	14	_____	_____	_____	\$ _____
\$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 Still under const. Have hired

14 already.

## 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



# 2001 Minnesota Business Assistance Form

RECEIVED MAY 29 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) Richfield Housing and Redevelopment Authority		2. Name of person completing this form Katia Medvetski, Redevelopment Specialist	
3. Street address 6700 Portland Avenue South		4. City Richfield	5. ZIP code 55423
6. County Hennepin	7. Phone number 612/861-9776	8. Fax number 612/861-8974	9. E-mail address kmedvetski@ci.richfield.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government (municipal HRA) <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - 11/15/99 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

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

17. Industry of recipient's facility (Mark one.): \*corporate headquarters

☐ 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.) Consolidation of operations; expansion opportunities; accessibility to employment base  
Eden Prairie, MN  
 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>\$59,923,127</b></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>HRA approval on 11/21/00 City Council approval on 12/11/00 (Signatures in Process)</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>Projected full benefit date: Year 2004</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) \$ _____  <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>\$48,073,127</b>  <input type="checkbox"/> guarantee of payment \$ _____  <input checked="" type="checkbox"/> contribution of property or infrastructure <b>\$1,850,000</b>  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</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: 60%;"></td> <td style="border-bottom: 1px solid black; width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;"></td> </tr> </table>		Value (\$)				
	Value (\$)						

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- ☒ Enhancing economic diversity  
☒ Creating high-quality job growth  
☐ Job retention  
☒ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)  
☒ Other (please specify) Redevelopment
- Also see attached Business Subsidy Criteria

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>*</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	<u>*</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C) Other wage goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>*</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>*</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

\*See Sections (c.) and (e.) of the attached Business Subsidy Agreement.

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>150</u>	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	<u>350</u>	_____	\$ _____
\$15.00 and higher	_____	_____	<u>500</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	N/A at this time 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 MAY 31 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) Richfield Housing and Redevelopment Authority		2. Name of person completing this form Katia Medvetski, Redevelopment Specialist	
3. Street address 6700 Portland Avenue South		4. City Richfield	5. ZIP code 55423
6. County Hennepin	7. Phone number 612-861-9776	8. Fax number 612-861-8974	9. E-mail address KMedvetski@ci.richfield.mn.us
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) 11/15/99 <input checked="" type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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  Richfield State Agency		15. Address where business subsidy or financial assistance will be used Urban Village Area at approximately 66th Street and Lyndale Avenue Street address City ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)  <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Services	<input type="checkbox"/> Finance, Insurance, Real Estate
<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction <input type="checkbox"/> Other ( <i>please specify</i> ) _____

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 ( <i>Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.</i> )	21. Date agreement signed ( <i>In addition to the agreement date, indicate any dates the agreement was amended.</i> )
\$97,900	11/15/00

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.*)

5/19/00

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).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution                      storm sewer <input checked="" type="checkbox"/> other ( <i>Specify subsidy type.</i> ) <u>correction loan</u>	<input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district

26. If the assistance included tax increment financing, please indicate the type of TIF district? ( <i>Mark one.</i> )	27. Are any other grantors providing a business subsidy or financial assistance to the same project? ( <i>Mark one.</i> )
<input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input checked="" type="checkbox"/> Yes ( <i>Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.</i> )  <input type="checkbox"/> No  Grantor(s) and value of the agreement(s): City                      \$35,000 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) storm sewer correction  
☐ 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>11/2001</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>4/2000</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	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	<u>5</u>	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	<u>20</u>	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☒ Yes ☐ No

## Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)		
<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 <u>E.T.H. 8/29/01</u>		
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.)		
<input type="checkbox"/> Yes (Complete the remainder of this section.) <u>E.T.H. 8/29/01</u>		
<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 was unable to fill vacant positions		
<input type="checkbox"/> recipient relocated to a different community		
<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, 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

RECEIVED MAR 29 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) <b>EDA</b> <i>Robbinsdale Economic Development Authority</i>		2. Name of person completing this form <i>Marcia Glick</i>	
3. Street address <i>4100 Lakeview Ave N</i>		4. City <i>Robbinsdale</i>	5. ZIP code <i>55422</i>
6. County <i>Hennepin</i>	7. Phone number <i>763 5311258</i>	8. Fax number <i>763 5311291</i>	9. E-mail address <i>MGlick@ci.Robbinsdale.mn.us</i>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <i>10/12/1999</i> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input 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 <i>TMC Stoves, Inc.</i>		15. Address where business subsidy or financial assistance will be used <i>4719-42nd Ave N; Robbinsdale MN 55422</i>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

☐ Manufacturing

☐ Services

☐ Finance, Insurance, Real Estate

☒ Retail Trade

☐ Wholesale Trade

☐ Construction

☒ Other (please specify)

Retail/Service  
Expansion of Veterinary Service

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.)

expansion of existing business to add service

☐ 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.) \$80,000

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

12/15/2000

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.) 1st Draw \$30,000 on 12/15/2000

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

☒ 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) \$80,000  
☐ grant (i.e., forgivable loan) \$  
☐ tax abatement \$  
☐ TIF or other tax reduction or deferral \$  
☐ guarantee of payment \$  
☐ contribution of property or infrastructure \$  
☐ preferential use of governmental facilities \$  
☐ land contribution \$  
☐ other (Specify subsidy type.) \$

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

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants \$  
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$  
☐ assistance for pollution control or abatement \$  
☐ assistance for a TIF soils condition district \$

26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)

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

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

27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)

☐ Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)

☒ No

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

Grantor Value (\$)

Grantor Value (\$)

## 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 *expand city services by adding veterinarian*  
☐ Creating high-quality job growth  
☒ ~~Job retention - 5 year guarantee~~  
☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)  
☒ Other (please specify) Business Retention - Syon

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 checked="" 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 checked="" 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.)

Improvements to Property → 3-22-2001 Final Inspection/Business Open Done  
☒ Maintain for minimum of 5 years 1/1/2006

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

Improvements Complete  
5 year clock started

## 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



00-0237

## 2001 Minnesota Business Assistance Form

RECEIVED MAR 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) <b>City of Rochester</b>		2. Name of person completing this form <b>Terry Spaeth</b>	
3. Street address <b>201 4th Street SE</b>		4. City <b>Rochester</b>	5. ZIP code <b>55904-3781</b>
6. County <b>Olmsted</b>	7. Phone number <b>(507) 285-8082</b>	8. Fax number <b>(507) 287-7979</b>	9. E-mail address <b>tspaeth@ci.rochester.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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>8-16-99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <b>Mayo Foundation</b>	15. Address where business subsidy or financial assistance will be used <b>200 1st Street SW Rochester MN 55905</b> Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

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

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;">\$290,000,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center; font-size: 1.2em;">1-26-00</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;">Improvements not yet completed.</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input checked="" type="checkbox"/> other (Specify subsidy type.) <u>Health</u>      \$ <u>290M</u>  <u>Care Facilities Revenue Bonds</u> </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="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) Providing & expanding health care services & facilities at cost-effective rates.

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>1-2003</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	<u>50</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 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





00-0238

## 2001 Minnesota Business Assistance Form

RECEIVED MAR 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) <b>City of Rochester</b>		2. Name of person completing this form <b>Terry Spaeth</b>	
3. Street address <b>201 4th Street SE</b>		4. City <b>Rochester</b>	5. ZIP code <b>55904-3781</b>
6. County <b>Olmsted</b>	7. Phone number <b>(507) 285-8082</b>	8. Fax number <b>(507) 287-7979</b>	9. E-mail address <b>tspaeth@ci.rochester.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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date <b>8-16-99</b> ; attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <b>MDC Rochester, LLC (Airborne Freight Company)</b>		15. Address where business subsidy or financial assistance will be used <b>7750 Air Commerce Drive SW Rochester, MN 55902</b>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

*Public  
Utilities  
E.H. WISPI*

### 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.) <u>\$ 1,000,000</u>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <u>12-11-00</u>				
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) <u>12-11-00</u>					
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <input type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance					
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input checked="" type="checkbox"/> other (Specify subsidy type.) <u>IDB</u> <u>\$1,000,000</u>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

- ☒ Increasing tax base (cannot be only purpose)  
☒ Other (please specify) Further Airport & transportation development.

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 checked="" 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 Questions 30 and 31.)

8.7.10. 6/18/01      8.7.10. 6/18/01

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

00-0257

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## 2001 Minnesota Business Assistance Form

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>City of Rockford</u>		2. Name of person completing this form <u>Nancy Evers</u>	
3. Street address <u>6031 Main St</u>		4. City <u>Rockford</u>	5. ZIP code <u>55373</u>
6. County <u>Hennepin/Wright</u>	7. Phone number <u>763-477-6565</u>	8. Fax number <u>763-477-4393</u>	9. E-mail address <u>rockfordcity@usinternet.co</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>Nancy Evers</u> <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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>12-14-99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <u>Vertin Properties, LLC</u>		15. Address where business subsidy or financial assistance will be used <u>6801 Bleck Dr Rockford, MN 55373</u>	
		Street address	City
		State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	
		City	
		State	
		ZIP code	

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

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

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

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

Plymouth, MN    2892 Vicksburg Lane - inadequate space  
City/State of previous address    Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

## Section 3 General Information About the Agreement

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

\$640,000

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

October 3, 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.)

12-31-02

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    \$640,000  
☐ 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).

DTED MN Invest-Fund \$225,00  
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>Oct 3, 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	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>11</u>	_____	_____	_____	\$ <u>12.00</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 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(8) 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) Rosemount Port Authority		2. Name of person completing this form Jim Parsons	
3. Street address 2875 W. 145th Street		4. City Rosemount	5. ZIP code 55044
6. County Dakota	7. Phone number 651-322-2020	8. Fax number 651042305293	9. E-mail address jim.parsons@ci.rosemount.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>1-04-00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <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 Webb Properties, LLC		15. Address where business subsidy or financial assistance will be used 15197 Boulder Ave., Rosemount, MN 55068	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No Webb Business Promotions 15197 Boulder Ave., Rosemount, MN 55068			
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.)

Burnsville, MN      No space available - fully developed  
 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;">\$664,636</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;">August 9, 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;">October 15, 2000</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____  <input type="checkbox"/> guarantee of payment      \$ _____  <input checked="" type="checkbox"/> contribution of property or infrastructure      \$ <u>561,317</u>  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input checked="" type="checkbox"/> land contribution      \$ <u>98,399</u>  <input checked="" type="checkbox"/> other (Specify subsidy type.) <u>park fee</u>      \$ <u>4,920</u> </p> <p style="text-align: right;">Total:      \$664,636</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input checked="" type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p> <p>Assistance was provided in forms and amounts shown above.</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;">Value (\$)</td> </tr> </table>		Value (\$)		Value (\$)
	Value (\$)				
	Value (\$)				

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- ☒ Enhancing economic ~~diversity~~ development
 ☐ Increasing tax base (cannot be only purpose)
 ☒ Other (please specify) Being in the vital and best interests of the City and the health, safety, morals, and welfare of its residents.
- ☒ Creating high-quality job growth
 ☐ 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	<u>October 15, 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.)

5 new FTE jobs at no less than \$12 per hour excluding benefits.

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.)

See Above

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>5</u>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>12</u>	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>6</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>5</u>	_____	_____	_____	\$ _____
\$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 (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 MAR 23 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) <u>City of Surtell</u>		2. Name of person completing this form <u>Miles R. Surtell</u>	
3. Street address <u>310 2nd Street South</u>		4. City <u>Surtell</u>	5. ZIP code <u>56377</u>
6. County <u>Stearns</u>	7. Phone number <u>(320) 253-2171</u>	8. Fax number <u>(320) 253-3337</u>	9. E-mail address <u>miles@surteilmn.com</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>Robert Therres</u> <u>(320) 253-2171</u> <u>310 2nd Street South Surtell</u> <u>56377</u> Name/Title Phone number Street address City ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9/27/99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>De Zurik</u>	15. Address where business subsidy or financial assistance will be used <u>250 Riverside Ave N. Surtell MN 56377</u> Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No <u>SPX Corporation</u> <u>700 Terrance Point Drive Muskegon MI</u> 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.)

McMinnville TN      DeZarik wished to consolidate operations in Minnesota.  
 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;">\$ 729,144</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;">12/15/2000</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center; font-size: 1.2em;">12/15/2000</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>729,144</u>  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input checked="" type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">DTED</td> <td style="width: 50%; border-bottom: 1px solid black;">\$ 500,000</td> </tr> <tr> <td style="text-align: center;">Grantor</td> <td style="text-align: center;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">Grantor</td> <td style="text-align: center;">Value (\$)</td> </tr> </table>	DTED	\$ 500,000	Grantor	Value (\$)			Grantor	Value (\$)
DTED	\$ 500,000								
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) \_\_\_\_\_

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12/15/2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input 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	<u>100</u>	_____	_____	_____	\$ <u>N/A</u>

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	<u>191</u>	_____	_____	<u>500</u>	\$ <u>N/A</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



# 2001 Minnesota Business Assistance Form

00-0586

RECEIVED APR 20 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) <u>City of Sartell</u>		2. Name of person completing this form <u>Miles R. Seppelt</u>	
3. Street address <u>310 2nd Street South</u>		4. City <u>Sartell</u>	5. ZIP code <u>56377</u>
6. County <u>Stearns</u>	7. Phone number <u>(320) 253-2171</u>	8. Fax number <u>(320) 253-3337</u>	9. E-mail address <u>miles@ Sartellmn.com</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>Robert Therres</u> <u>(320) 253-2171</u> <u>310 2nd Street South Sartell</u> <u>56377</u> Name/Title Phone number Street address City ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9/27/99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>GCMS Properties</u>		15. Address where business subsidy or financial assistance will be used <u>207 14th Ave East Sartell MN 56377</u> Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No Name of parent corporation Street address City State ZIP code			

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

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

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

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

St. Cloud MN    Not enough room to expand at previous location  
 City/State of previous address    Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

☒ Remained at previous location    ☐ Relocated to different Minnesota location    ☐ Relocated outside Minnesota  
 → Business would not have been able to expand

### 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;">\$ 178,783</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;">1 JUL 2000</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center; font-size: 1.2em;">1 AUG 2000</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy    <input type="checkbox"/> financial assistance         </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)    \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)    \$ _____  <input type="checkbox"/> tax abatement    \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral    \$ <u>178,783</u>  <input type="checkbox"/> guarantee of payment    \$ _____  <input type="checkbox"/> contribution of property or infrastructure    \$ _____  <input type="checkbox"/> preferential use of governmental facilities    \$ _____  <input type="checkbox"/> land contribution    \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants    \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost    \$ _____  <input type="checkbox"/> assistance for pollution control or abatement    \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district    \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input checked="" type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</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	<u>1 AUG 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>2</u>	_____	_____	_____	\$ <u>N/A</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>1</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>1</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

00-0903



# 2001 Minnesota Business Assistance Form

RECEIVED JUL 31 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) <u>City of Savage</u>		2. Name of person completing this form <u>Barry Stock</u>	
3. Street address <u>6000 McColl Dr.</u>		4. City <u>Savage</u>	5. ZIP code <u>55378</u>
6. County <u>Scott</u>	7. Phone number <u>952.882.2660</u>	8. Fax number <u>952.882.2656</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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9-20-99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>BK Nelson Folding Con</u> <u>Larry M. Ross LLC</u>		15. Address where business subsidy or financial assistance will be used <u>12900 Eagle Cr Rwy</u> <u>Savage Mn 55378</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

Form initially received 5/22/01, resubmitted 7/31/01 to clarify loan amount and agreement date L. F. H. 7/31/01

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.)

Mpls. <sup>752</sup> 30<sup>th</sup> Ave S.      Wanted to own their building  
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.)  \$ 200,000	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  1.4.2000
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.)  When final Cert. of Occupancy is given.	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)  <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input checked="" type="checkbox"/> tax abatement 8.11.8/2101 \$ 200,000 <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input checked="" type="checkbox"/> Not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No Grantor(s) and value of the agreement(s): Scott County \$ 300,000 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) \_\_\_\_\_

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>Est 7.15.03</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
<u>\$11.00 to \$12.99</u>	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

Must create 87 new jobs within two years of Benefit Date  
 87 Benefit Date has not commenced

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	_____	_____	_____	_____	\$ _____

N/A

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**





00-0890

**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) Scott County		2. Name of person completing this form Brian Hanninen	
3. Street address 200 Fourth Avenue W		4. City Shakopee	5. ZIP code 55379-1220
6. County Scott	7. Phone number 952-496-8101	8. Fax number 952-496-8180	9. E-mail address bhanninen@co.scott.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input type="checkbox"/> City government <input checked="" type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date <u>6/23/00</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 ADC Telecommunications, Inc.	15. Address where business subsidy or financial assistance will be used 6021 Broadband Blvd Shakopee MN 55379 Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

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

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

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

\_\_\_\_\_  
City/State of previous address      Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 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>\$1,290,000.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>May 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>December 31, 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><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 checked="" type="checkbox"/> tax abatement <i>E.F. # 8/20/01</i> \$1,290,000</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 checked="" 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>City of Shakopee \$720,000.00</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) \_\_\_\_\_

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	01-01-2004	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	450	_____	_____	_____	\$ _____
\$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



00-0962

**2001 Minnesota Business Assistance Form**

RECEIVED MAY 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) Scott County		2. Name of person completing this form Brian Hanninen	
3. Street address 200 Fourth Avenue West		4. City Shakopee	5. ZIP code 55379
6. County Scott	7. Phone number 952-496-8101	8. Fax number 952-496-8180	9. E-mail address bhanninen@co.scott.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input type="checkbox"/> City government <input checked="" type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - 11-02-00 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

**Section 2 Information About Recipient**

14. Name of business or organization receiving subsidy or financial assistance B. F. Nelson Folding Cartons, Inc. Larry M. Ross, LLC		15. Address where business subsidy or financial assistance will be used 12900 Eagle Creek Prkwy Savage MN 55378 Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	

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

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

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

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

Minneapolis, MN      Wanted to own their building  
 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;">\$300,000.00</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;">01-04-00</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;">When final certificate of occupancy is given</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input checked="" type="checkbox"/> tax abatement      \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input 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%;"><u>City of Savage</u></td> <td style="width: 40%; text-align: right;"><u>\$200,000.00</u></td> </tr> <tr> <td>Grantor _____</td> <td style="text-align: right;">Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td style="text-align: right;">Value (\$) _____</td> </tr> </table>	<u>City of Savage</u>	<u>\$200,000.00</u>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
<u>City of Savage</u>	<u>\$200,000.00</u>						
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	est 07-15-03	<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

0.4.8 8/27/01

(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	87	_____	_____	_____	\$_____
\$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.) N/A

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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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 APR 20 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) <u>CITY OF SHAKOPEE (AND SCOTT COUNTY)</u>		2. Name of person completing this form <u>PAUL SNOOK, ECONOMIC DEVELOPMENT DIRECTOR</u>	
3. Street address <u>129 HOLMES ST. SO.</u>		4. City <u>SHAKOPEE</u>	5. ZIP code <u>55379</u>
6. County <u>SCOTT</u>	7. Phone number <u>(952) 496-9661</u>	8. Fax number <u>(952) 233-3801</u>	9. E-mail address <u>psnook@ci.shakopee.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>11-16-99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>ADC TELECOMMUNICATIONS, INC.</u>		15. Address where business subsidy or financial assistance will be used (street under construction) <u>SHAKOPEE MN 55379</u>	
Street address		City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):  
 NAICS: 334210 ☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate  
 SIC: 3661 ☐ 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.) THIS WAS NOT A RELOCATION OF EXISTING FACILITY; IT IS A NEW FACILITY

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.) THIS PROJECT IS A NEW FACILITY, THEREFORE NOT HAVING A "PREVIOUS LOCATION". HOWEVER, THE FACILITY WOULD HAVE LOCATED OUTSIDE MN/USA  
☐ Remained at previous location ☐ Relocated to different Minnesota location ☒ Located 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.) <u>\$ 720,000</u> <u>\$ 2,010,000</u> <u>CITY OF SHAKOPEE AND SCOTT COUNTY</u>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <u>MAY 23, 2000</u>
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) <u>12/31/01 PER CONTRACT FOR PRIVATE DEVELOPMENT, BUSINESS SUBSIDY AGREEMENT</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.) <u>CFH 7/14/01</u> <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. <input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan (only principal) <u>\$ 211,714.01</u> \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) <u>\$ 720,000</u> \$ _____ <input checked="" type="checkbox"/> tax abatement <u>\$ 2,010,000</u> \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No Grantor(s) and value of the agreement(s): <u>TERM: 8/1/03-2/1/09</u> <u>CITY OF SHAKOPEE</u> <u>NOT MORE THAN \$120,000 IN 12mo PERIOD</u> Grantor Value (\$) _____ <u>SCOTT COUNTY</u> <u>NOT MORE THAN \$15,000 IN 12mo PERIOD</u> Grantor Value (\$) _____

\$ 1,290,000.00

## 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>1-1-04</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99 (no less than \$12.64)	_____	_____	<u>450</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	_____	_____	_____	_____	\$ _____

N/A. BENEFIT DATE IS 7/31/01  
REPORT DATE / TARGET DATE: 1-1-04

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 6.7.11 7/19/01

## 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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Minnesota Department of Trade and Economic Development - AEO  
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St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

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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) <u>South St. Paul Housing &amp; Redevelopment Authority</u>		2. Name of person completing this form <u>Branna K. Lindell</u>	
3. Street address <u>125 Third Avenue North</u>		4. City <u>South St. Paul</u>	5. ZIP code <u>55075</u>
6. County <u>Dakota</u>	7. Phone number <u>651-451-1838</u>	8. Fax number <u>651-450-8759</u>	9. E-mail address <u>b_lindell@ssphra.org</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 ( <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> )		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> )	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other ( <i>Please specify.</i> ) _____		<u>8/31/99</u> <input checked="" type="checkbox"/> Yes ( <i>Indicate hearing date - _____ and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )			
<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 <u>GoldCom</u>		15. Address where business subsidy or financial assistance will be used <u>141 BridgePoint Way, So. St. Paul 55075</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )			
<input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) <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.)

West St. Paul, MN

No room for 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.)

\$ 72,600 E.T.H. 6/4/01

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

6/27/00 E.T.H. 6/15/01

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.)

February 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

☒ 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) \$ 59,000  
☐ 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 \$ 13,600  
☐ 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	<u>2/2003</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>1</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$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 61.0. 6/4/01

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.) 61.0. 6/4/01

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

**Section 1 Information About Grantor**

1. Name of grantor (funding entity) <u>South St. Paul Housing &amp; Redevelopment Authority</u>		2. Name of person completing this form <u>Branna K. Lindell</u>	
3. Street address <u>125 Third Avenue North</u>		4. City <u>South St. Paul</u>	5. ZIP code <u>55075</u>
6. County <u>Dakota</u>	7. Phone number <u>651-451-1838</u>	8. Fax number <u>651-450-8759</u>	9. E-mail address <u>b_lindell@ssphra.org</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>8/31/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 ( <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  <u>Schadegg Mechanical, Inc.</u>	15. Address where business subsidy or financial assistance will be used  <u>225 BridgePoint Drive, So. St. Paul 55075</u> Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

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

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

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

St. Paul, MN      previous leased locatin was too small, no room to expand  
 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;">\$27,400</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;">May 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;">January, 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 type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input checked="" type="checkbox"/> land contribution      \$ <u>27,400</u>  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p> <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No         </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Grantor</td> <td style="width: 40%; border-bottom: 1px solid black;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">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) \_\_\_\_\_

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	10/2002	<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	1	_____	_____	_____	\$ _____
\$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

# 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) <b>South St. Paul Housing &amp; Redevelopment Authority</b>		2. Name of person completing this form <b>Branna K. Lindell</b>	
3. Street address <b>125 Third Avenue North</b>		4. City <b>South St. Paul</b>	5. ZIP code <b>55075</b>
6. County <b>Dakota</b>	7. Phone number <b>651-451-1838</b>	8. Fax number <b>651-450-8759</b>	9. E-mail address <b>b_lindell@ssphra.org</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> )  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other ( <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> ) <b>8/31/99</b> <input checked="" type="checkbox"/> Yes ( <i>Indicate hearing date - _____ and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> ) <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  <b>Stebgo Metals</b>		15. Address where business subsidy or financial assistance will be used  <b>250 BridgePoint Drive, So. St. Paul 55075</b>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> ) <input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) <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;">\$174,679</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;">November 28, 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;">Project has not been completed.</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)      \$160,000  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$14,679  <input type="checkbox"/> other (Specify subsidy type.)      <del>\$174,679</del>  <span style="margin-left: 150px;">2.4.7. 6/15/01</span> </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</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: 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	June, 2003	<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	1	_____	_____	_____	\$ _____
\$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 6/04/01 E.F.H.

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 6/04/01 E.F.H. (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



- 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) <b>South St. Paul Housing &amp; Redevelopment Authority</b>		2. Name of person completing this form <b>Branna K. Lindell</b>	
3. Street address <b>125 Third Avenue North</b>		4. City <b>South St. Paul</b>	5. ZIP code <b>55075</b>
6. County <b>Dakota</b>	7. Phone number <b>651-451-1838</b>	8. Fax number <b>651-450-8759</b>	9. E-mail address <b>b_lindell@ssphra.org</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> )		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> )	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other ( <i>Please specify.</i> ) _____		8/31/99 <input checked="" type="checkbox"/> Yes ( <i>Indicate hearing date - _____ and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )			
<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> ) <b>6.7.01 6/15/01</b>			

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance  <b>Holtkoetter Leuchten</b>		15. Address where business subsidy or financial assistance will be used  <b>155 Hardman Ave., So. St. Paul 55075</b>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )			
<input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) <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.)      This is an expansion

☒ 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; font-family: cursive;">\$53,361      8.1.86/15/01</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input 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 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 checked="" type="checkbox"/> land contribution      \$ 53,361</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 checked="" 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 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: 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	Oct. 2004	<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	1	_____	_____	_____	\$ _____
\$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 E. 7th. 6/4/01

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 E. 7th. 6/4/01 (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

00-0261



# 2001 Minnesota Business Assistance Form

RECEIVED MAR 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) City of Spring Grove		2. Name of person completing this form Dianne Vesterse	
3. Street address 118 1st Ave NW		4. City Spring Grove	5. ZIP code 55974
6. County Houston	7. Phone number 507-498-5221	8. Fax number 507-498-5298	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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>2/1/00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input 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  Red's IGA		15. Address where business subsidy or financial assistance will be used  500 E Main Spring Grove MN 55974	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

### Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate value by type in Questions 24 and 25.)</i> <div style="text-align: right; font-size: 1.2em;">70,300</div>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i> <div style="text-align: right; font-size: 1.2em;">02/01/00</div>				
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> <div style="text-align: right; font-size: 1.2em;">02/25/00</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? <i>(Mark one.)</i> <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.  <input type="checkbox"/> not applicable, agreement provided financial assistance  <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> loan (only principal)  <input type="checkbox"/> grant (i.e., forgivable loan)  <input type="checkbox"/> tax abatement  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral  <input type="checkbox"/> guarantee of payment  <input type="checkbox"/> contribution of property or infrastructure  <input type="checkbox"/> preferential use of governmental facilities  <input type="checkbox"/> land contribution  <input type="checkbox"/> other <i>(Specify subsidy type.)</i> _____         </div> <div style="width: 15%; text-align: right;">           \$ _____            \$ _____            \$ _____            \$ <u>70,300</u>            \$ _____            \$ _____            \$ _____            \$ _____         </div> </div>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy  <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> assistance for property polluted by contaminants  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost  <input type="checkbox"/> assistance for pollution control or abatement  <input type="checkbox"/> assistance for a TIF soils condition district         </div> <div style="width: 15%; text-align: right;">           \$ _____            \$ _____            \$ _____            \$ _____         </div> </div>				
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>  <input type="checkbox"/> not applicable, assistance was not in the form of TIF  <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>  <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input checked="" type="checkbox"/> No  Grantor(s) and value of the agreement(s):  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Grantor</td> <td style="width: 40%; border-bottom: 1px solid black;">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) \_\_\_\_\_

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>April 2000</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	_____	<u>17</u>	_____	<u>17</u>	\$ _____
\$7.00 to \$8.99	<u>3</u>	_____	_____	<u>3</u>	\$ _____
\$9.00 to \$10.99	<u>2</u>	_____	_____	<u>2</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 <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
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34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

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

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation

☐ recipient relocated to a different community

☐ recipient was unable to fill vacant positions

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

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

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

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

**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 APR 23 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) <u>CITY OF SPRING VALLEY</u>		2. Name of person completing this form <u>MIKE BUBANY</u>	
3. Street address <u>112 W. COURTNAUD</u>		4. City <u>SPRING VALLEY</u>	5. ZIP code <u>55975</u>
6. County <u>FILMORE</u>	7. Phone number <u>507 346 7367</u>	8. Fax number <u>507 346 7249</u>	9. E-mail address <u>valley@desfmedia.com</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>SOME AS ABOVE</u>			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>11/17/99</u> and attach criteria) <input type="checkbox"/> No (amended <u>6/21/2000</u> ) <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Kapper's Fabricating, Incorporated</u>		15. Address where business subsidy or financial assistance will be used <u>1015 Industrial</u> <u>Spring Valley</u> <u>MN</u> <u>55975</u> Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

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

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

- Definitely would not have expanded.  
 If decided to expand elsewhere, they would have chose Iowa due  
☒ Remained at previous location    ☐ Relocated to different Minnesota location    ☐ Relocated outside Minnesota to \_\_\_\_\_  
 work comp rates etc...

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.)

\$210,000

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

8/16/2000

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.)

8/22/2000

(Loan closed on this date)

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) \$100,000  
☐ grant (i.e., forgivable loan) \$\_\_\_\_\_  
☐ tax abatement \$\_\_\_\_\_  
☒ TIF or other tax reduction or deferral \$110,000  
☐ 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 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 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 new ones associated w/ expansion (35 total)			_____	\$ _____
\$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 new jobs (20 total)			_____	\$ _____
\$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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## 2001 Minnesota Business Assistance Form

00-0006

- 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) <b>City of St. Charles</b>		2. Name of person completing this form <b>Dana H. Young</b>	
3. Street address <b>830 Whitewater Avenue</b>		4. City <b>St. Charles</b>	5. ZIP code <b>55972</b>
6. County <b>Winona</b>	7. Phone number <b>507/932-3020</b>	8. Fax number <b>507/932-5301</b>	9. E-mail address <b>cityhallstaff@stcharlesmn.org</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> )  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other ( <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> )  <input checked="" type="checkbox"/> Yes ( <i>Indicate hearing date - 2-8-00 and attach criteria</i> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria ( <i>Indicate date of initial hearing - _____</i> ) <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> )  <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 <b>Glen &amp; Sandy Craven</b>	15. Address where business subsidy or financial assistance will be used <b>Whitewater Industrial Park</b> <b>W. Circle Drive St. Charles, Mn.</b> Street address City State ZIP code
16. Does the recipient have a parent corporation? ( <i>Mark one.</i> )  <input type="checkbox"/> Yes ( <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> ) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

17. Industry of recipient's facility (Mark one.): 27,06/17/01

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

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

**Not applicable**

☐ 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.)

**Not applicable**

☐ 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;">\$210,200</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;">6-8-00</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="font-size: 1.2em;"><b>Recipient paid according to progress of construction: 9-13-00/12-7-00/12-8-00</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) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____  <input type="checkbox"/> guarantee of payment \$ _____  <input checked="" type="checkbox"/> contribution of property or infrastructure \$ <u>210,200</u>  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____     </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____     </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input checked="" type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict     </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</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: 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12-01	<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.) See attached Business Subsidy Agreement

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 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 MAR 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) <u>City of St. Louis Park - EDA</u>		2. Name of person completing this form <u>Tom Klevre</u>	
3. Street address <u>5005 Minnetonka Blvd</u>		4. City <u>St. Louis Park</u>	5. ZIP code <u>55416</u>
6. County <u>Hennepin</u>	7. Phone number <u>952-924-2197</u>	8. Fax number <u>952-924-2463</u>	9. E-mail address <u>tklevre@stlouispark.org</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>10-18-99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <u>CSM Hospitality Inc.</u>		15. Address where business subsidy or financial assistance will be used <u>1400/1450 Zenith Ave St. Louis Park</u> <u>5701 Wayzata Blvd St. Louis Park</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

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

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 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; margin-left: 40px;">\$2,549,450</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="margin-left: 40px;">2-7-2000 amended 8-7-2000</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="margin-left: 40px;">2-7-2000</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="margin-left: 40px;"><input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$2,549,450  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</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: 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) Re-develop an area of substandard + obsolete buildings

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>1/2004</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 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	_____	_____	<u>35</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	<u>0 to date; project under construction</u>				\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

project under construction

☐ Yes

☒ No

6.1.10. 6/10/01

## 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

00-0921



## 2001 Minnesota Business Assistance Form

RECEIVED MAY 23 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) Stearns County		2. Name of person completing this form Robert Swanberg	
3. Street address 312 North First Street, Suite 2		4. City Cold Spring	5. ZIP code 56320
6. County Stearns	7. Phone number 320-685-7771	8. Fax number 320-685-7580	9. E-mail address bcswanbe@cloudnet.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.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input type="checkbox"/> City government <input checked="" type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date <u>9-21-99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<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  Bayer Built Woodworks, Inc.		15. Address where business subsidy or financial assistance will be used 24614 U.S. <u>Highway 71</u> <u>Belgrade</u> <u>MN</u> <u>56312</u> Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

☒ Manufacturing  
☐ Retail Trade

☐ Services  
☒ Wholesale Trade

☐ Finance, Insurance, Real Estate  
☐ Construction ☐ Other (please specify) \_\_\_\_\_

## 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.)

\$100,000.00

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

March 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.)

Same as 21

## 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

*E.A.H. 8/23/01*  
☒ loan (only principal) \$100,000.00  
☐ grant (i.e., forgivable loan) \$ \_\_\_\_\_  
☐ tax abatement \$ \_\_\_\_\_  
☐ TIF or other tax reduction or deferral \$ \_\_\_\_\_  
☐ guarantee of payment \$ \_\_\_\_\_  
☐ contribution of property or infrastructure \$ \_\_\_\_\_  
☐ preferential use of governmental facilities \$ \_\_\_\_\_  
☐ land contribution \$ \_\_\_\_\_  
☐ other (Specify subsidy type.) \_\_\_\_\_ \$ \_\_\_\_\_

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

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants \$ \_\_\_\_\_  
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ \_\_\_\_\_  
☐ assistance for pollution control or abatement \$ \_\_\_\_\_  
☐ assistance for a TIF soils condition district \$ \_\_\_\_\_

## 26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)

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

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

## 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)

☐ Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)

☒ No

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

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

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

**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	Jan 2001	<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	6	_____	_____	_____	\$ 1.25
\$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	8	_____	_____	_____	\$ 1.52

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 APR 8 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) <u>City of Waterville</u>		2. Name of person completing this form <u>Teresa Hill &amp; Nickie Roberge</u>	
3. Street address <u>200 Third Street South</u>		4. City <u>Waterville</u>	5. ZIP code <u>56096</u>
6. County <u>Le Sueur</u>	7. Phone number <u>(507) 362-8300</u>	8. Fax number <u>(507) 362-8835</u>	9. E-mail address <u>None</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>11-08-00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Gear &amp; Broach, Inc.</u>	15. Address where business subsidy or financial assistance will be used <u>101 Goltz Ave. Waterville MN 56096</u> Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

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

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

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

Waterville/215 Hoosac st. W      Building could not sustain 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

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>Not to exceed \$100,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>November 8, 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>Projected date: May 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 type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input checked="" type="checkbox"/> tax abatement      \$ <u>100,000</u>  <input type="checkbox"/> TIF or other tax reduction or deferral      \$ _____  <input type="checkbox"/> guarantee of payment      \$ _____  <input type="checkbox"/> contribution of property or infrastructure      \$ _____  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____         </p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input 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> <u>MN Investment fund grant</u>      <u>200,000</u>              Grantor      Value (\$)              _____              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) \_\_\_\_\_

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12/31/03	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<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	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	21	_____	_____	_____	\$ _____
\$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

# 2001 Minnesota Business Assistance Form

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00-0801

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>City of Watkins</u>		2. Name of person completing this form <u>Deb Kraher</u>	
3. Street address <u>111 Central Ave S</u>		4. City <u>Watkins</u>	5. ZIP code <u>55389</u>
6. County <u>Meeker</u>	7. Phone number <u>320-764-6400</u>	8. Fax number <u>320-764-6401</u>	9. E-mail address <u>dkraher@hettel.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 <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date <u>3-9-00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Family Inn Inc.</u>		15. Address where business subsidy or financial assistance will be used <u>711 Main Hwy SE Watkins MN 55389</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

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

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 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: right; font-size: 1.2em;">\$95,876</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: right; font-size: 1.2em;">10-12-2000</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: right; font-size: 1.2em;">10-12-2000</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance         </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____  <input type="checkbox"/> tax abatement \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>95,876</u>  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input checked="" type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</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: 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) to encourage commercial development in city.

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Oct 2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input 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			<u>1</u>		\$
less than \$7.00					\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					\$
\$15.00 and higher					\$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00		<u>4</u>			\$ <u>0</u>
\$7.00 to \$8.99		<u>2</u>			\$ <u>0</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 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 <sup>May</sup> ~~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 MAY 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) WHITE BEAR TOWNSHIP		2. Name of person completing this form WILLIAM SHURT	
3. Street address 1221 HAMMOND RD.		4. City TOWN WHITE BEAR TOWNSHIP	5. ZIP code 55110
6. County RAMSEY	7. Phone number (651) 426-5827	8. Fax number (651) 426-2256	9. E-mail address WB.TOWN@USWEST.NET
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input checked="" type="checkbox"/> Other (Please specify.) TOWNSHIP		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 11-16-2000 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - ) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance COMM-TECH SURGICAL		15. Address where business subsidy or financial assistance will be used WHITE BEAR TOWNSHIP 4841 BENTLEY PKWY Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No			
MINNESOTA SCIENTIFIC, INC. Name of parent corporation		33416 AS AVE 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.)

WINNEBAGO      LEASED BUILDING W/TS TOO SMALL TO ACCOMMODATE GROWTH  
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.)
\$ 421,941	DECEMBER 18, 2007

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.) THE "BENEFIT DATE" FOR THIS PROJECT WILL BE THE DATE OF THE SIGNATURE OF THE CERTIFICATE OF OCCUPANCY. THE BUILDING IS NOT CONSTRUCTED YET

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

☒ business subsidy      ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> INTEREST FREE <input checked="" type="checkbox"/> loan (only principal) VALUE OF INTEREST: \$ 47,300 <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 374,500 <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) \$ _____	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____

26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
<input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s):  Grantor _____ Value (\$) _____ Grantor _____ Value (\$) _____

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- ☐ Enhancing economic diversity  
☒ 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>March 2003</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>11</u>	_____	_____	_____	\$ <u>367</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>N/A - BUILDING CONSTRUCTION NOT YET COMPLETE</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



00-0450

## 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) <u>Windom, City of</u> <b>ECONOMIC DEVELOPMENT AUTHORITY</b>		2. Name of person completing this form <u>James King</u>	
3. Street address <u>444 Ninth Street</u>		4. City <u>Windom</u>	5. ZIP code <u>56101</u>
6. County <u>Cottonwood</u>	7. Phone number <u>507-831-6125</u>	8. Fax number <u>507-831-6142</u>	9. E-mail address <u>wineda@windom-mn.com</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>N/A</u>			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <u>99</u> <input checked="" type="checkbox"/> Yes (Indicate hearing date <u>11/8/</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Jerry Kramer, et al</u>		15. Address where business subsidy or financial assistance will be used <u>1820 N. Redding Ave., Windom, MN</u> Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	

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

☐ Manufacturing  
☐ Retail Trade

☐ Services  
☒ Wholesale Trade

☐ Finance, Insurance, Real Estate  
☐ Construction

☐ Warehouse/  
☒ Other (please specify) Distribution

## 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.)

Steamboat Rock, IA Minnesota was more centrally located to markets  
 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.)

\$150,000

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

August 1, 2000

## 22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)

September, 2000

## 23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

- ☒ 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 \$ 125,000  
☐ guarantee of payment \$ \_\_\_\_\_  
☐ contribution of property or infrastructure \$ \_\_\_\_\_  
☐ preferential use of governmental facilities \$ \_\_\_\_\_  
☒ land contribution \$ 25,000  
☐ 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	<u>July 31, 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>1</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	<u>9</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 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? <i>(Mark one.)</i></p> <p><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></p> <p><input checked="" type="checkbox"/> No</p>														
Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	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? <i>(Mark one.)</i></p> <p><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></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. <i>(Attach additional pages if necessary.)</i></p> <p>35. Information on recipient and agreement:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Name of recipient in default</td> <td style="width: 30%;">Type of subsidy or assistance</td> <td style="width: 30%;">Initial value of subsidy or assistance</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> <tr> <td>Street address of recipient</td> <td>City/ZIP code of recipient</td> <td>Outstanding value of subsidy or assistance</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>			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			
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 <i>(Mark all that apply.):</i></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 <i>(Specify reason.)</i> _____</p>														
<p>37. To date, has the recipient fulfilled its repayment obligation? <i>(Mark one.)</i></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? <i>(Mark one.)</i></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> <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>														

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



**EXHIBIT A**

**Wage and Job Goals**

**Positions to be created within two years from the Benefit Date:**

**8 field sales positions at a salary of between \$45,000 to \$55,000 per year.**

**1 warehouse manager at a salary of \$36,000 per year.**

**1 warehouse laborer at a wage of at least \$9.00 per hour.**

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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) <u>City of Winsted</u>		2. Name of person completing this form <u>Matthew Podhradsky-City Administrator</u>	
3. Street address <u>183 Main Avenue West, PO Box 126</u>		4. City <u>Winsted</u>	5. ZIP code <u>55395</u>
6. County <u>McLeod</u>	7. Phone number <u>320-485-4718</u>	8. Fax number <u>320-485-2858</u>	9. E-mail address <u>cityofwinsted@tds.net</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2 same as question 2			
Name/Title	Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")  <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: _____)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)  <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>11-8-00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)  <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

**Section 2 Information About Recipient**

14. Name of business or organization receiving subsidy or financial assistance  <u>Scherping Systems</u>	15. Address where business subsidy or financial assistance will be used  <u>801 Kingsley Street, Winsted, MN 55395</u>
	Street address                      City                      State                      ZIP code
16. Does the recipient have a parent corporation? (Mark one.)  <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No	
<u>Carlisle Companies, Inc.</u> Name of parent corporation	<u>250 South Clinton St. Suite 201, Syracuse, NY</u> 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;">\$150,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">6-5-00</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;">9-1-00</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 checked="" type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____  <input checked="" type="checkbox"/> grant (i.e., forgivable loan) \$ <u>150,000</u>  <input type="checkbox"/> tax abatement \$ _____  <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____  <input type="checkbox"/> guarantee of payment \$ _____  <input type="checkbox"/> contribution of property or infrastructure \$ _____  <input type="checkbox"/> preferential use of governmental facilities \$ _____  <input type="checkbox"/> land contribution \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____         </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____  <input type="checkbox"/> assistance for pollution control or abatement \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district \$ _____         </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict         </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input 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>McLeod Coop Power \$740</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;">Grantor</td> <td style="border-bottom: 1px solid black; width: 50%;">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) \_\_\_\_\_

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	6-05-02	<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 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	30 <i>E.F.H. 6/12/01</i>	_____	_____	_____	\$ 3.13 <i>E.F.H. 6/12/01</i>
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	30	_____	_____	_____	\$ 3.13 <i>E.F.H.</i>

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	1	_____	_____	_____	\$ 3.13
\$13.00 to \$14.99	3	_____	_____	_____	\$ 3.13
\$15.00 and higher	8	_____	_____	_____	\$ 3.13

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

RECEIVED APR 06 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) <u>CITY OF WORTHINGTON</u>		2. Name of person completing this form <u>BRADLEY CHAPULIS</u>	
3. Street address <u>303 9TH ST., P. O. BOX 279</u>		4. City <u>WORTHINGTON</u>	5. ZIP code <u>56187</u>
6. County <u>NOBLES</u>	7. Phone number <u>(507) 372-8640</u>	8. Fax number <u>(507) 372-8643</u>	9. E-mail address <u>bchapulis@mail.ci.worthington.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>Brad Chapulis, Mgr. of Plng. &amp; Econ. Dev. (Same as above)</u>			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9/1/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from 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 <u>Awra Doro, Inc.</u>		15. Address where business subsidy or financial assistance will be used <u>115 9th St., Worthington, MN 56187</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

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

City/State of previous address \_\_\_\_\_ Reason project not completed at previous address \_\_\_\_\_

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

n/a - NEW COMPANY  
☐ 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.)  \$175,000	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  3/30/00
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.)  4/1/00	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)  <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan (only principal) \$ 175K <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No Grantor(s) and value of the agreement(s): DTED \$750,000 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) \_\_\_\_\_

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 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>275</u>	_____	_____	_____	\$ <u>1.00</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>15</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>3</u>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	<u>2</u>	_____	_____	_____	\$ _____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

☐ Yes ☒ No



## Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 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:

<u>Awra Doro, Inc.</u>	<u>Loan</u>	<u>\$175,000</u>
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
<u>115 9th Street</u>	<u>Worthington, MN 56187</u>	<u>\$171,753 + accrued interest</u>
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.) Restructuring Permanent Working Capital

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:

Local EDC working w/company to secure additional working capital

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 APR 9 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) <u>City of Wyoming</u>		2. Name of person completing this form <u>Kirstin Bursness</u>	
3. Street address <u>26835 Forest Boulevard</u>		4. City <u>Wyoming</u>	5. ZIP code <u>55092</u>
6. County <u>Chisago</u>	7. Phone number <u>(651)-462-0575</u>	8. Fax number <u>(651)-462-0576</u>	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>Dennis Conyell / Admin</u> <u>(651)-462-0575</u> <u>26835 Forest Blvd, Wyoming</u> <u>55092</u> Name/Title                      Phone number                      Street address                      City                      ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>8/16/99</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input 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 <u>Sunrise Fiberglass</u>		15. Address where business subsidy or financial assistance will be used <u>24407 Fallbrook Ave, Wyoming</u> <u>55092</u> Street address                      City                      State                      ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation _____		Street address                      City                      State                      ZIP code	

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

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

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

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

\_\_\_\_\_  
City/State of previous address      Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

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

### Section 3 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.)  198,000	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  3-24-00
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.) November 2000	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)  <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.  <input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan (only principal) \$198,000 <input type="checkbox"/> grant (i.e., forgivable loan) \$ <input type="checkbox"/> tax abatement \$ <input type="checkbox"/> TIF or other tax reduction or deferral \$ <input type="checkbox"/> guarantee of payment \$ <input type="checkbox"/> contribution of property or infrastructure \$ <input type="checkbox"/> preferential use of governmental facilities \$ <input type="checkbox"/> land contribution \$ <input type="checkbox"/> other (Specify subsidy type.) \$	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).  <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ <input type="checkbox"/> assistance for pollution control or abatement \$ <input type="checkbox"/> assistance for a TIF soils condition district \$
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)  <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)  <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No Grantor(s) and value of the agreement(s): DPO MIF \$127,000 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 *8/14/7/23/01*  
☐ Job retention *no*  
☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose) *8/14/7/23/01*  
☐ 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	<i>6-30-02</i>	<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	<i>26</i>	_____	_____	_____	\$ <i>2.70</i>
\$9.00 to \$10.99	<i>21</i>	_____	_____	_____	\$ <i>2.70</i>
\$11.00 to \$12.99	<i>3</i>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<i>1</i>	_____	_____	_____	\$ _____
\$15.00 and higher	<i>2</i>	_____	_____	_____	\$ _____

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	<i>2</i>	_____	_____	_____	\$ <i>2.70</i>
\$9.00 to \$10.99	<i>1</i>	_____	_____	_____	\$ <i>2.70</i>
\$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.):

<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**

# 2001 Minnesota Business Assistance Form

RECEIVED MAR 29 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) <u>City of Zumbrota</u>		2. Name of person completing this form <u>Tricia Hinckley</u>	
3. Street address <u>175 West Avenue</u>		4. City <u>Zumbrota</u>	5. ZIP code <u>55992</u>
6. County <u>Goodhue</u>	7. Phone number <u>507-732-7318</u>	8. Fax number <u>507-732-7884</u>	9. E-mail address <u>thinckley@cityhall.zumbrota.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title	Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>2/10/00</u> and <u>attach criteria</u> ) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>FIACS Zumbrota, LLC</u>		15. Address where business subsidy or financial assistance will be used <u>1500 Arctic Ave Zumbrota MN 55992</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):  
☒ Manufacturing      ☐ Services      ☐ Finance, Insurance, Real Estate  
☐ Retail Trade      ☐ Wholesale Trade      ☐ Construction      ☐ Other (please specify) \_\_\_\_\_

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)  
☐ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)  
☒ No (Go to Question 19.)  
\_\_\_\_\_  
City/State of previous address      Reason project not completed at previous address.

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.) *This was an expansion project*  
☒ 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.)   <div style="text-align: center; font-size: 1.2em;">225,000</div> </p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)   <div style="text-align: center; font-size: 1.2em;">2/15/01</div> </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.)   <div style="text-align: center; font-size: 1.2em;">5/1/00</div> </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.)  <input checked="" type="checkbox"/> business subsidy      <input type="checkbox"/> financial assistance </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal)      \$ _____  <input type="checkbox"/> grant (i.e., forgivable loan)      \$ _____  <input type="checkbox"/> tax abatement      \$ _____  <input checked="" type="checkbox"/> TIF or other tax reduction or deferral      \$ <u>50,000</u>  <input type="checkbox"/> guarantee of payment      \$ _____  <input checked="" type="checkbox"/> contribution of property or infrastructure      \$ <u>75,500</u>  <input type="checkbox"/> preferential use of governmental facilities      \$ _____  <input type="checkbox"/> land contribution      \$ _____  <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants      \$ _____  <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost      \$ _____  <input type="checkbox"/> assistance for pollution control or abatement      \$ _____  <input type="checkbox"/> assistance for a TIF soils condition district      \$ _____ </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment  <input type="checkbox"/> renewal and renovation  <input type="checkbox"/> soils condition  <input checked="" type="checkbox"/> economic development  <input type="checkbox"/> mined underground space  <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)  <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;">Value (\$)</td> </tr> </table>		Value (\$)		Value (\$)
	Value (\$)				
	Value (\$)				

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

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

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>5/1/02</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>3</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>10</u>	_____	_____	_____	\$ <u>1.64</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