

020377

Trade & — 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

		Prepared by:
HC107 .M63 E441 2001 V.3 Part A	nsists of Part B	Analysis and Evaluation Office Minnesota Department of Trade 500 Metro Square Building 121 7 th Place East St. Paul, Minnesota 55101-2146
	Minn. Stat. 116J.	.991 — 1995 Minn. Laws Chap. 224 Sec. 58

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)

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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)

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- 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

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00-0534

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31. 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period 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.

1. Name of grantor (funding en Ciキィ の はけ	tity) Kind	2. Name of person completing this form Ross Wagner		
3. Street address		4. City	5. ZIP code	
109 15+ AN 1	1W	AitKin	56431	
6. County	7. Phone number	8. Fax number	9. E-mail address	
Aitisin	218-927-2527	218-927-1834	rossaci, antan m. 4	
	organization should receive the $SA m C$	2002 MBAF if different from the	person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
11. Classification of grantor (M created by gov't agency, pl example, a city EDA would	ease indicate affiliation. For	 Has your organization hele adopted criteria for awardi compliance with Minn. Sta 	ng business subsidies in	
City government		X Yes (Indicate hearing date - <u>7-17-00</u> and <u>attach criteria</u>)		
County government				
 Regional government State government 		U We held a public hearing bu		
Other (Please specify.)		criteria (Indicate date of initial hearing) Other (Please attach explanation.)		
through December 31, 200	ed any agreements to award a bus 0 that is required to be reported u olete the remainder of the form.)		§116J.994? (Mark one.)	

Section 1 Information About Grantor

XYes (Complete the remainder of the form.)

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	 Address where business subsidy or financial assistance will be used 			
Aitkin County Growing, EAC.	1132 Arpurt Pr. Airtin, Mg 56431 Street address City State ZIP code			
16. Does the recipient have a parent corporation? (Mark on	ie.)			
Yes (Indicate name and address of parent corporation be	elow. If more than one, indicate ultimate owner.)			

MNo

	H32 Airpan	-		
Name of parent corporation	Street address	City	State	ZIP code

Manufacturing	Services	Finance, Insurance, Real Estate	
🖸 Retail Trade	Wholesale Trade	Construction Other (please spin	ecify)
18. Did the recipient relocate as a result of si	gning this agreement?	(Mark one.)	
Yes (Indicate city and state of previous ad No (Go to Question 19.)	dress and reason recip	ient did not complete this project at that ad	dress.)
City/State of previous address Reason proj	ect not completed at pr	evious address	
9. Would the recipient have remained in profinancial assistance? (Mark one.)	evious location or reloc	ated elsewhere if not awarded this business	subsidy or
□ Remained at previous location □	Relocated to different	Minnesota location D Relocated outside	e Minnesota
ection 3 General Information Abo	ut the Agreement		
20. Total dollar value of business subsidy or assistance (Please separate value by type and 25.)		1. Date agreement signed (In addition to the date, indicate any dates the agreement w	
42,369.00		10-16-00	
22. Benefit date (Indicate the date the recipied		e business subsidy or financial assistance. laced into service, or the recipient occupiea	
3. Does the agreement provide a business st	ubsidy or one of the for	ur types of financial assistance (see Ouestio	n 25) required to
be reported? (Mark one.)		financial assistance	
24. If the agreement provided a business subs indicate the type(s) and total dollar valu		 If the assistance was one of the four type assistance, please indicate the type(s). 	es of financial
not applicable, agreement provided financi	al assistance	not applicable, agreement provided a busin	ness subsidy
□ loan (only principal)		assistance for property polluted	ness subsidy \$
	\$ □	assistance for property polluted by contaminants	ness subsidy \$ \$
 loan (only principal) grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral 	\$ \$ \$ <u>42.396.0</u> 0	assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, and	ness subsidy \$ \$
 loan (only principal) grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment 	s □ s □	assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, and assistance provided for designated	ness subsidy \$ \$
 loan (only principal) grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure 	S S S <u>42_396.0</u> 0 S S	assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, and	ness subsidy \$ \$
 loan (only principal) grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities land contribution 	SS SS S <u>42396.0</u> 0 SS SSS	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	ness subsidy \$ \$ \$
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 loan (only principal) grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities land contribution other (Specify subsidy type.) 6. If the assistance included tax increment f indicate the type of TIF district? (Mark of not applicable, assistance was not in the fo 	\$S \$S \$ <u>\$42.396.0</u> 0 \$S	 assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost assistance for pollution control or abatement assistance for a TIF soils condition district 7. Are any other grantors providing a busin financial assistance to the same project? Yes (Specify each grantor and the value of assistance below; attach an additional shore 	\$ \$ \$ s ness subsidy or (Mark one.) of their
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Section 4 Goals and Public Purpose Identified in the Agreement

 Enhancing economic diversity Creating high-quality job growth Job retention Stabilizing the community 			<pre>Increasing tax base (cannot be only purpose) Other (please specify)</pre>		
 Indicate whether the again at the time of this report 	reement include t. (Fill in the b	ed the following type oxes and attainment	s of goals, and whether the date(s) for each goal.)	recipient had attai	ned those goals
 A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than w Please attach descriptions of tainment if not documente 	r retention goal age and job goa of goals and pr	s Ils ogress toward	established? dates Services □ No <u>/ C</u> □ Yes □ No	get attainment (month & year) 2-16-02	All goals attained? Yes No Yes No Yes No Yes No
0. For each of the followir agreement and the avera	ng wage categor age hourly valu <i>ll-time equivale</i>	ries, indicate the job e of any employer-pi nts if you are unable	ovided health insurance ge to separate goals by full-	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					\$
less than \$7.00					\$
\$7.00 to \$8.99					s
\$9.00 to \$10.99	4				s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher					s
	urly value of an	y employer-provided	nber of actual jobs created I health insurance for those <i>tion into full- and part-tim</i> FTE (<u>only</u> if unable to separate FT/PT) Job Creation	jobs. <u>(Only</u> indic	
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99	2				s
					s
\$11.00 to \$12.99					s
\$11.00 to \$12.99 \$13.00 to \$14.99					
					s

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Section 5 Recipients Failing to Fulfill Obligations

ark one.) value of subsidy or fin estions 24 and 25.) any goals or fulfill an to be fulfilled by the No (Stop here and	
estions 24 and 25.) any goals or fulfill an to be fulfilled by the No (Stop here and to fulfill goals or any onal pages if necessar	Value of subsidy or assistance by other obligations under an time of this report? (Mark one.) submit form to DTED .) y other terms of an agreement that ry.) e Initial value of
any goals or fulfill an to be fulfilled by the No <i>(Stop here and</i> to fulfill goals or any onal pages if necessar	any other obligations under an time of this report? (Mark one.) submit form to DTED .) by other terms of an agreement that ry.) e Initial value of
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to fulfill goals or any onal pages if necessar	y other terms of an agreement that ry.) e Initial value of
onal pages if necessar	e Initial value of
subsidy or assistance	
P code of recipient	Outstanding value of subsidy or assistance
	ferent community
rk one.)	
o, recipient <u>has not be</u>	egun to repay the assistance.
ne for fulfilling its ol	bligations? (Mark one.)
No	
or recoup the subsid	ly:

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

Or fax to: (651) 215-3841

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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 <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
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- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

1. Name of grantor (funding en	tiry)	2. Name of person co	mpleting this fo	in an		
CITY OF	ALBANY	IOM	SCHNE	DER		
3. Succe address , 400 RailROA	DAVE	4. City Albanj		CIP 20 0 6 307-0.	370	
6. County STEARNS	7. Phone number 320-845-4344	8. Fax number 320 - 845 - 23		E-mail addr	ty Oalban	Hel.co
10. Please indicate who in your	organization should receive the 2	2002 MBAF if differen	from the perso	n in Questi	on 2.	
Name/Title	Phone number	Stroot addres	s C	ity	ZIP code	
	(ark one. If granior is entity ease indicate affiliation. For check "City governmen!.")	12. Has your organiz adopted criteria f compliance with	or awarding bu	sincss subsi	idies in	
City government County government Regional government U State government		Yes (Indicate heat No We held a public h	caring but have	DOI yet add		
O Other (Please specify.)		criteria (Indicate	•	• —		
 Other (Please specify.) 13. Has your organization sign through December 31, 200 	cd any agreements to award a bus 0 that is required to be reported u slete the remainder of the form.)	Other (Please attac	ial assistance fr .993 and §116J	om January .994? <i>(Ala</i>)		
 Other (Please specify.) 13. Has your organization sign through December 31, 200 	0 that is required to be reported u plete the remainder of the form.)	Dother (Please attac incess subsidy or financ nder Minn. Stat. §116J	ial assistance fr .993 and §116J	om January .994? <i>(Ala</i>)		
 Other (Please specify.) 13. Has your organization sign through December 31, 200 Yes (Comp Section 2 Information All 14. Name of business or organizeceiving subsidy or finance 	0 that is required to be reported un the other the remainder of the form.) Dout Recipient ization ial assistance	Dother (Please attac incess subsidy or financ nder Minn. Stat. §116J	th explonation., ial assistance fr .993 and §116J o to section 5 o) om January .994? (Mai n page 4.)	rk onc.)	
 Other (Please specify.) 13. Has your organization sign through December 31, 200 Yes (Comp Section 2 Information All 14. Name of business or organization 	0 that is required to be reported un olete the remainder of the form.) cout Recipient ization ial assistance ch.; FRer	Dother (Please attac incess subsidy or financ nder Minn. Stat. §116J No (<u>Stop here.</u> go 15. Address where b	th explanation., ial assistance fr .993 and §1163 o to section 5 or usiness subsidy) om January .994? (Alai n page 4.) r or financia	rk onc.)	
 D Other (Please specify.) 13. Has your organization sign through December 31, 2000 Yes (Comp Section 2 Information All 14. Name of business or organ receiving subsidy or finance Bryan + Lynn S 	0 that is required to be reported un blete the remainder of the form.) Dout Recipient ization ial assistance th: FALET ster Center	Dother (Please attac incess subsidy or financ nder Minn. Stat. §116J D No (<u>Stop here.</u> gr 15. Address where b will be used <u>34650 - 225Th</u>	th explanation., ial assistance fr .993 and §1163 o to section 5 or usiness subsidy	orn January 994? (Alan n page 4.) or financie Y MN	rk onc.) Il assistance 56307	
 Other (Please specify.) 13. Has your organization sign through December 31, 200 Yes (Comp Section 2 Information Al 14. Name of business or organization receiving subsidy or finance Bryan + Lynn S Albany Chny. 16. Does the recipient have a p 	0 that is required to be reported un blete the remainder of the form.) Dout Recipient ization ial assistance th: FALET ster Center	Dother (Please attac incess subsidy or financ nder Minn. Stat. §116J No (<u>Stop here. g</u> 15. Address where b will be used <u>34650 - 225Th</u> Street address	th explanation., ial assistance fr .993 and §116J to to section 5 or usiness subsidy Ave Alban City) om January .994? (Man n page 4.) or financia y <u>MN</u> State	rk onc.) Il assistance 56307	

Section 1 Information About Grantor

2001 Minnesota Business Assistance Form

Page 1 of 4

Department of Trade and Economic Development

_	C Manufacturing A.Retail Trade	Services	Finance, Insurance, Real Estate Construction Other (please specify)	<i>w</i>)
8. Did the recipi	ent relocate as a result o	f signing this agreement?	(Mark one_)	
/ X 🕫 (Indicate ci I No (Go to Ques	ity and state of previous ition 19.)	address and reason recij	vient did not complete this project at that oddres	u.)
Albany m	N Relva	ed within City	to larger Facility	
19. Would the rec			cated elsewhere if not awarded this business sub	nsidy or
,	,	C Relocated to different	t Minnesota location	innesots
ection 3 Gene	eral Information Al	bout the Agreemen	t	
	value of business subsidy lease separate value by (Date agreement agood (In addition to the a date, indicate any dates the agreement was 	-
33	30,000		June 7,2000	
•	late improvements were j emlim t		he business subsidy or financial assistance. For placed into service, or the recipient occupied th , A 000	•
23 Deer the error			our types of financial assistance (see Question 2:	
be reported?	(Mark one.)	a subsidy of the of the N	The types of threeorem exerginates (are descripting) ioquios w
		Housiness subsidy [I financial assistance	
-	nt provided a business s (po(a) and total dellar v	ubsidy, please slue for each type.	25. If the assistance was one of the four types of assistance, please indicate the type(s).	
indicate the ty	nt provided a business s	ubsidy, please slue for each type.	25. If the assistance was one of the four types of	
indicate the ty not applicable, loan (only prime grant (i.e., forgi	zat provided a business s (pe(a) and total dallar v agreement provided fins cipal) ivable loan)	ubaidy, please alse for each type. Incial assistance S	 25. If the assistance was one of the four types of assistance, please indicate the type(s). not applicable, agreement provided a busines assistance for property polluted by contaminants 	
indicate the ty indicate the ty indicate the ty indicate of the ty indicate the ty ind	ant provided a business s spe(a) and total dellar v agreement provided fins cipal) ivable loan)	ubsidy, please alme for each type. Incial assistance S AHS S AH.S SS S SS SS SS SS SS SS SS SS SS SS SS SS SS S_S S_S S_S S_S S_S S_S S_S S_S S_S S_S S_S S_S S_S S_S S_S_S S_	 25. If the assistance was one of the four types or assistance, please indicate the type(s). not applicable, agreement provided a busines assistance for property polluted 	
indicate the ty indicate the ty indicate the ty indicate of the	ant provided a business s spec(a) and total dellar v agreement provided fine cipal) ivable loan) x reduction or deferration property or infrastructure of governmental faciliti	ubsidy, please also for each type. incial assistance $S_{$	 25. If the assistance was one of the four types or assistance, please indicate the type(s). not applicable, agreement provided a busines 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 	s subsidy S S
indicate the ty indicate the ty indicate the ty indicate the ty indicate the ty indicate of the ty indicate of the ty indicate of the ty indicate of the ty indicate th	ant provided a business s spec(a) and total dellar v agreement provided fine cipal) ivable loan) x reduction or deferral property or infrastructure of governmental facilition	ubsidy, please also for each type. incial assistance $S_{$	 25. If the assistance was one of the four types or assistance, please indicate the type(s). not applicable, agreement provided a busines 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 	
indicate the ty indicate the ty indica	ant provided a business s spec(a) and total dellar v agreement provided fine cipal) ivable loan) x reduction or deferral property or infrastructure of governmental facilition	ubsidy, please alse for each type. Incial assistance S MA. S MA. S_	 25. If the assistance was one of the four types or assistance, please indicate the type(s). not applicable, agreement provided a busines 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 	\$ subsidy \$ \$ \$ \$ \$ subsidy or
indicate the ty indicate the ty	ant provided a business s (pec) and total dellar v agreement provided fine cipal) ivable loan) x reduction or deferral property or infrastructur c of governmental facilities on mubsidy type.) mee included tax increment	ubsidy, please also for each type. Incial assistance S AHS AHS AHS AHS AHS AHS AHS AHS AHS S Te SS S_S S	 25. If the assistance was one of the four types or assistance, please indicate the type(s). not applicable, agreement provided a busines 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 27. Are any other grantors providing a busines financial assistance to the same project? (Are 27) and a statement of the same project of the same project	s subsidy S S S S s subsidy of (ark one.) heir
indicate the ty indicate the ty indicate the ty indicate the ty indicate the ty indicate of part indicate of part indicate the ty indicate the ty indi	ant provided a business s spec(a) and total dellar v agreement provided fine cipal) ivable loan) x reduction or deferral property or infrastructur on for infrastructur on for infrastructur property or infrastructur on included tax increments the included tax increments assistance was not in the invotation	ubsidy, please also for each type. Incial assistance S AHS AHS AHS AHS AHS AHS AHS AHS AHS S Te SS S_S S	 25. If the assistance was one of the four types or assistance, please indicate the type(s). not applicable, agreement provided a busines 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 a TIF soils condition district 27. Are any other grantors providing a busines financial assistance to the same project? (Net applied to the same project) 	s subsidy S S S S s subsidy of (ark one.) heir
indicate the ty indicate the ty indica	ant provided a business s (pec) and total dellar v agreement provided fine cipal) ivable loan) x reduction or deferral property or infrastructur c of governmental facilities on mubsidy type.) nee included tax increme ype of TIF district? (Man assistance was not in the novation	ubsidy, please also for each type. Incial assistance S AHS AHS AHS AHS AHS AHS AHS AHS AHS S Te SS S_S S	 25. If the assistance was one of the four types or assistance, please indicate the type(s). not applicable, agreement provided a busines 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 27. Are any other grantors providing a businesa financial assistance to the same project? (<i>b</i>) Yets (Specify each grantor and the value of the assistance below; attach an additional sheet 	s subsidy S S S S s subsidy of (ark one.)
indicate the ty not applicable, loan (only prime grant (i.e., forg) tax abatement ATHF or other to guarantee of pa contribution of preferential use land contribution other (Specify s 26. If the assistant indicate the ty	ant provided a business s spec(a) and total dellar v agreement provided fine cipal) ivable loan) x reduction or deferral property or infrastructur on for the structure on governmental facilities on for the structure property of TIF district? (Man assistance was not in the novation topment ound space	ubsidy, please also for each type. Incial assistance S AHS AHS AHS AHS AHS AHS AHS AHS AHS S Te SS S_S S	 25. If the assistance was one of the four types or assistance, please indicate the type(s). and applicable, agreement provided a busines 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 27. Are any other grantors providing a businesa financial assistance to the same project? (<i>M</i>) Yet (Specify each grantor and the value of the assistance below; attach an additional sheet (No) 	s subsidy S S S S s subsidy of (ark one.)

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Enhancing economic dive Creating high-quality job			A Other (please specify)	anot be only puty CALLCO	<u>ge develop</u> m
) Job retention) Stabilizing the community	y				• •
9. Indicate whether the age at the time of this report			s of goals, and whether the r date(s) for each goal.)	ecipient had atta	ined those goals
				et attainment	All goals
.) Specific wage and job go	als to be attaine	ed within 2 years		(month & year)	attained?
) Other job-creation and/or	r retention goals	i .			O Yes O No O Yes O No
) Other wage goals) Other goals other than wa	age and job gos	վց			DYes DNo
	d in Questions . ng wage categor	30 and 31.) ries, indicate the job o	creation and/or recention go		
-			ovided health insurance gaa to separate goals by full- a	-	
Hourly Wage	Fall-time Job	Part-dime/ Seasonal/Temp.	FIE (only if goals not stated as FI/FI)	Job	Hourty Value of
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
no hourly wage-level goal					\$
less than \$7.00					\$2
\$7.00 to \$8.99	4_				ś
\$9.00 to \$10.99					I
\$11.00 to \$12.99		~			۴
					š
\$13.00 to \$14.99					
\$13.00 to \$14.99 \$15.00 and higher					\$
\$15.00 and higher 11. For each of the following date and the actual hose	urly value of an	y comployer-provided	mber of actual jobs created i I health insurance for those j trion into full- and pari-time FTE (only if mashe to separate FT/PT)	obs. <u>(Only</u> india	ince the benefit
\$15.00 and higher 1. For each of the following date and the actual how full-time equivalents if	urly value of an <i>you are unable</i> Fall-time	y coployer-provided : 10 separate job crea Part-time/	l bealth insurance for those j ation into full- and part-time FTE (only if waable to	jobs. <u>(Only</u> india e positions.)	ince the benefit pate job creation in
 \$15.00 and higher 1. For each of the following date and the actual how full-time equivalents if Hourty Wage 	urly value of an <i>you are unable</i> Full-time Job	y employer-provided : to separate job crea Part-time/ Semonal/Temp.	l bealth insurance for those j ztion into full- and pari-time FTE (only if snable to separate FT/PT)	jobs. <u>(Only</u> indu e positions.) Job	ince the benefit sate job creation in Hourty Value of
 \$15.00 and higher For each of the following date and the actual how full-time equivalents if Hourty Wage (excluding besofits) 	urly value of an <i>you are unable</i> Full-time Job	y employer-provided : to separate job crea Part-time/ Semonal/Temp.	l bealth insurance for those j ztion into full- and pari-time FTE (only if snable to separate FT/PT)	jobs. <u>(Only</u> indu e positions.) Job	ince the benefit sate job creation in Hourty Value of
\$15.00 and higher 1. For each of the following date and the actual how full-time equivalents if Hourty Wage (excluding besofts) less than \$7.00	urly value of an <i>you are unable</i> Full-time Job	y employer-provided : to separate job crea Part-time/ Semonal/Temp.	l bealth insurance for those j ztion into full- and pari-time FTE (only if snable to separate FT/PT)	jobs. <u>(Only</u> indu e positions.) Job	ince the benefit sate job creation in Hourty Value of
\$15.00 and higher 1. For each of the following date and the actual how full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	urly value of an <i>you are unable</i> Full-time Job	y employer-provided : to separate job crea Part-time/ Semonal/Temp.	l bealth insurance for those j ztion into full- and pari-time FTE (only if snable to separate FT/PT)	jobs. <u>(Only</u> indu e positions.) Job	ince the benefit sate job creation in Hourty Value of
 \$15.00 and higher 1. For each of the following date and the actual hour full-time equivalents if Hourty Wage (excluding besofits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 	urly value of an <i>you are unable</i> Full-time Job	y employer-provided : to separate job crea Part-time/ Semonal/Temp.	l bealth insurance for those j ztion into full- and pari-time FTE (only if unable to separate FT/PT)	jobs. <u>(Only</u> indu e positions.) Job	ince the benefit sate job creation in Hourty Value of

2001 Minnesota Business Assistance Form

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Department of Trade and Economic Development

 During the period January 1, 2000 throw report as required by Minn. Stat. \$116J. 	agh December 31, 2000, did your organization hav 993 and §116J.994? <i>(Mark one.)</i>	ve any recipients who failed to
I You (Indicate the name of each recipient) recipient. Attach additional pages if t No	failing to report and the value of subsidy or finan necessary.)	cial assistance awarded to that
Name of recipient Type of subsi	dy or usuistance (See Questions 24 and 25.)	Value of subsidy or assistance
	ata who failed to achieve any goals or fulfill any o 2000, that were required to be faifilled by the tim	
	nder of this section.) A No (Stop here and sul	• • •
	for each recipient failing to fulfill goals or any ot eporting. (Attach additional pages if necessary.)	ther terms of an agreement that
35. Information on recipient and agreement	Ľ	
35. Information on recipient and agreement Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Name of recipient in default		
	Type of subsidy or assistance City/ZIP code of recipient	subsidy or assistance
Name of recipient in default Street address of recipient	Type of subsidy or assistance City/ZIP code of recipient ply.):	subsidy or assistance Ourstanding value of aubsidy or maistance
Name of recipient in default Street address of recipient 36. Reason(s) for default (Mark all that ap D recipient ceased operation	Type of subsidy or assistance City/ZIP code of recipient ply.): D recipient relocated to a differ that D other (Specify reason.)	subsidy or assistance Ourstanding value of aubsidy or maistance
Name of recipient in default Street address of recipient 36. Reason(s) for default (Mark all that ap D recipient ceased operation D recipient was unable to fill vacant position	Type of subsidy or assistance City/ZIP code of recipient ply.): D recipient relocated to a differ that D other (Specify reason.) payment obligation? (Mark one.)	subsidy or assistance Ourstanding value of subsidy or assistance
Name of recipient in default Street address of recipient 36. Reason(s) for default (Mark all that app D recipient ceased operation D recipient was unable to fill vacant position 37. To date, has the recipient fulfilled its re D Yes D No, recipient has begun to repare	Type of subsidy or assistance City/ZIP code of recipient ply.): D recipient relocated to a differ the D other (Specify reason.) payment obligation? (Mark one.)	subsidy or assistance Outstanding value of subsidy or assistance ent community In to repay the assistance.
Name of recipient in default Street address of recipient 36. Reason(s) for default (Mark all that app D recipient ceased operation D recipient was unable to fill vacant position 37. To date, has the recipient fulfilled its re D Yes D No, recipient has begun to repare	Type of subsidy or assistance City/ZIP code of recipient ply.): D recipient relocated to a differ the D other (Specify reason.) payment obligation? (Mark one.) ay the assistance. D No, recipiont has not beau	subsidy or assistance Outstanding value of subsidy or assistance ent community In to repay the assistance.
Name of recipient in default Street address of recipient 36. Reason(s) for default (Mark all that app D recipient ceased operation D recipient was unable to fill vacant position 37. To date, has the recipient fulfilled its re D Yes D No, recipient has begun to reps 38. Has the agreement been amended to ex	Type of subsidy or assistance City/ZIP code of recipient Dity.): The code of recipient relocated to a differ the code of recipient relocated to a differ phy.): The code of recipient relo	subsidy or assistance Outstanding value of subsidy or assistance ent community In to repay the assistance.

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

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Department of Trade and Economic Development

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

Section 1 Information About Grantor

 Name of grantor (funding er Annandale Economic 	ntity) EDA Bevelopment Authori	2. Name of person completing y Mary Degiovanni	g this form	
3. Street address 30 Cedar Street Ea	st	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 ad city@ann	dress andale.mn.us
10. Please indicate who in you N/A	r organization should receive the	2002 MBAF if different from th	ne person in Que	stion 2.
Name/Title	Phone number	Street address	City	ZIP code
	Mark one. If grantor is entity lease indicate affiliation. For I check "City government.")	 Has your organization he adopted criteria for award compliance with Minn. S 	ling business sub	osidies in
City government County government Regional government		Yes (Indicate hearing date		
State government Other (Please specify.)		 We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) Other (Please attach explanation.) 		
	ned any agreements to award a bu 00 that is required to be reported t	÷		

X Yes (Complete the remainder of the form.) INO (Stop here, go to section 5 on page 4.)

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where will be used	: business subsi	dy or financia	al assistance
Robin Reichel dba Reichel's Catering Service	725 Norway Street address	Dr., Ann City	andale, State	MN 55302 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
□ Yes (Indicate name and address of parent corporation below. 철 No	If more than one, in	ndicate ultimate	? owner.)	
Name of parent corporation	Street address	City	State	ZIP code

Manufacturing	I Services	Finance, Insurance, Real Estate	
🗆 Retail Trade	Wholesale Trade		v)
8. Did the recipient relocate as a result of	signing this agreemen	t? (Mark one.)	
Y es (Indicate city and state of previous of No (Go to Question 19.)	address and reason rec	ipient did not complete this project at that addre	55.)
	oom for expans	ion at current site previous address	
19. Would the recipient have remained in financial assistance? (Mark one.)	previous location or re	located elsewhere if not awarded this business su	bsidy or
A Remained at previous location	C Relocated to differe	nt Minnesota location 🛛 Relocated outside M	innesota
ection 3 General Information Al	oout the Agreeme	nt	
20. Total dollar value of business subsidy assistance (Please separate value by ty and 25.)		21. Date agreement signed (In addition to the a date, indicate any dates the agreement was	
\$96,853 + interest		9-13-00	
		the business subsidy or financial assistance. For s placed into service, or the recipient occupied the	
be reported? (Mark one.)	s subsidy or one of the	four types of financial assistance (see Question 2	5) required to
24. If the agreement provided a business si indicate the type(s) and total dollar v		 If the assistance was one of the four types of assistance, please indicate the type(s). 	of financial
not applicable, agreement provided fina	ncial assistance	XD not applicable, agreement provided a busines	s subsidy
 loan (only principal) grant (i.e., forgivable loan) 	s s	assistance for property polluted by contaminants	\$
 tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructur 	ss ssssss	assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when	\$
 preferential use of governmental faciliti land contribution 		50% or less of total cost assistance for pollution control or	S
□ other (Specify subsidy type.)	S	abatement assistance for a TIF soils condition district 	s
26. If the assistance included tax increme indicate the type of TIF district? (Mar		27. Are any other grantors providing a busines financial assistance to the same project? ()	
\Box not applicable, assistance was not in the	e form of TIF	Yes (Specify each grantor and the value of tassistance below; attach an additional sheet	
 redevelopment renewal and renovation soils condition 		XX No	-,
□ sons condition □ conomic development □ mined underground space □ hazardous substance subdistrict		Grantor(s) and value of the agreement(s):	
- nazaruous substance subuistrict		Grantor Value (\$)	
		Grantor Value (S)	

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Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 r of the following public			nancial assistance agr eeme n nt? <i>(Mark all that apply.)</i>	ts state a public pu	urpose. Which	
 Enhancing economic dive Creating high-quality job Job retention Stabilizing the community 	growth		XXIncreasing tax base (cannot be only purpose) XXOther (please specify) job creation			
29. Indicate whether the age at the time of this report				recipient had attai	ned those goals	
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than w (Please attach descriptions attainment if not documente	r retention goals age and job goa of goals and pro	s Is ogress toward	established? dates XYes I No 2 Yes I No	get attainment (month & year) -1-03	All goals attained? Ves No Yes No Yes No Yes No	
	age hourly value Il-time equivale	e of any employer-pr nts if you are unable	rovided health insurance go to separate goals by full- o	als for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00	_1	2_			s	
\$7.00 to \$8.99				<u> </u>	s	
\$9.00 to \$10.99			·		\$	
\$11.00 to \$12.99		<u> </u>			s	
\$13.00 to \$14.99					s	
\$15.00 and higher					s	
31. For each of the follow date and the actual ho full-time equivalents if	ourly value of an <i>Cyou are unable</i>	y employer-provide to separate job crea	d health insurance for those ation into full- and part-tim	jobs. (<u>Only</u> indic e positions.) ^{N/A}	ate ich creation in	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00					s	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99					\$	
\$11.00 to \$12.99			<u></u>	<u> </u>	s	
\$13.00 to \$14.99					s	
\$15.00 and higher					\$	
32. Has the recipient achi (Mark one.)	eved <u>all goals</u> (s		and 31) and fulfilled <u>all ob</u> 知No	ligations stipulate	d in the agreement?	

Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section	if you completed it or	n another 2001 MBAF sub	mitted to DTED.)
 During the period January 1, 2 report as required by Minn. Sta 			ave any recipients who failed to
Yes (Indicate the name of each r recipient. Attach additional		and the value of subsidy or finan	ncial assistance awarded to that
X No			
Name of recipient Type	e of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have an agreement signed on or after J		achieve any goals or fulfill any required to be fulfilled by the tir	
□ Yes (Complete th	he remainder of this section	on.) XXI No (Stop here and su	bmit form to DTED .)
35 39. Provide the following inf were to be attained by the		ent failing to fulfill goals or any o ch additional pages if necessary.	
35. Information on recipient and a	greement:		
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark a	ll that apply.):		
 recipient ceased operation recipient was unable to fill vaca 	лt positions	 recipient relocated to a difference other (Specify reason.) 	-
37. To date, has the recipient fulfi	illed its repayment obligat	tion? (Mark one.)	
□ Yes □ No, recipient <u>has beg</u>	un to repay the assistance.	. D No, recipient <u>has not beg</u>	un to repay the assistance.
38. Has the agreement been amen	ded to extend the recipier	nt's deadline for fulfilling its obli	gations? (Mark one.)
		Yes 🗅 No	
39. Describe the steps being taker	to bring recipient into co	ompliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

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2001 Minnesota Business Assistance Form

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Section 1 Information About Grantor

1. Name of grantor (funding entity) EDA Annandale Economic Development Authori		2. Name of person completing Any Degiovanni	ng this form	
 Street address 30 Cedar Street East 		4. City Annandale	5. ZIP code 55302	
6. County 7. Phone number Wright (320) 274-3055		8. Fax number (320)274-5728	9. E-mail.add city@anna	lress andale.mn.us
10. Please indicate who in you N/A	r organization should receive the	2002 MBAF if different from	the person in Ques	tion 2.
Name/Title	Phone number	Street address	City	ZIP code
 Classification of grantor (A created by gov't agency, pa example, a city EDA would 	lease indicate affiliation. For	 Has your organization h adopted criteria for awar compliance with Minn. 	rding business sub	sidies in
City government		♀ Yes (Indicate hearing da □ No	te 9/13/00and	attach criteria)
Regional government Carlot State government Carlot Government Car		 We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) Other (Please attach explanation.) 		
	ned any agreements to award a bu that is required to be reported to	-		-

Yes (Complete the remainder of the form.)

□ No (Stop here, go to section 5 on page 4.)

Section 2 Information About Recipient

 Name of business or organization receiving subsidy or financial assistance 	15. Address where will be used	 Address where business subsidy or financial assistance will be used 				
Market Properties, LLC	435 Annanda	le Blvd,	Annanda	le, MN	55	
	Street address	City	State	ZIP code	-	
16 Deer the maintain have a second and a second sec	······································	- <u></u>				
16. Does the recipient have a parent corporation? (Mai) Yes (Indicate name and address of parent corporati XINo		idicate ultimat	e owner.)		.	

	KManufacturing Retail Trade	Services Wholesale Trade	 Finance, Insurance, F Construction 	Real Estate Other <i>(please specify)</i>	
8. Did the recipient	relocate as a result of s	igning this agreemen			
Yes (Indicate city) No (Go to Questio		dress and reason rec	ipient did not complete this p	roject at that address	.)
Annandale, City/State of previou		ng was leased	l – not owned previous address	·	·
19. Would the recipi financial assistanc		evious location or re	located elsewhere if not award	ded this business sub	sidy or
A Remained a	at previous location	Relocated to differe	nt Minnesota location	Relocated outside Min	inesota
ection 3 Genera	l Information Abo	out the Agreeme	nt		
	ue of business subsidy o se separate value by typ		21. Date agreement signed ate, indicate any dates		
\$65,0	00 + interest		10-2-00		
	e improvements were fin		the business subsidy or finan s placed into service, or the re		
23. Does the agreen be reported? (M	(ark one.)	subsidy or one of the business subsidy	four types of financial assista	unce (see Question 25) required to
-	provided a business sub (s) and total dollar val		25. If the assistance was on assistance, please indication		financial
🗆 not applicable, ag	reement provided finance	cial assistance	XXnot applicable, agreement	t provided a business	subsidy
 loan (only princip grant (i.e., forgiva 		s s	assistance for property po by contaminants	olluted	s
 tax abatement TIF or other tax regularized of payments guarantee of payments contribution of pressure 	eduction or deferral nent operty or infrastructure	s s65,000 s s	assistance for renovating stock or bringing it up to assistance provided for d historic preservation dist	code, and esignated	\$
 preferential use of land contribution 	f governmental facilities	ss	50% or less of total cost assistance for pollution c	ontrol or	S
□ other (Specify sub	osidy type.)	S	abatement assistance for a TIF soils	condition district	S
	included tax increment e of TIF district? (Mark		27. Are any other grantors financial assistance to t		
🗅 not applicable, as	sistance was not in the f	form of TIF	Yes (Specify each granted assistance below; attach		
 redevelopment renewal and reno 	vation		🗆 No		
 soils condition economic develop mined undergrou 	nd space		Grantor(s) and value of the	agreement(s):	
hazardous substa	nce subdistrict		Grantor	Value (S)	
			Grantor	Value (S)	

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Section 4 Goals and Public Purpose	Identified in the Agreement
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28. Minn. Stat. §116J.994 re of the following public p	equires that bus purposes were s	iness subsidy and fin tated in the agreemen	ancial assistance agreemen nt? (Mark all that apply.)	its state a public p	urpose. Which
 Enhancing economic diversion Creating high-quality job Job retention Stabilizing the community 	growth		X Increasing tax base (ca X Other (please specify)		
29. Indicate whether the agr at the time of this report.				recipient had attai	ined those goals
 A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa (Please attach descriptions of attainment if not documented) 	retention goals age and job goa of goals and pro	s Is ogress toward	established? dates XXYes □ No _2· □ Yes □ No □ Yes □ No	get attainment (month & year) -1-03	All goals attained? Q Yes D No Q Yes D No Q Yes D No Q Yes D No
30. For each of the followin agreement and the avera	g wage categor	ies, indicate the job of any employer-pr	creation and/or retention g ovided health insurance go to separate goals by full-	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99	5				s
\$9.00 to \$10.99		<u> </u>			s
\$11.00 to \$12.99			·		s
\$13.00 to \$14.99	<u> </u>				s
\$15.00 and higher					s
full-time equivalents if Hourly Wage	urly value of an <i>you are unable</i> Full-time Job	ny employer-provides e to separate job crea Part-time/ Seasonal/Temp.	d health insurance for those ation into full- and part-tim FTE (only if unable to separate FT/PT)	e jobs. <u>(Only</u> indiane positions.) N/A	<i>cale job creation in</i> A - benefit da bt until 2001 Hourly Value of
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance
less than \$7.00					s s
\$7.00 to \$8.99 \$9.00 to \$10.99					s
\$9.00 to \$10.99					۰ ۶
\$13.00 to \$14.99					s
\$15.00 to \$14.99					5
32. Has the recipient achie (Mark one.)	eved <u>all goals</u> (-	and 31) and fulfilled <u>all of</u>	bligations stipulate	ed in the agreement?

2001 Minnesota Business Assistance Form

Section 5 Recipients Failing to Fulfill Obligations

 33. During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §11 	er 31, 2000, did your organization ha	
Yes (Indicate the name of each recipient failing to represent failing to represent. Attach additional pages if necessary.)	port and the value of subsidy or finan	cial assistance awarded to that
ĴKNo		
	·····	
		Value of subsidy or assistance
34. Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that y	ed to achieve any goals or fulfill any o were required to be fulfilled by the tin	other obligations under an ne of this report? (Mark one.)
Yes (Complete the remainder of this .	section.) XXX No (Stop here and su	bmit form to DTED .)
 35 39. Provide the following information for each requirements of the second second		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
 recipient ceased operation recipient was unable to fill vacant positions 	 recipient relocated to a differ other (Specify reason.) 	-
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assista	ance.	un to repay the assistance.
38. Has the agreement been amended to extend the rec	ipient's deadline for fulfilling its obli	gations? (Mark one.)
	Q Yes Q No	
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	
Deturn vour com	leted MBAF(s) by <u>April 1, 2001</u>	to

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

Or fax to: (651) 215-3841

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

Section 1 Information About Grantor

2. Name of person completing this form Thomas Dankert			
4. City Austin	5. ZIP code	5. ZIP code 559/2	
8. Fax number (507) 433- 1693	9. E-mail ad tdankerta	dress Daustume.co	
e 2002 MBAF if different from	the person in Que	stion 2.	
Street address	City	ZIP code	
adopted criteria for awa	rding business sul	osidies in	
□ No			
Criteria (Indicate date of initial hearing) Other (Please attach explanation.)			
	Thomas Da 4. City Austhin 8. Fax number (507) ¥33-1693 12. Has your organization hadopted criteria for awa compliance with Minn. Image: Street address 12. Has your organization hadopted criteria for awa compliance with Minn. Image: Street address 12. Has your organization hadopted criteria for awa compliance with Minn. Image: Street address 12. Has your organization hadopted criteria for awa compliance with Minn. Image: Street address Image: Street address Image: Street address	Thomas Dankert 4. City 5. ZIP code Austin 9. E-mail ad 8. Fax number 9. E-mail ad (507) ¥33-1693 tdankertz ae 2002 MBAF if different from the person in Que Street address City 12. Has your organization held a public hearing adopted criteria for awarding business sub compliance with Minn. Stat. §116J.994? Q Yes (Indicate hearing date - 9/18/2000 and No We held a public hearing but have not yet a	

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.) DNO (Stop here, go

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	 Address where business subsidy or financial assistance will be used 				
Cooperative Response Center, Inc.	2000 8th 5t. NW Street address	<u>Austin</u> City	MN State	55912 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.)
 No

Name of parent corporation	Street address	City	State	ZIP code

5,	I Services ☐ Wholesale Trade	 Finance, Insurar Construction 	ace, Real Estate Other (please specify)
18. Did the recipient relocate as a result of sign	ning this agreement?	(Mark one.)	
☑ Yes (Indicate city and state of previous addr ❑ No (Go to Question 19.)			
Austin, MN Dutside City/State of previous address Reason project	ity limits in its in the completed at pr	County loratio	n not ideal for employee I needed room to expand
financial assistance? (Mark one.)	ious location or relo	cated elsewhere if not a	warded this business subsidy or
Remained at previous location DR			Relocated outside Minnesota
ection 3 General Information Abou	t the Agreement		
 Total dollar value of business subsidy or f assistance (Please separate value by type is and 25.) 	n Questions 24	date, indicate any a	ned (In addition to the agreement lates the agreement was amended.)
Up to #237 978.07 in plus low interest rev	. TIF olving loan gran	November +	16,2000
22. Benefit date (Indicate the date the recipien indicate the date improvements were finish whichever is earlier.)	ed, equipment was p	laced into service, or t	he recipient occupied the property,
Should be	realized in	mid-2001.	
 Does the agreement provide a business sub be reported? (Mark one.) business sub business sub- business sub-	-	ur types of financial as	sistance (see Question 25) required to
24. If the agreement provided a business subsic indicate the type(s) and total dollar value		5. If the assistance wa assistance, please in	s one of the four types of financial ndicate the type(s).
not applicable, agreement provided financial	assistance	🕈 not applicable, agree	ment provided a business subsidy
❑ loan (only principal) ❑ grant (i.e., forgivable loan)	s C	assistance for propert by contaminants	y polluted \$
☐ grain (i.e., forgivable four) ☐ tax abatement ☑ TIF or other tax reduction or deferral	· · · · · · · · · · · · · · · · · · ·	assistance for renova stock or bringing it u	
guarantee of payment	\$	assistance provided f	or designated
 contribution of property or infrastructure preferential use of governmental facilities 	\$ \$	historic preservation 50% or less of total c	
🗅 land contribution 🖾 other (Specify subsidy type.) <u>2% 🙀 loan</u>	s C	assistance for pollution abatement	on control or \$
		assistance for a TIF s	oils condition district \$
26. If the assistance included tax increment fir indicate the type of TIF district? (Mark on			tors providing a business subsidy or to the same project? (Mark one.)
I not applicable, assistance was not in the form	n of TIF		antor and the value of their ach an additional sheet if necessary.)
I redevelopment renewal and renovation	ß	3 No	
 soils condition economic development mined underground space 		Grantor(s) and value of	the agreement(s):
hazardous substance subdistrict		Grantor	Value (\$)
	1		

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			nancial assistance agreemen ent? (Mark all that apply.)	is state a public p	urpose. which
 2 Enhancing economic dive 3 Creating high-quality job 2 Job retention 3 Stabilizing the community 	growth		 Increasing tax base (ca Other (please specify) 		
 Indicate whether the agr at the time of this report 			es of goals, and whether the date(s) for each goal.)	recipient had attai	ned those goals
 a) Specific wage and job go b) Other job-creation and/or c) Other wage goals b) Other goals other than wage 	r retention goals	;	established? dates □ Yes ⊠ No'²/3 □ Yes ⊠ No²/	get attainment (month & year) 31/2003 31/2003	All goals attained? Yes 20 No Yes 20 No Yes 0 No Yes 0 No
Please attach descriptions o ttainment if not documented					
agreement and the avera	age hourly value Ill-time equivale	e of any employer-pr nts if you are unable	creation and/or retention go rovided health insurance go to separate goals by full- a	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					۶
less than \$7.00			* -		s
\$7.00 to \$8.99			25	50	s Unknown at
\$9.00 to \$10.99					s
\$11.00 to \$12.99					s
613 00 to 614 00	<u></u>				s
\$13.00 to \$14.99					s
\$15.00 to \$14.99					
 \$15.00 and higher 1. For each of the followindate and the actual hou full-time equivalents if Hourly Wage 	urly value of any <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	mber of actual jobs created d health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	jobs. <u>(Only</u> indic	ate job creation in Hourly Value of
\$15.00 and higher 1. For each of the followin date and the actual hou full-time equivalents if Hourly Wage (excluding benefits)	urly value of any you are unable Full-time	y employer-provided to separate job crea Part-time/	thealth insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. <i>(Only</i> indic positions.) Job Retention	ate job creation in
\$15.00 and higher 1. For each of the followin date and the actual hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	urly value of any <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	thealth insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic positions.) Job Retention	ate job creation in Hourly Value of Health Insurance S
\$15.00 and higher 1. For each of the followin date and the actual hou- full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	urly value of any <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	d health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	jobs. <i>(Only</i> indic positions.) Job Retention	ate job creation in Hourly Value of
\$15.00 and higher 1. For each of the followin date and the actual hou- full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	urly value of any <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	thealth insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic positions.) Job Retention	ate job creation in Hourly Value of Health Insurance S
\$15.00 and higher 1. For each of the followin date and the actual hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	urly value of any <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	thealth insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic positions.) Job Retention	ate job creation in Hourly Value of Health Insurance S
\$15.00 and higher 1. For each of the followin date and the actual hou- full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	urly value of any <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	thealth insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic positions.) Job Retention	ate job creation in Hourly Value of Health Insurance S

2001 Minnesota Business Assistance Form

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Page 3 of 4 Department of Trade and Economic Development XX - Estimated X - 24 FTE's of \$8.90 / hour or greater I ETE of \$8.40 / hour.

Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you completed it	on another 2001 MBAF sub	mitted to DTED.)
 During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J 		ave any recipients who failed to
 Yes (Indicate the name of each recipient failing to reporrecipient. Attach additional pages if necessary.) No 	t and the value of subsidy or finants They have not physics benefit yet, except	ncial assistance awarded to that ally received any property w/ a reversionany
		1
Coopenative Response Center TIF Name of recipient Type of subsidy or assistance	e (See Questions 24 and 25.)	$\frac{$237,978.07}{\text{Value of subsidy or assistance}}$
 34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that wer □ Yes (Complete the remainder of this sector) 	re required to be fulfilled by the tin	me of this report? (Mark one.)
 35 39. Provide the following information for each recipility were to be attained by the time of reporting. (Attained 35. Information on recipient and agreement: 		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
 recipient ceased operation recipient was unable to fill vacant positions 	 recipient relocated to a difference other (Specify reason.) 	rent community
37. To date, has the recipient fulfilled its repayment obligation	ation? (Mark one.)	
		un to repay the assistance
38. Has the agreement been amended to extend the recipie		gauons? (Mark one.)
C	Yes No	
39. Describe the steps being taken to bring recipient into c	compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

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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 <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

1. Name of grantor (funding entity) 2. Name of person completing this form City of Belle Plaine Holly J. Kreft 4. Citv 5. ZIP code 3. Street address 420 E. Main St. Belle Plaine 56011 7. Phone number 8. Fax number 9. E-mail address 6. County (952) 873-5553 Scott (952) 873-5553 hollykreft@hotmail.com 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. Name/Title Phone number Street address City ZIP code 11. Classification of grantor (Mark one. If grantor is entity 12. Has your organization held a public hearing on and created by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) Yes (Indicate hearing date - <u>10/4/</u>96d <u>attach criteria</u>) 🖌 City government County government U We held a public hearing but have not yet adopted **Regional government** □ State government criteria (Indicate date of initial hearing -Other (Please attach explanation.) • 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.) Yes (Complete the remainder of the form.) □ No (Stop here, go to section 5 on page 4.)

Section 1 Information About Grantor

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	 Address whe will be used 	re business su	bsidy or financia	al assistance
HealthPostures Inc.	100 E. Ma	in St.	Belle P	laine
	Street address	City	State	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 ultim	ate owner.)	
No Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
Manufacturing Services Retail Trade Wholesale	 Finance, Insurance, Real Estate Construction

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Section 4 Goals and Public Purpose Identified in the Agreement 28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.) □ Increasing tax base (cannot be only purpose) Enhancing economic diversity P Other (please specify) encourage redevelopment Creating high-quality job growth Job retention of a commercial facility within the □ Stabilizing the community 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 Target attainment All goals established? attained? dates (month & year) XYes DNo <u>11/2002</u> Yes X No A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals □ Yes □ No □ Yes □ No C) Other wage goals XYes INO □ Yes □ No D) Other goals other than wage and job goals Developer will assure the Development (Please attach descriptions of goals and progress toward Property to be operated as a commerciaattainment if not documented in Questions 30 and 31.) business for at least 5 years after 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.) **Full-time** Part-time/ FTE (only if goals not Hourly Wage Job Seasonal/Temp. stated as FT/PT) Job Retention Hourly Value of Job Creation Creation Job Creation **Health** Insurance (excluding benefits) no hourly wage-level goal less than \$7.00 10 included in 10 \$7.00 to \$8.99 wage \$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.) **Full-time** Part-time/ FTE (only if unable to Seasonal/Temp. separate FT/PT) Hourly Value of Job Job Retention Hourly Wage (excluding benefits) Creation Job Creation Job Creation 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 2 s<u>inc</u>luded 1 3 \$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

2001 Minnesota Business Assistance Form

Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you completed	it on another 2001 MBAF sub	mitted to DTED.)
 During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §11 		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to represent to represent to represent to the recipient. Attach additional pages if necessary.)	port and the value of subsidy or finar	ncial assistance awarded to that
X No		·
Name of recipient Type of subsidy or assista	ance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that w		e
Yes (Complete the remainder of this s	ection.) 🛛 🖾 No (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each rec were to be attained by the time of reporting. (2)		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
 recipient ceased operation recipient was unable to fill vacant positions 	 recipient relocated to a differ other (Specify reason.) 	ent community
37. To date, has the recipient fulfilled its repayment obl	igation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assista	nce. D No, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the reci	pient's deadline for fulfilling its oblig	gations? (Mark one.)
	🗅 Yes 🗆 No	
39. Describe the steps being taken to bring recipient int	o compliance or recoup the subsidy:	
		·

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development

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2001 Minnesota Business Assistance Form RECEIVED MAY 3 1 2001

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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

 Name of grantor (funding er Benton County 	ıtity)	2. Name of person completin Nancy Hoffman	g this form	
3. Street address P.O. Box 129		4. City Foley	5. ZIP code 56329	
6. County	7. Phone number	8. Fax number	9. E-mail addr	ess
Benton	320-968-5071	320-968-5329	nhoffman@	co.benton.mn.us
	r organization should receive the	2002 MBAF if different from th	ne person in Questi	on 2.
Name/Title	Phone number	Street address	City	ZIP code
	Mark one. If grantor is entity lease indicate affiliation. For d check "City government.")	12. Has your organization he adopted criteria for award compliance with Minn. S	ding business subs	idies in
 City government County government Regional government State government Other (Please specify.) 		 Yes (Indicate hearing data No We held a public hearing b criteria (Indicate date of i Other (Please attach expla 	out have not yet add	opted
13. Has your organization sign	ned any agreements to award a bu 00 that is required to be reported	ısiness subsidy or financial assis	tance from January	
☑ Yes (Com	plete the remainder of the form.)	No (<u>Stop here</u> , go to sect	ion 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 <u>Industrial Bhillow u K Rapid's MN 56379</u> Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
Yes (Indicate name and address of parent corporation below. No Crystal Cubinets InC Name of parent corporation	If more than one, indicate ultimate owner.) 1100 (14514 Drive Prince to MN 55371 Street address City State ZIP code

Description of The Legender Constraints Day also man

17. Industry of recipient's facility (Mark one	.):			
Manufacturing ☐ Retail Trade	□ Services □ Wholesale Trade	☐ Finance, Insurar ☐ Construction	nce, Real Estate □ Other (please specify	.)
18. Did the recipient relocate as a result of si	gning this agreemen	t? (Mark one.)		
¥Yes (Indicate city and state of previous add ⊐ No (Go to Question 19.)	tress and reason rec	ripient did not complete ti	his project at that addres	s.)
Princeton MN: Lack City/State of previous address Reason proj	OF labor Fo	previous address	existing B	ldg.
19. Would the recipient have remained in pro financial assistance? (Mark one.)	evious location or re	located elsewhere if not a	awarded this business sub	osidy or
Remained at previous location	Relocated to differe	nt Minnesota location	C Relocated outside M	innesota
Section 3 General Information Abo	ut the Agreeme	nt		
20. Total dollar value of business subsidy of assistance (Please separate value by type and 25.) 4000	r financial	21. Date agreement sig	ned (In addition to the a dates the agreement was	
22. Benefit date (Indicate the date the recipi indicate the date improvements were find whichever is earlier.) May 8,5	ished, equipment wa	the business subsidy or , s placed into service, or ,	financial assistance. For the recipient occupied the	example, e property,
23. Does the agreement provide a business s be reported? (Mark one.)	ubsidy or one of the business subsidy	four types of financial as	ssistance (see Question 2	5) required to
24. If the agreement provided a business sub indicate the type(s) and total dollar value			as one of the four types o indicate the type(s).	f financial
🗅 not applicable, agreement provided financ	ial assistance	A not applicable, agree	ement provided a busines	s subsidy
⊠loan (only principal)	s <u>482,000</u>	assistance for proper	rty polluted	S
grant (i.e., forgivable loan)	S	by contaminants		r
□ tax abatement □ TIF or other tax reduction or deferral	s s	stock or bringing it		\$
□ guarantee of payment	s	assistance provided		
☐ contribution of property or infrastructure	s	historic preservation		
D preferential use of governmental facilities	S	50% or less of total		
□ land contribution	S	assistance for pollut	ion control or	s
□ other (Specify subsidy type.)	\$	abatement	soils condition district	S
26. If the assistance included tax increment indicate the type of TIF district? (Mark			ntors providing a busines to the same project? (1	•
I not applicable, assistance was not in the f	orm of TIF		rantor and the value of t ttach an additional sheet	
🗅 redevelopment				,
renewal and renovation		M No		
□ soils condition				
conomic development		Grantor(s) and value of	of the agreement(s):	
mined underground space				
hazardous substance subdistrict			1/_1. /0)	
		Grantor	Value (\$)	
		Grantor	Value (S)	

of the following public p	quires that busi purposes were s	iness subsidy and fin tated in the agreemer	ancial assistance agreemen nt? (Mark all that apply.)	ts state a public pu	irpose. Which
 Enhancing economic diver Creating high-quality job Job retention Stabilizing the community 	growth		☐ Increasing tax base (ca ☐ Other (please specify))		
29. Indicate whether the agr at the time of this report				recipient had attai	ned those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals	;	established? dates Mas Yes ⊐ No	get attainment (month & vear) 12002 48024101	All goals attained? Yes 2No Yes No Yes No Yes No
Please attach descriptions of attainment if not documented					
	age hourly value	e of any employer-pr	creation and/or retention go ovided health insurance go to separate goals by full- o	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00				<u> </u>	s
\$7.00 to \$8.99					s
\$9.00 to \$10.99	125				s
\$11.00 to \$12.99					s
\$13.00 to \$14.99			<u></u>		\$
\$15.00 and higher					s
full-time equivalents if	urly value of an	y employer-provided	nber of actual jobs created health insurance for those tion into full- and part-tim FTE (only if unable to separate FT/PT) Job Creation	jobs. <u>(Only</u> indic	
Hourly Wage (excluding benefits)	Creation		••••		
					\$
(excluding benefits)					s s
(excluding benefits) less than \$7.00			 		\$ \$ <u></u> 00
(excluding benefits) less than \$7.00 \$7.00 to \$8.99	 <u></u>		 		\$ <u></u> \$ <u></u> \$ <u></u> 00
(excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	 		 		\$ \$ <u></u> \$

2001 Minnesota Business Assistance Form

Page 2 of 4

Street address of recipient 36. Reason(s) for default (Mark all that apply.): Trecipient ceased operation	t the value of subsidy or fin ee Questions 24 and 25.) hieve any goals or fulfill an quired to be fulfilled by the) No (Stop here and failing to fulfill goals or any	Value of subsidy or assistance ny other obligations under an time of this report? (Mark one.) submit form to DTED .) y other terms of an agreement that ry.)
Name of recipient Type of subsidy or assistance (S 34. Did your organization have any recipients who failed to ad agreement signed on or after January 1, 2000, that were re □ Yes (Complete the remainder of this section 35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach 35. Information on recipient and agreement: Name of recipient in default 36. Reason(s) for default (Mark all that apply.): □ recipient ceased operation	hieve any goals or fulfill an quired to be fulfilled by the) A No (Stop here and failing to fulfill goals or any additional pages if necessar	hy other obligations under an time of this report? (Mark one.) submit form to DTED .) y other terms of an agreement that ry.) ne Initial value of subsidy or assistance Outstanding value of
 Did your organization have any recipients who failed to ad agreement signed on or after January 1, 2000, that were re Yes (Complete the remainder of this section 35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach 35. Information on recipient and agreement: Name of recipient in default Street address of recipient G. Reason(s) for default (Mark all that apply.): recipient ceased operation 	hieve any goals or fulfill an quired to be fulfilled by the) A No (Stop here and failing to fulfill goals or any additional pages if necessar	hy other obligations under an time of this report? (Mark one.) submit form to DTED .) y other terms of an agreement that ry.) ne Initial value of subsidy or assistance Outstanding value of
agreement signed on or after January 1, 2000, that were re Yes (Complete the remainder of this section 35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach 35. Information on recipient and agreement: Name of recipient in default Street address of recipient 36. Reason(s) for default (Mark all that apply.): recipient ceased operation	Auired to be fulfilled by the No (Stop here and failing to fulfill goals or any additional pages if necessar ype of subsidy or assistance	time of this report? (Mark one.) submit form to DTED .) y other terms of an agreement that ry.) e Initial value of subsidy or assistance Outstanding value of
 35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach 35. Information on recipient and agreement: Name of recipient in default Street address of recipient 36. Reason(s) for default (Mark all that apply.): Trecipient ceased operation 	failing to fulfill goals or any additional pages if necessar	y other terms of an agreement that ry.) e Initial value of subsidy or assistance Outstanding value of
were to be attained by the time of reporting. (Attach 35. Information on recipient and agreement: Name of recipient in default Street address of recipient 36. Reason(s) for default (Mark all that apply.):	additional pages if necessar	ry.) e Initial value of subsidy or assistance Outstanding value of
Name of recipient in default Street address of recipient 36. Reason(s) for default <i>(Mark all that apply.):</i>		subsidy or assistance Outstanding value of
Street address of recipient 36. Reason(s) for default <i>(Mark all that apply.):</i> Trecipient ceased operation		subsidy or assistance Outstanding value of
36. Reason(s) for default (Mark all that apply.):	ity/ZIP code of recipient	
Trecipient ceased operation		
] recipient relocated to a dif] other (Specify reason.)	fferent community
37. To date, has the recipient fulfilled its repayment obligatio	n? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistance.	No, recipient <u>has not b</u>	begun to repay the assistance.
38. Has the agreement been amended to extend the recipient'	deadline for fulfilling its o	obligations? (Mark one.)
QY	es 🗆 No	
39. Describe the steps being taken to bring recipient into com	pliance or recoup the subsic	dy:

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

Or fax to: (651) 215-3841



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

Section 1 Information About Grantor

1. Name of grantor (funding e		2. Name of person completing	this form		
3. Street address	ake-EDA	4. City	5. ZIP code	<u></u> a	
6. County Sherburne	7. Phone number 7. 7. 203-207	Big Lake 8. Fax number 763-263-0133	9. E-mail ad		e, m
10. Please indicate who in you SCML	ir organization should receive the	2002 MBAF if different from th	e person in Que	j j	
Name/Title	Phone number	Street address	City	ZIP code	
	Mark one. If grantor is entity lease indicate affiliation. For d check "City government.")	12. Has your organization hel adopted criteria for award compliance with Minn. St	ing business sut	osidies in	
City government County government Regional government State government Other (Please specify.)		Yes (Indicate hearing date No We held a public hearing bu criteria (Indicate date of in Other (Please attach explan	ut have not yet a nitial hearing	dopted	
through December 31, 200	ned any agreements to award a bu 00 that is required to be reported u plete the remainder of the form.)		§116J.994? (M	ark one.)	
Section 2 Information A					1
14. Name of business or organ receiving subsidy or finan ATABDY MANUF A-BOY, L.L.P.	nization cial assistance	 15. Address where business s will be used 20020 - 177th St, Big Street address City 		tial assistance 55 309 ZIP code	
16. Does the recipient have a	parent corporation? (Mark one.)	· · · · · · · · · · · · · · · · · · ·			1
☐ Yes (Indicate name and add ∭No	lress of parent corporation below	. If more than one, indicate ultin	mate owner.)		
					1

Name of parent corporation

Street address

State

ZIP code

City

Manufacturing Dervices CRETARING Wholesale Trade	 Finance, Insurance, Real Estate Construction O Other (please specify)
18. Did the recipient relocate as a result of signing this agreement	ent? (Mark one.)
Yes (Indicate city and state of previous address and reason r No (Go to Question 19.)	
Monficeilo, MN City/State of previous address Reason project not completed	a small incubator facility. No room to at previous address grow or expand in the bldg.
19. Would the recipient have remained in previous location or n financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
Remained at previous location Relocated to difference	rent Minnesota location
ection 3 General Information About the Agreem	ent .
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.)
\$47,055.00	Signed - 11/21/2000
	m the business subsidy or financial assistance. For example, vas placed into service, or the recipient occupied the property,
whichever is earlier.) Building will be r	ready by mid-April 2001
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)Subsidy business subsidy	ne four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	□ not applicable, agreement provided a business subsidy
loan (only principal) S	assistance for property polluted s
grant (i.e., forgivable loan) \$ tax abatement \$	by contaminants a assistance for renovating building \$
TIF or other tax reduction or deferral \$ <u>17,500.</u> guarantee of payment \$	stock or bringing it up to code, and assistance provided for designated
Contribution of property or infrastructure \$	historic preservation districts, when
□ preferential use of governmental facilities $\$_{\underline{39.555}}$	50% or less of total cost assistance for pollution control or \$
O other (Specify subsidy type.) \$	abatement assistance for a TIF soils condition district \$
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
□ not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
	XNO
 redevelopment renewal and renovation soils condition 	
 renewal and renovation soils condition economic development 	Grantor(s) and value of the agreement(s):
 renewal and renovation soils condition economic development mined underground space 	
renewal and renovation soils condition	Grantor(s) and value of the agreement(s): Grantor Value (\$)

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) <u>|</u> | <u>|</u>

Section 4 Goals and Public Purpose Identified in the Agreement

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I.

28. Minn. Stat. §116J.994 re of the following public p			ancial assistance agreemen nt? (Mark all that apply.)	ts state a public pu	rpose. Which
Enhancing economic dive Creating high-quality job Job retention Stabilizing the community	growth		 Increasing tax base (ca Other (please specify)_ 		ose)
29. Indicate whether the agr at the time of this report				recipient had attai	ned those goals
 A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wage 	retention goals	ls	established? dates	get attainment (month & year) (All goals attained? Yes No Yes No Yes No Yes No
(Please attach descriptions of attainment if not documented					
30. For each of the followin agreement and the avera job creation goals in ful	ige hourly value	e of any employer-pro	reation and/or retention go ovided health insurance go to separate goals by full- a	als for those jobs.	(<u>Only</u> indicate tions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal				- <u></u>	s
less than \$7.00					s
\$7.00 to \$8.99	<u> </u>				s
\$9.00 to \$10.99	10_				s0
\$11.00 to \$12.99	<u> </u>				s
\$13.00 to \$14.99					s
\$15.00 and higher			<u> </u>		s2
	urly value of an	y employer-provided	hear of actual jobs created health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT) Job Creation	jobs. (<u>Only</u> indic	
less than \$7.00					\$
\$7.00 to \$8.99		<u> </u>			s
\$9.00 to \$10.99	<u> </u>		·.		s
\$11.00 to \$12.99					٢
\$13.00 to \$14.99					s
\$15.00 and higher					s
32. Has the recipient achie (Mark one.)	eved <u>all goals</u> (s		and 31) and fulfilled <u>all ob</u> No	ligations stipulated	d in the agreement?

.

Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you completed		
 During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §1 	per 31, 2000, did your organization ha 16J.994? <i>(Mark one.)</i>	ve any recipients who failed to
Yes (Indicate the name of each recipient failing to represent to represent to represent to recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	cial assistance awarded to that
No		
Name of recipient Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that		
Yes (Complete the remainder of this :	section.) XNo (Stop here and sul	bmit form to DTED .)
35 39. Provide the following information for each red were to be attained by the time of reporting. (
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
 recipient ceased operation recipient was unable to fill vacant positions 	 recipient relocated to a differ other (Specify reason.) 	ent community
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	
• Yes • No, recipient <u>has begun</u> to repay the assista	ance. D No, recipient <u>has not begu</u>	in to repay the assistance.
38. Has the agreement been amended to extend the reci	pient's deadline for fulfilling its oblig	gations? (Mark one.)
	Q Yes Q No	
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

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Department of Trade and Economic Development

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2001 Minnesota Business Assistance Form RECEIVED APR 0 2 2001

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

Т

Section 1 Information About Grantor

1. Name of grantor (funding en	ntity)	2. Name of person		nis form	
City of BIQLI	ake-EDA	JimTh	ares_		
3. Street address 160 Lake Str	eet North	4. City Big Lak	e	5. ZIP code 5530	9
6. County Sherburne	7. Phone number 763-263-2107	8. Fax number 763-2163 -	0133	9. E-mail add	biq-lake,
	r organization should receive the 2	2002 MBAF if differ	ent from the p	5	J 1
Name/Title	Phone number	Street addr	ess	City	ZIP code
	Mark one. If grantor is entity lease indicate affiliation. For l check "City government.")	12. Has your organ adopted criteri compliance wi	a for awarding	g business subs	sidies in
City government County government Regional government State government Other (Please specify.)		Yes (Indicate he No We held a public criteria (Indicat Other (Please at	c hearing but i te date of initi	have not yet ad al hearing	
through December 31, 200	ned any agreements to award a bus 00 that is required to be reported up 10 the remainder of the form.)		6J.993 and §1	16J.994? (Ma	
ection 2 Information A	bout Recipient				
 Name of business or organization receiving subsidy or financial assistance 		15. Address where business subsidy or financial assistance will be used			
Big Lake Commerc	e Centers, L.L.P.	<u>19910 Indu</u> Street address	istrial Dr. City	, BigLak State	<u>P. NW 55309</u> ZIP code
16. Does the recipient have a	parent corporation? (Mark one.)				
□ Yes (Indicate name and ada X No	lress of parent corporation below.	If more than one, ir	ndicate ultima	te owner.)	
Name of parent corporation		Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	2746/19/9
 Manufacturing Services Retail Trade Wholesale Trade 	A Finance, Insurance, Real Estate
18. Did the recipient relocate as a result of signing this agreement	ent? (Mark one.)
Yes (Indicate city and state of previous address and reason r No (Go to Question 19.)	ecipient did not complete this project at that address.)
City/State of previous address Reason project not completed	at previous address
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
Remained at previous location Relocated to diffe	rent Minnesota location
ection 3 General Information About the Agreem	ent 🦡
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) 11	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
and 25.) \$ 66,185.00	Signed - 9/12/2000
whichever is earlier)	as placed into service, or the recipient occupied the property,
· · · · · · · · · · · · · · · · · · ·	til Mid-Cipril 2001
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.) business subsidy	e four types of financial assistance (see Question 25) required to financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	□ not applicable, agreement provided a business subsidy
□ loan (only principal) \$ □ grant (i.e., forgivable loan) \$	□ assistance for property polluted \$ by contaminants
TIF or other tax reduction or deferral \$ 13,500**	□ assistance for renovating building \$ stock or bringing it up to code, and
guarantee of payment \$ contribution of property or infrastructure \$	assistance provided for designated historic preservation districts, when
$ \Box \text{ preferential use of governmental facilities} \qquad \$ \underline{53, 485} $	S0% or less of total cost □ assistance for pollution control or \$
other (Specify subsidy type.) \$	abatement assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please 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.)
\Box not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
□ redevelopment □ renewal and renovation	Mo No
 soils condition Seconomic development mined underground space 	Grantor(s) and value of the agreement(s):
hazardous substance subdistrict	Grantor Value (\$)

Section 4 Goals and Public Purpose Identified in the Agreement

•

				 Increasing tax base (cannot be only purpose) Other (please specify) 		
29. Indicate whether the a at the time of this repo	greement include ort. <i>(Fill in the b</i>	ed the following types oxes and attainment of	s of goals, and whether the date(s) for each goal.)	recipient had attai	ned those goals	
 A) Specific wage and job g B) Other job-creation and/ C) Other wage goals D) Other goals other than w C) Please attach descriptions 	or retention goal wage and job goa	s	established? dates	get attainment (month & year) V. 2002	All goals attained? Yes No Yes No Yes No Yes No	
nttainment if not document						
agreement and the ave	rage hourly valu	e of any employer-pr	creation and/or retention go ovided health insurance go to separate goals by full- o	als for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00					s	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99	_14_				s	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99					s	
\$15.00 and higher					s	
date and the actual he	ourly value of ar if you are unable	iy employer-provided to,separate job crea	nber of actual jobs created health insurance for those tion into full-and part-time MIC - HPNI 22C FTE (only if unable to separate FT/PT) Job Creation	jobs. (<u>Only</u> indici positions.)		
less than \$7.00					s	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99			······································		\$	
\$11.00 to \$12.99					\$	
	<u> </u>				5	
\$13.00 to \$14.99					s	
\$13.00 to \$14.99 \$15.00 and higher						

it on another 2001 MBAF subm	nitted to DTED.)
ber 31, 2000, did your organization ha 16J.994? <i>(Mark one.)</i>	ve any recipients who failed to
eport and the value of subsidy or finand	cial assistance awarded to that
tance (See Questions 24 and 25.)	Value of subsidy or assistance
led to achieve any goals or fulfill any c were required to be fulfilled by the tim	
section.) No (Stop here and sub	bmit form to DTED .)
ecipient failing to fulfill goals or any ot (Attach additional pages if necessary.)	
Type of subsidy or assistance	Initial value of subsidy or assistance
City/ZIP code of recipient	Outstanding value of subsidy or assistance
 recipient relocated to a difference other (Specify reason.) 	ent community
bligation? (Mark one.)	
tance.	in to repay the assistance.
cipient's deadline for fulfilling its oblig	gations? (Mark one.)
QYes QNo	
nto compliance or recoup the subsidy:	
	ber 31, 2000, did your organization ha 16J.994? (Mark one.) port and the value of subsidy or finan- tance (See Questions 24 and 25.) led to achieve any goals or fulfill any of were required to be fulfilled by the tim section.) No (Stop here and sub- cipient failing to fulfill goals or any of (Attach additional pages if necessary.) Type of subsidy or assistance City/ZIP code of recipient City/ZIP code of recipient other (Specify reason.) poligation? (Mark one.) ance. O No, recipient has not begue cipient's deadline for fulfilling its oblig O Yes O No

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

Or fax to: (651) 215-3841

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

1. Name of grantor (funding entity) 2. Name of person completing this form Bluine Area DIV irt Larson 4. City 3. Street address 5. ZIP code 9150 (entral? Rlaine 7. Phone number 8. Fax number 6. County 9. E-mail address Mor il Claismoren blume 7637172631 763-755614 Thoka 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. 7637556117 Same_ ASON Phone number City Name/Title Street address ZIP code 11. Classification of grantor (Mark one. If grantor is entity 12. Has your organization held a public hearing on and created by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) Ses (Indicate hearing date - <u>4 - 14 - 6</u> hind attach criteria) City government County government No 🗆 U We held a public hearing but have not yet adopted C Regional government criteria (Indicate date of initial hearing - ____ □ State government Ther (Please attach explanation.) 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.) (Stop here, go to section 5 on page 4.) Yes (Complete the remainder of the form.) Section 2 Information About Recipient 14. Name of business or organization 15. Address where business subsidy or financial assistance receiving subsidy or financial assistance will be used Forman Properties ZIP code Street address City State 16. Does the recipient have a parent corporation? (Mark one.) C Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) `9,4∿0 Name of parent corporation Street address ZIP code City State

Section 1 Information About Grantor

17. Industry of recipient's facility (Mark on	e.):			
Amanufacturing	 Services Wholesale Trade 	 Finance, Insurance, Construction 	, Real Estate 1 Other <i>(please specif</i>	ŷ./
18. Did the recipient relocate as a result of s	igning this agreemer	it? (Mark one.)		
□ Yes (Indicate city and state of previous aa No (Go to Question 19.)	ldress and reason rea	cipient did not complete this	project at that addre.	ss.)
City/State of previous address Reason pro	ject not completed at	previous address		
19. Would the recipient have remained in pr financial assistance? (Mark one.)	evious location or re	located elsewhere if not awa	rded this business su	bsidy or
Remained at previous location	Relocated to differe	nt Minnesota location	Relocated outside M	innesota
Section 3 General Information Abo	out the Agreeme	nt		· · · · · · · · · · · · · · · · · · ·
20. Total dollar value of business subsidy o assistance (<i>Please separate value by typand 25.</i>)		21. Date agreement signed <i>date, indicate any date</i>		•
\$100,000		6-14-	2000	
22. Benefit date (Indicate the date the recipion indicate the date improvements were find whichever is earlier.)				•
23. Does the agreement provide a business s be reported? (Mark one.)	. /	four types of financial assist	ance (see Question 2	5) required to
	24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.			of financial
not applicable, agreement provided financ	ial assistance	not applicable, agreemer	nt provided a busines	s subsidy
 Ioan (only principal) grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment 	\$ <u></u> \$ \$	 assistance for property p by contaminants assistance for renovating stock or bringing it up to assistance provided for c 	g building 5 code, and	\$ \$
 contribution of property or infrastructure preferential use of governmental facilities 	\$ \$ \$	historic preservation dis 50% or less of total cost	stricts, when	C
 land contribution other (Specify subsidy type.) 	\$\$	 assistance for pollution of abatement assistance for a TIF soils 		\$ \$
26. If the assistance included tax increment indicate the type of TIF district? (Mark of the type)		27. Are any other grantors financial assistance to		
A not applicable, assistance was not in the fo	orm of TIF	Yes (Specify each grant assistance below; attach		
 redevelopment renewal and renovation soils condition 		2 No		
 conomic development mined underground space 		Grantor(s) and value of the	- /	
□ hazardous substance subdistrict		Grantor	<u> </u>	<i></i>
		Grantor	Value (\$)	

)

Section 4 Goals and Public Purpose Identified in the Agreement

ł

 Enhancing economic diversity Creating high-quality job growth Fob retention Stabilizing the community 		 Increasing tax base (cannot be only purpose) Other (please specify) 			
29. Indicate whether the age at the time of this report			s of goals, and whether the date(s) for each goal.)		_
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa Please attach descriptions of attainment if not documente	r retention goals age and job goa of goals and pro	s Is ogress toward	established? datęs	get attainment (month & year) <u>1112 202</u>	All goals attained? 410 PYes ANO Yes No Yes No Yes No
0. For each of the followir agreement and the avera	ng wage categoriage hourly value	ies, indicate the job of any employer-pr	creation and/or retention go	als for those jobs.	
Job creation goals in Ju Hourly Wage (excluding benefits)	Full-time equivale Full-time Job Creation	nis ij you are unable Part-time/ Seasonal/Temp. Job Creation	to separate goals by full- a FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	na part-time posit	Hourly Value of Health Insurance
no hourly wage-level goal	234	1. U phone		<u> </u>	s
less than \$7.00	V	ens/0/1000			s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					۶
\$11.00 to \$12.99	<u> </u>				s
\$13.00 to \$14.99					s
\$15.00 and higher					s
		ries, indicate the nur	nber of actual jobs created	and/or retained sin	
31. For each of the followi date and the actual how	urly value of any	y employer-provided	tion into full- and part-time FTE (<u>only</u> if unable to separate FT/PT) Job Creation		ate job creation in Hourly Value of Health Insurance
 For each of the following date and the actual hour full-time equivalents if Hourly Wage 	urly value of any <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	d health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	e positions.)	Hourly Value of
 For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) 	urly value of any <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	d health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	e positions.)	Hourly Value of Health Insurance
 For each of the following date and the actual hour full-time equivalents if the second second	urly value of any <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	d health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	e positions.)	Hourly Value of Health Insurance
 For each of the following date and the actual hour full-time equivalents if the second second	urly value of any <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	d health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	e positions.)	Hourly Value of Health Insurance
 For each of the following date and the actual hour full-time equivalents if the second seco	urly value of any <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	d health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	e positions.)	Hourly Value of Health Insurance

2001 Minnesota Business Assistance Form

Do not complete this section if you complete 33. During the period January 1, 2000 through Decer		
report as required by Minn. Stat. §116J.993 and §		
Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary		ncial assistance awarded to tha
₽10		
Name of recipient Type of subsidy or assi	istance (See Questions 24 and 25.)	Value of subsidy or assistance
 Did your organization have any recipients who fa agreement signed on or after January 1, 2000, that 		
Yes (Complete the remainder of this)	is section.) WN0 (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each were to be attained by the time of reporting.		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of
	· · · · · · · · · · · · · · · · · · ·	subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
 recipient ceased operation recipient was unable to fill vacant positions 	 recipient relocated to a differ other (Specify reason.) 	rent community
37. To date, has the recipient fulfilled its repayment of	obligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assi	stance. D No, recipient has not begin	<u>in</u> to repay the assistance.
38. Has the agreement been amended to extend the re	ecipient's deadline for fulfilling its obli	gations? (Mark one.)
	🗅 Yes 🗆 No	
39. Describe the steps being taken to bring recipient	into compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota 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.

2. Name of person completing this form 1. Name of grantor (funding entity) Lorsn - 12)a.1.1x fur a 4. City 3 Street address 5. ZIP code SD 7. Phone number 8. Fax number County E-mail addi 763185 71,3 7102 10 Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. Phone number Street address Citv ZIP code Name/Title 11. Classification of grantor (Mark one. If grantor is entity 12. Has your organization held a public hearing on and created by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) Yes (Indicate hearing date - ¹/- 1/1 and attach criteria) City government 🗆 No County government We held a public hearing but have not yet adopted Regional government criteria (Indicate date of initial hearing -□ State government • Other (Please attach explanation.) 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.) Kives (Complete the remainder of the form.) □ No (Stop here, go to section 5 on page 4.)

Section 1 Information About Grantor

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where will be used	business subsid	y or financial	assistance	
Prieu-Motion, Iric.	$\frac{10062/6}{\text{Street address}}$	4 Flanc City	State	Bln ZIP code	357
16. Does the recipient have a parent corporation? (Mark one.)	A				
□ Yes (Indicate name and address of parent corporation below. ZNo	If more than one, inc	dicate ultimate o	owner.)		
Name of parent corporation	Street address	City	State	ZIP code	

 19. Would the recipient have remained in previous location of financial assistance? (Mark one.) □ Remained at previous location □ Rem	nent? (Mark one.) recipient did not complete this project at that address.) $D_{\text{Licht}} \int \underline{Aec} Specce + Stay Ed roo d at previous address \underline{Becce} + \underline{Stay Ed roo}d at previous address \underline{Becce} + \underline{Stay Ed roo}r relocated elsewhere if not awarded this business subsidy orFerent Minnesota location \Box Relocated outside Minnesotanent21. Date agreement signed (In addition to the agreement)$
(Indicate city and state of previous address and reason No (Go to Question 19.) State Lass City/State of previous address Lass Previous address Reason project not completed 19. Would the recipient have remained in previous location of financial assistance? (Mark one.) Remained at previous location Remained at previous location Relocated to diff ection 3 General Information About the Agreer 20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	recipient did not complete this project at that address.) Diversifient did not complete this project at that address.) Diversifient Space + Stayed (in address) r relocated elsewhere if not awarded this business subsidy or Ferent Minnesota location Relocated outside Minnesota ment 21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
 No (Go to Question 19.) City/State of previous address Would the recipient have remained in previous location of financial assistance? (Mark one.) Remained at previous location Remained at previous location Renained at previous location Renained at previous location Control dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) 	Dividuated new Space + Stayed in dat previous address r relocated elsewhere if not awarded this business subsidy or Ferent Minnesota location Relocated outside Minnesota ment 21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
 19. Would the recipient have remained in previous location of financial assistance? (Mark one.) □ Remained at previous location □ Rem	 r relocated elsewhere if not awarded this business subsidy or Ferent Minnesota location Relocated outside Minnesota nent 21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
 19. Would the recipient have remained in previous location of financial assistance? (Mark one.) Remained at previous location Relocated to diffection 3 General Information About the Agreer 20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) 	 r relocated elsewhere if not awarded this business subsidy or Ferent Minnesota location Relocated outside Minnesota nent 21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
ection 3 General Information About the Agreen 20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	nent 21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
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.)
assistance (Please separate value by type in Questions 24 and 25.)	date, indicate any dates the agreement was amended.)
	7-26-2000
84,197	
	om the business subsidy or financial assistance. For example, was placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)	the four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy
Noan (only principal) \$ <u>\$4,419,71</u> □ grant (i.e., forgivable loan) \$	assistance for property polluted \$
tax abatement \$	□ assistance for renovating building \$
TIF or other tax reduction or deferral \$ guarantee of payment \$	stock or bringing it up to code, and assistance provided for designated
□ contribution of property or infrastructure \$	historic preservation districts, when
 preferential use of governmental facilities land contribution \$ 	50% or less of total cost
□ other (Specify subsidy type.) \$	abatement absistance 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.)
a not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
 redevelopment renewal and renovation 	
soils condition	Grantor(e) and value of the agreement(a).
 conomic development mined underground space hazardous substance subdistrict 	Grantor(s) and value of the agreement(s): $\frac{4400}{\text{Grantor}} = \frac{152,542}{\text{Value}(\$)}$
	Grantor Value (\$)

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Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 r of the following public			ancial assistance agreemennt? (Mark all that apply.)	ts state a public pu	irpose. Which	
 Enhancing economic diversity Characterize in the community Increasing tax base (cannot be only purpose) Other (please specify) Other (please specify) 						
29. Indicate whether the agr at the time of this report				recipient had attai	ned those goals	
 A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than way (Please attach descriptions of attainment if not documented) 	retention goals age and job goa of goals and pro	ls ogress toward	established? dates	get attainment (month & year) 20192	All goals attained? Yes Yoo Yes No Yes No Yes No	
agreement and the avera	30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)					
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal	3				s	
less than \$7.00					S	
\$7.00 to \$8.99					\$	
\$9.00 to \$10.99			<u> </u>		s	
\$11.00 to \$12.99	·				s	
\$13.00 to \$14.99					\$	
\$15.00 and higher					s	
full-time equivalents if Hourly Wage	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job crea. Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (Only indica	ate job creation in Hourly Value of	
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance	
less than \$7.00					s	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99					s	
\$11.00 to \$12.99		<u> </u>			s	
\$13.00 to \$14.99					s	
\$15.00 and higher					<u>s</u>	
32. Has the recipient achie (Mark one.)	eved <u>all goals</u> (s		and 31) and fulfilled <u>all ob</u> No	ligations stipulated	I in the agreement?	

2001 Minnesota Business Assistance Form

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

	uary 1, 2000 through Decen Minn. Stat. §116J.993 and §	nber 31, 2000, did your organization 116J.994? <i>(Mark one.)</i>	have any recipients who failed to
	of each recipient failing to r dditional pages if necessary.	report and the value of subsidy or find)	ancial assistance awarded to that
And			
Name of recipient	Type of subsidy or assis	stance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization agreement signed onD Yes (Compared to the second s	n have any recipients who fa or after January 1, 2000, tha omplete the remainder of this	iled to achieve any goals or fulfill any t were required to be fulfilled by the t L. A. H. G 24 s section.)	y other obligations under an time of this report? (<i>Mark one.</i>) IOI submit form to DTED .)
		ecipient failing to fulfill goals or any (Attach additional pages if necessar)	
35. Information on recipi	ent and agreement:		
Name of recipient in defa	ult	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipien	t	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default	(Mark all that apply.):		
 recipient ceased operat recipient was unable to 		 recipient relocated to a diff other (Specify reason.) 	-
37. To date, has the recip	pient fulfilled its repayment o	obligation? (Mark one.)	
🗅 Yes 🗆 No, recipient	t <u>has begun</u> to repay the assis	stance. INO, recipient has not be	gun to repay the assistance.
38. Has the agreement be	een amended to extend the re	cipient's deadline for fulfilling its ob	ligations? (Mark one.)
		🗆 Yes 🗆 No	•
39. Describe the steps be	ing taken to bring recipient i	nto compliance or recoup the subsidy	/:

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

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00-0983

- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor (E.F.H 5/31/01)

1. Name of grantor (fund	ling entity) City of Blue Earth	2. Name of person completing	this form		
	elopment Authority	David Mark Urbia			
3. Street address		4. City	5. ZIP code		
125 West Sixt	th Street	Blue Earth	56013		
6. County	7. Phone number	8. Fax number	9. E-mail address		
Faribault	(507) 526-7336	(507) 526-7352	becity@pevcom.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		
created by gov't ager	ntor (Mark one. If grantor is entity ncy, please indicate affiliation. For would check "City government.")	 12. Has your organization held adopted criteria for awardii compliance with Minn. Sta Yes (Indicate hearing date - No We held a public hearing bui criteria (Indicate date of inti Other (Please attach expland) 	ng business subsidies in ht. §116J.994? (Mark one.) 12/30/99and <u>attach criteria</u>) t have not yet adopted itial hearing)		
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.)					
a Yes	(Complete the remainder of the form.)	DNo (Stop here, go to sectio	n 5 on page 4.)		
Section 2 Information	on About Recipient				
 Name of business or receiving subsidy or 	•	 Address where business su will be used 	bsidy or financial assistance		

 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.)

 ☑ No

 Name of parent corporation

 Street address
 City

 State

2001 Minnesota Business Assistance Form

Nuvex Ingredients, Inc.

Street address

State

ZIP code

1640 W 1st St. Blue Earth MN 56013

City

} {

17. Industry of recipier	t's facility (Mark one	s.):				
	Manufacturing Retail Trade	 Services Wholesale Trad 	Finance, Insurance, Real Estate Construction Other (please specify)			
18. Did the recipient re	ocate as a result of signing this agreement? (Mark one.)					
□ Yes (Indicate city an ऄॣ No (Go to Question .		state of previous address and reason recipient did not complete this project at that address.)				
City/State of previous a	ddress Reason proj	ect not completed a	at previous address			
19. Would the recipien financial assistance?		cvious location or re	elocated elsewhere if not awarded this business subsidy or			
Would hav	e not done revious location	an additic Relocated to different	on ent Minnesota location 🛛 Relocated outside Minnesota			
Section 3 General						
20. Total dollar value assistance (Please : and 25.)	of business subsidy or eparate value by type		21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)			
\$1,244,700			November 20, 2000			
indicate the date in whichever is earlie	provements were fini	shed, equipment wa	n the business subsidy or financial assistance. For example, as placed into service, or the recipient occupied the property, 01			
		ubsidy or one of the	c four types of financial assistance (see Question 25) required to			
be reported? (Mari		business subsidy	financial assistance			
24. If the agreement pro indicate the type(s)	vided a business subs and total dollar valu		25. If the assistance was one of the four types of financial assistance, please indicate the type(s).			
🗆 not applicable, agree	ment provided financi	al assistance	not applicable, agreement provided a business subsidy			
 Ioan (only principal) grant (i.e., forgivable tax abatement TIF or other tax redu guarantce of paymen contribution of proper preferential use of ge land contribution other (Specify subside) 	loan) ction or deferral t rty or infrastructure vernmental facilities	\$ <u>975,000</u> \$ \$ <u>263,434</u> \$	 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 in indicate the type of	luded tax increment t TIF district? (Mark c		27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)			
not applicable, assist	ance was not in the fo	rm of TIF	Yes (Specify each grantor and the value of their assistance below: attach an additional sheet if necessary.)			
 redevelopment renewal and renovation soils condition 	on		C No			
Ceconomic developm mined underground hazardous substance	space		Grantor(s) and value of the agreement(s): MNDTED MIFto City <u>loaned to Nuvex</u> <u>154,000</u> Grantor Value (\$)			
			Grantor Value (\$)			

Section 4 Goals and Public Purpose Identified in the Agreement

			ancial assistance agreemen nt? (Mark all that apply.)	its state a public p	urpose. Which
 Enhancing economic of Creating high-quality job retention Stabilizing the communication 	ob growth		M Increasing tax base (ca Other (please specify)		
			of goals, and whether the late(s) for each goal.)	recipient had attai	ned those goals
A) Specific wage and job B) Other job-creation and C) Other wage goals D) Other goals other than (Please attach description attainment if not docume	Vor retention goals wage and job goa ns of goals and pre	s Is ogress toward	established? dates QYes QNo QYes QNo QYes QNo QYes QNo Yes QNo *upor	get attainment (month & year) <u>see below</u> n completion ject not com	□Yes □No □Yes □No n
agreement and the av	erage hourly value	e of any employer-pro	reation and/or retention go ovided health insurance go to separate goals by full- a	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goa				,	S
less than \$7.00					\$
\$7.00 to \$8.99		·			S
\$9.00 to \$10.99			_20	avar is , ignige	2
\$11.00 to \$12.99				M ¹	\$ <u>, ,</u>
\$13.00 to \$14.99			·		\$
\$15.00 and higher					S
date and the actual	hourly value of any	y employer-provided	ber of actual jobs created health insurance for those ion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (Only indic	
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance
less than \$7.00		<u> </u>			s
\$7.00 to \$8.99		·		<u> </u>	s
\$9.00 to \$10.99				<u></u>	s
\$11.00 to \$12.99				······	S
\$13.00 to \$14.99					5
\$15.00 and higher					\$
32. Has the recipient ac (Mark one.)	hieved <u>all goals</u> (s		nd 31) and fulfilled <u>all ob</u> X No	lígations stipulated	d in the agreement?
2001 Minnesola Business	Assistance Form	Page	3 of 4 Depar	tment of Trade and I	Economic Development

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

		ive any recipients who failed to
e of each recipient failing to report o additional pages if necessary.)	and the value of subsidy or finan	icial assistance awarded to that
Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
Complete the remainder of this section	on.) 🛛 🖄 No (Stop here and su	bmit form to DTED .)
pient and agreement:	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
ault 1	Type of subsidy or assistance	Initial value of subsidy or assistance
nt ·	City/ZIP code of recipient	Outstanding value of subsidy or assistance
it (Mark all that apply.):		
ation to fill vacant positions	□ recipient relocated to a differ □ other (Specify reason.)	-
ipient fulfilled its repayment obligat	ion? (Mark one.)	
nt has begun to repay the assistance.	No, recipient <u>has not begin</u>	un to repay the assistance.
een amended to extend the recipien	t's deadline for fulfilling its obli	gations? (Mark one.)
	Yes 🗆 No	
eing taken to bring recipient into co		
	v Minn. Stat. §116J.993 and §116J.9 e of each recipient failing to report additional pages if necessary.) Type of subsidy or assistance on have any recipients who failed to a or after January 1, 2000, that were Complete the remainder of this section lowing information for each recipierined by the time of reporting. (Attack on the time of reporting. (Attack on the time of reporting.) ault ault it (Mark all that apply.): atton to fill vacant positions ipient fulfilled its repayment obligat at <u>has begun</u> to repay the assistance.	Type of subsidy or assistance (See Questions 24 and 25.) on have any recipients who failed to achieve any goals or fulfill any in or after January 1, 2000, that were required to be fulfilled by the time of after January 1, 2000, that were required to be fulfilled by the time Complete the remainder of this section.) Complete the remainder of this section.) No (Stop here and successful to fulfill goals or any or ined by the time of reporting. (Attach additional pages if necessary, point and agreement: ault Type of subsidy or assistance int City/ZIP code of recipient at (Mark all that apply.): Intercipient relocated to a difference of full vacant positions ipient fulfilled its repayment obligation? (Mark one.) Image: City/Clipication (Mark one.)

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development



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

Section 1 Information About Grantor

1. Name of grantor (funding en	tity) Kenridge	2. Name of person completing this form Traci M. Kyan - Consultant		
3. Street address 420 Nebra sk		4. city Breckenridge	5. ZIP code 56520	
6. County WIIKIN	1		9. E-mail address house I flood @ Ca Wilkin . mn. 45	
	r organization should receive the 2 <u>Dr.</u> <u>218-643-2733</u> Phone number		person in Question 2. <u>Brakenvidge</u> 5652 City ZIP code	
11. Classification of grantor (M created by gov't agency, pl example, a city EDA would	ease indicate affiliation. For	 Has your organization held adopted criteria for awardin compliance with Minn. Sta 	ng business subsidies in	
City government		Yes (Indicate hearing date -	11-15-49 and attach criteria)	
County government		D No		
Regional government		We held a public hearing but		
□ State government		criteria (Indicate date of initial hearing)		
Other (Please specify.)		Other (Please attach explana	1110n.j	
	ed any agreements to award a bus 0 that is required to be reported u			
Yes (Com	olete the remainder of the form.)	DNo (Stop here, go to section	n 5 on page 4.)	

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Minn-Kota Ag Products, Inc.	 Address where will be used 84 N 8^A Gf. Street address 		-	
16. Does the recipient have a parent corporation? (Mark one.)				
☐ Yes (Indicate name and address of parent corporation below. XNo	If more than one, in	dicate ultimat	e owner.)	
Name of parent corporation	Street address	City	State	ZIP code

	o ne .):		
Manufacturing Retail Trade	Services A9 Wholesale Trade	 Finance, Insurance, Real Estate Construction Other (please specify)_ 	
18. Did the recipient relocate as a result o	f signing this agreement?	(Mark one.)	
		ient did not complete this project at that address.)	
City/State of previous address Reason p	project not completed at pr	evious address	
19. Would the recipient have remained in financial assistance? (Mark one.)	previous location or reloc	ated elsewhere if not awarded this business subsid	iy or
C Remained at previous location	Relocated to different	Minnesota location Relocated outside Minn	esota
Section 3 General Information A	bout the Agreement		
20. Total dollar value of business subsidy		1. Date agreement signed (In addition to the agre	
assistance (Please separate value by t and 25.) \$ 78,641	type in Questions 24	date, indicate any dates the agreement was am	iended.)
XP 10,671		8/2/2000	
indicate the date improvements were which ever is earlier.) $8/2/$	finished, equipment was p 2000	e business subsidy or financial assistance. For ex laced into service, or the recipient occupied the pr	roperty,
be reported? (Mark one.)		ur types of financial assistance (see Question 25) i financial assistance	required
24. If the agreement provided a husiness	······		inancial
24. If the agreement provided a business s indicate the type(s) and total dollar v	subsidy, please 2	5. If the assistance was one of the four types of fi assistance, please indicate the type(s).	inancial
	subsidy, please 2 value for each type.	5. If the assistance was one of the four types of fi	
indicate the type(s) and total dollar v not applicable, agreement provided fina loan (only principal)	subsidy, please 2 value for each type. ancial assistance	 5. If the assistance was one of the four types of fi assistance, please indicate the type(s). (not applicable, agreement provided a business such assistance for property polluted 	
indicate the type(s) and total dollar v	subsidy, please 2 value for each type. 2 ancial assistance 2 S 5 0	 If the assistance was one of the four types of final assistance, please indicate the type(s). (not applicable, agreement provided a business summer applicable.) 	
indicate the type(s) and total dollar v not applicable, agreement provided fina loan (only principal) grant (i.e., forgivable loan) tax abatement X TIF or other tax reduction or deferral	subsidy, please 2 value for each type. ancial assistance 5 S C	 5. If the assistance was one of the four types of fi assistance, please indicate the type(s). (not applicable, agreement provided a business su c) assistance for property polluted c) assistance for renovating building c) assistance for renovating building c) stock or bringing it up to code, and 	
indicate the type(s) and total dollar v not applicable, agreement provided fina loan (only principal) grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment	subsidy, please value for each type. ancial assistance ss ss ss	 5. If the assistance was one of the four types of fi assistance, please indicate the type(s). (not applicable, agreement provided a business sulfication of the four type of the second statement provided a business sulfication of the second statement provided for the second statement provided statement provided for the second statement provided statement provide	
indicate the type(s) and total dollar v not applicable, agreement provided fina 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	subsidy, please value for each type. ancial assistance s s s s s s s s re s	 5. If the assistance was one of the four types of fi assistance, please indicate the type(s). (not applicable, agreement provided a business sulfication assistance for property polluted subscripts) 2) assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 	
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indicate the type(s) and total dollar v not applicable, agreement provided fina 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	subsidy, please value for each type. ancial assistance $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ re $S_{}$ ies $S_{}$ $S_{}$	 5. If the assistance was one of the four types of fi assistance, please indicate the type(s). (not applicable, agreement provided a business sulfication assistance for property polluted subscripts) 2) assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 	
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indicate the type(s) and total dollar v not applicable, agreement provided fina loan (only principal) grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructur preferential use of governmental facilities land contribution other (Specify subsidy type.) <u>Sales 7</u> Credit	subsidy, please value for each type. ancial assistance $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{$	 5. If the assistance was one of the four types of finassistance, please indicate the type(s). (not applicable, agreement provided a business such assistance for property polluted such 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 C. Are any other grantors providing a business such financial assistance to the same project? (Mar 2) Yes (Specify each grantor and the value of their 	ubsidy 5 5 5 5 5 105 107 107 107 107 107 107 107 107
 indicate the type(s) and total dollar v not applicable, agreement provided fina loan (only principal) grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities land contribution other (Specify subsidy type.) Sales 7 Cred i 	subsidy, please value for each type. ancial assistance $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{$	 5. If the assistance was one of the four types of finassistance, please indicate the type(s). (not applicable, agreement provided a business such assistance for property polluted such 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 2.7. Are any other grantors providing a business such financial assistance to the same project? (Mar 2) Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if marked assistance below; attach assistance below; attach an additional sheet if marked assistance below; attach an additional sheet if marked assistance below; attach an additional sheet if marked assistance below; attach assis	ubsidy
 indicate the type(s) and total dollar v indicate the type(s) and total dollar v not applicable, agreement provided fina loan (only principal) grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities land contribution other (Specify subsidy type.) <u>Sales 7</u> C red if 26. If the assistance included tax increme indicate the type of TIF district? (Mat not applicable, assistance was not in the redevelopment renewal and renovation 	subsidy, please value for each type. ancial assistance $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{}$ $S_{$	 5. If the assistance was one of the four types of finassistance, please indicate the type(s). (not applicable, agreement provided a business such assistance for property polluted such 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 C. Are any other grantors providing a business such financial assistance to the same project? (Mar 2) Yes (Specify each grantor and the value of their 	ubsidy 5 5 5 5 5 105 107 107 107 107 107 107 107 107
 indicate the type(s) and total dollar v indicate the type(s) and total dollar v not applicable, agreement provided fina loan (only principal) grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities land contribution other (Specify subsidy type.) <u>Sales 7</u> C red if 26. If the assistance included tax increme indicate the type of TIF district? (Mat not applicable, assistance was not in the redevelopment renewal and renovation soils condition 	subsidy, please value for each type. ancial assistance S	 5. If the assistance was one of the four types of finassistance, please indicate the type(s). (not applicable, agreement provided a business such assistance for property polluted such assistance for property polluted 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 such any other grantors providing a business such financial assistance to the same project? (Mar assistance below; attach an additional sheet if no (Bank's) 	ubsidy 5 5 5 5 5 105 107 107 107 107 107 107 107 107
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 indicate the type(s) and total dollar v indicate the type(s) and total dollar v not applicable, agreement provided fina loan (only principal) grant (i.e., forgivable loan) tax abatement X 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.) Sales 7 C red f 	subsidy, please value for each type. ancial assistance S	 5. If the assistance was one of the four types of finassistance, please indicate the type(s). (not applicable, agreement provided a business such assistance for property polluted such assistance for property polluted 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 such any other grantors providing a business such financial assistance to the same project? (Mar assistance below; attach an additional sheet if no (Bank's) 	ubsidy
 indicate the type(s) and total dollar v indicate the type(s) and total dollar v not applicable, agreement provided fina loan (only principal) grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities land contribution other (Specify subsidy type.) <u>Sales 7</u> C red f 	subsidy, please value for each type. ancial assistance S	 5. If the assistance was one of the four types of finassistance, please indicate the type(s). (not applicable, agreement provided a business such assistance for property polluted such assistance for property polluted 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 such any other grantors providing a business such financial assistance to the same project? (Mar assistance below; attach an additional sheet if no (Bank's) 	ubsidy

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Section 4 Goals and Pu	ublic Purpos	e Identified in t	he Agreement		
28. Minn. Stat. §116J.994 r	equires that bus	iness subsidy and fin		nts state a public pu	rpose. Which
 Enhancing economic dive Creating high-quality job Job retention Stabilizing the community 	growth		Other (please specify, Sound Comm/ Crcefing employed	retaining &	expanding development.
29. Indicate whether the aga at the time of this report			s of goals, and whether the		
 A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than w (Please attach descriptions of the second second	r retention goals	ls	established? date	rget attainment s (month & year) 8/2/02_	All goals attained? A Yes D No Yes D No Yes D No Yes D No
attainment if not documente	d in Questions	30 and 31.)			
agreement and the average	30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)				
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.99	2	0			s <u>NA</u>
\$11.00 to \$12.99	<u> </u>				\$
\$13.00 to \$14.99	- <u></u>				S
\$15.00 and higher	<u> </u>			·	s
	urly value of an	y employer-provided	nber of actual jobs created I health insurance for thos tion into fuil- and part-tin	e jobs. <u>(Only</u> indica	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					s
\$7.00 to \$8.99		<u></u>			s
\$9.00 to \$10.99	<u> </u>				s_144
\$11.00 to \$12.99					s

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

Yes 🗆 No

2001 Minnesota Business Assistance Form

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\$13.00 to \$14.99

\$15.00 and higher

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, *N*A

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Do not complete this section if you completed	it on another 2001 MBAF subr	nitted to DTED.)
33. During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §11	er 31, 2000, did your organization ha 6J.994? (Mark one.)	ve any recipients who failed to
Yes (Indicate the name of each recipient failing to represent recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	cial assistance awarded to that
No		
Name of recipient Type of subsidy or assista	ance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that v	vere required to be fulfilled by the tin	ne of this report? (Mark one.)
Yes (Complete the remainder of this s	ection.) XNo (Stop here and su	bmit form to DTED .)
 35 39. Provide the following information for each recovere to be attained by the time of reporting. (2) 35. Information on recipient and agreement: 		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
 recipient ceased operation recipient was unable to fill vacant positions 	 recipient relocated to a differ other (Specify reason.) 	rent community
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assista	nce. D No, recipient <u>has not begu</u>	an to repay the assistance.
38. Has the agreement been amended to extend the reci	pient's deadline for fulfilling its oblig	gations? (Mark one.)
	🗅 Yes 🛛 No	
39. Describe the steps being taken to bring recipient in	o compliance or recoup the subsidy:	<u>.</u>

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

Or fax to: (651) 215-3841

2001 Minnesota 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 <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

1. Name of grantor (funding agency) 2. Name of person completing this form **Brooklyn Park Economic Development Authority Theresa** Freund 5. Zip Code 3. Street address 4. City 5200 - 85th Avenue North **Brooklyn Park** 55443 6. County 7. Phone number 8. Fax number 9. E-mail address 763-493-8059 Hennepin 763-493-8171 Theresa@ci.brooklyn-park.mn.us 10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 3. Phone number Name/Title Street address ZIP code City 11. Classification of grantor (Mark one. If grantor is entity 12. Has your organization held a public hearing on and adopted created by government agency, please indicate affiliation. criteria for awarding business subsidies in compliance with For example, a city EDA would check "City Minn. Stat. § 116J994? (Mark one.) government.") ☑ Yes (11/4/99 & 3/1/01 criteria attached.) ☑ City government State government D No. □ County government Other □ We held a public hearing but have not yet adopted criteria Regional government □ 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.) Solution Yes (Complete the remainder of the form.) □ No (Stop here, go to section 5 on page 4.) Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or 15. Address where business subsidy or financial assistance will financial assistance be used. 7624 Boone Ave. N. Brooklyn Park, MN 55428-1002 **Brooklyn Boulevard Investors** Street address ZIP code City 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.) B No. Name of parent corporation Street address City State ZIP code

Section 1 Information About Grantor

	Industry of recipient's f	facility (Mark one.):			
	Manufacturing	□ Services □ Wholesale Trade		urance, Real Estate Ifacturing, Distribution, Office	
18.	Did the recipient reloca	te as a result of signing	this agreement?	(Mark one.)	
	□ Yes (Indicate city an □ No (Go to Question)		ess and reason re	cipient did not complete this project at that address.)	
	City / State of previous	address	Reason project	not completed at previous address	
19.	Would the recipient has assistance? (Mark one.	-	location or reloc	ated elsewhere if not awarded this business subsidy or financial	
	C Remained at previou	s location.	Relocated to c	ifferent Minnesota location	
lect	ion 3 General Inform	nation About the Ag	reement		
20.	Total dollar value of bu (Please separate value b			21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)	
	\$336,000			May 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.) Certificate of Occupancy, Certificate of Completion & Tax Increment Financing Note have not been issued yet.				
23.	reported? (Mark one.)	ovide a business subsidy	or one of the for	ar types of financial assistance (see Question 25) required to be	
24.	Business subsidy If the agreement provid the type(s) and total do	led a business subsidy, p llar value for each type.	blease indicate	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).	
	□ Not applicable agree				
	 Loan (only principal) Grant (i.e., forgivable Tax abatement TIF or other tax redu Guarantee of paymer Contribution of prop Preferential use of gc Land contribution Other (Specify subsidiation) 	e loan) action or deferral at erty or infrastructure overnmental facilities	\$336,000.00	 Not applicable, agreement provided a business subsidy. Assistance for the property polluted by contaminants Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost. Assistance for pollution control or abatement. Assistance for a TIF soils condition district. 	
26.	 Loan (only principal) Grant (i.e., forgivable Tax abatement TIF or other tax redu Guarantee of paymer Contribution of prop Preferential use of gc Land contribution Other (Specify subside If the assistance included indicate the type of TIF) e loan) nction or deferral nt erty or infrastructure overnmental facilities dy type.) ed tax increment financi district? (Mark one.)	\$336,000.00 s336,000.00 ng, please	 Assistance for the property polluted by contaminants Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost. Assistance for pollution control or abatement. Assistance for a TIF soils condition district. 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	
26.	 Loan (only principal) Grant (i.e., forgivable Tax abatement TIF or other tax redu Guarantee of paymer Contribution of prop Preferential use of gc Land contribution Other (Specify subside If the assistance included) e loan) nction or deferral tt erty or infrastructure overnmental facilities dy type.) ed tax increment financi district? (Mark one.) tance was not in the form ion	\$336,000.00 s336,000.00 ng, please	 Assistance for the property polluted by contaminants Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost. Assistance for pollution control or abatement. Assistance for a TIF soils condition district. 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)	
26.	 Loan (only principal) Grant (i.e., forgivable Tax abatement TIF or other tax redu Guarantee of paymer Contribution of prop Preferential use of gc Land contribution Other (Specify subside If the assistance include indicate the type of TIF Not applicable, assisted Renewal and renovat Soils condition Economic development Mined underground state) e loan) nction or deferral nt erty or infrastructure overnmental facilities dy type.) ed tax increment financi district? (Mark one.) tance was not in the form ion ent space	\$336,000.00 s336,000.00 ng, please	 Assistance for the property polluted by contaminants Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost. Assistance for pollution control or abatement. Assistance for a TIF soils condition district. 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.) 	
26.	 Loan (only principal) Grant (i.e., forgivable Tax abatement TIF or other tax redu Guarantee of paymer Contribution of prop Preferential use of gc Land contribution Other (Specify subside If the assistance include indicate the type of TIF Not applicable, assisted Renewal and renovat Soils condition Economic development) e loan) nction or deferral nt erty or infrastructure overnmental facilities dy type.) ed tax increment financi district? (Mark one.) tance was not in the form ion ent space	\$336,000.00 s336,000.00 ng, please	 Assistance for the property polluted by contaminants Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost. Assistance for pollution control or abatement. Assistance for a TIF soils condition district. 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.) 	
26.	 Loan (only principal) Grant (i.e., forgivable Tax abatement TIF or other tax redu Guarantee of paymer Contribution of prop Preferential use of gc Land contribution Other (Specify subside If the assistance include indicate the type of TIF Not applicable, assisted Renewal and renovat Soils condition Economic development Mined underground state) e loan) nction or deferral nt erty or infrastructure overnmental facilities dy type.) ed tax increment financi district? (Mark one.) tance was not in the form ion ent space	\$336,000.00 s336,000.00 ng, please	 Assistance for the property polluted by contaminants Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost. Assistance for pollution control or abatement. Assistance for a TIF soils condition district. 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.) 8 No Grantor(s) and value of the agreement(s):	

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Section 4 Goals and Public Purpose Identified in the Agreement

	 Job retention Stabilizing the communication 	diversity ty job growth unity		⊠ Other develo	- providing a opment of unp	(cannot be only purpo in impetus for comme productive and/or und ment District.	rcial & indu	
	Indicate whether the ag time of this report. (Fill					ne recipient had attaine	d those goals	s at the
					oals	Target attainment		goals
					lished?	dates (month &		ined?
	Specific wage & job go			🛛 Yes	□ No	year)	□ Yes	□ No
	Other job creation and/	or retention goa	lls	□ Yes		*	□ Yes	
C) D)	Other wage goals Other goals other than y	wage and job g	oals	□ Yes □ Yes	□ No □ No		□ Yes □ Yes	□ No □ No
	(Please attach descriptio attainment if not docum	ons of goals and	progress toward				0 105	
	rtificate of Occupancy Increment Financing N							
	east 56 employees must Hourly Wage excluding benefits)	Full time Job	Part time/ Seasonal/Temp.	FTE (<u>or</u> not stated	nly if goals d as FT/PT)	Job Retention	Hourly	Value of Insurance
		Creation	Job Creation	Job C	Creation			
	ourly wage level goal				<u> </u>		<u>\$</u>	
	than \$7.00						<u>\$</u>	
	0 to \$8.99	56_					<u>\$</u>	
	0 to \$10.99 00 to \$12.99	<u> </u>				<u> </u>	<u>د</u> ۲	
	00 to \$14.99						<u>₹</u>	
	00 and higher			_			<u>\$</u>	
	For each of the followin actual hourly value of a you are unable to separ	ny employer pr	ovided health insurar	nce for thos	e jobs. (Only			
Note	e: See Question 30 abov	ve.						
	rly Wage luding benefits)	Full time Job Creation	Part time/ Seasonal/Temp. Job Creation	to separ	ly if unable rate FT/PT Creation	Job Retention	Hourly V Health Ins	
							\$	
exc	than \$7.00			_			\$	
exc ess	than \$7.00 0 to \$8.99						s.	
exc ess 57.0				_			<u>.</u>	
exc ess 57.0 59.0	0 to \$8.99						<u>\$</u>	
exc ess 57.0 59.0 511. 513.	0 to \$8.99 0 to \$10.99						\$\$\$\$\$\$\$\$\$	

Do not complete this section if you comp	leted it on another 2000 MBAF submitted t	to DTED.)
33. During the period January 1 through by Minn. Stat. §116J.993 and §116.	December 31, 2000, did your organization .994? (Mark one.)	n have any recipients who failed to report as required
 Yes. (Indicate the name of each recipient. Attach additional pag 		subsidy or financial assistance awarded to that
No		
Name of recipient Type	of subsidy or assistance (See Questions 24	Value of subsidy or assistance
	pients who failed to achieve any goals or function has been been achieved to be fulfilled by the time	ulfill any other obligations under an agreement e of this report? (Mark one.)
□ Yes (Complete the remainder of t	his section.) ⊠ No. (Stop her	e and submit form to DTED.)
	on for each recipient failing to fulfill goals (. (Attach additional pages if necessary.)	or any other terms of an agreement that were to be
35. Information on recipient and agreen	nent:	
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
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 	□ recipient relocated to positions □ other (Specify reason	
37. To date, has the recipient fulfilled it	s repayment obligation? (Mark one.)	
□ Yes. □ No, recipient <u>has begun</u> to repay	he assistance. DNo, recipient has not	begun to repay the assistance.
38. Has the agreement been amended to	extend the recipient's deadline for fulfillin	ng its obligations? (Mark one.)
□ Yes	D No	\sim
39. Describe the steps being taken to br	ing 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 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

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## RECEIVED LOR 0 2711

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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.

#### 1. Name of grantor (funding agency) 2. Name of person completing this form **Brooklyn Park Economic Development Authority Theresa Freund** 3. Street address 4. City 5. Zip Code 5200 - 85th Avenue North **Brooklyn Park** 55443 6. County 8. Fax number 9. E-mail address 7. Phone number 763-493-8171 Hennepin 612-493-8059 Theresa@ci.brooklyn-park.mn.us 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 12. Has your organization held a public hearing on and adopted created by government agency, please indicate affiliation. criteria for awarding business subsidies in compliance with For example, a city EDA would check "City Minn. Stat. § 116J994? (Mark one.) government.") ☑ Yes (11/4/99 & 3/1/01 criteria attached.) City government State government $\square$ No □ We held a public hearing but have not yet adopted criteria □ County government Other □ Regional government (Indicate date of initial hearing-) □ Other. (Please attach explanation.) 13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through

#### Section 1 Information About Grantor

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.)

□ No (Stop here, go to section 5 on page 4.)

### Section 2 Information About Recipient

Name of business or organization receiving subsidy or financial assistance Duke Realty Investments, Inc. Crossroads North Business Center 4	<ol> <li>Address when be used.</li> <li>9201 West Broad Street address</li> </ol>	re business subsidy or financia Iway Brooklyn Park City	al assistance will 55445 ZIP code
Does the recipient have a parent corporation? (Mark one.)      Yes (Indicate name and address of parent corporation below.	If more than one, i	ndicate ultimate owner.)	
 No.	Street address	City State	7IP code

0	Manufacturing Retail Trade	□ Services □ Wholesale Trade		ce, Insurance. Real Estate Construction : Manufacturing, Office & Warehouse		
18.	Did the recipient relocate as	a result of signing this ag	greement?	(Mark one.)		
	□ Yes (Indicate city and state ■ No (Go to Question 19.)	of previous address and	i reason reo	cipient did not complete this project at that address.)		
City	y / State of previous address	Reason	project not	completed at previous address		
19.	Would the recipient have rem assistance? (Mark one.)	nained in previous locati	on or reloc	ated elsewhere if not awarded this business subsidy or financial		
	□ Remained at previous loca	tion. 🛛 🛛 🕅 Reloc	ated to dif	fferent Minnesota location		
	ion 3 General Information					
20.	Total dollar value of business subsidy or financial a (Please separate value by type in Questions 24 and			<ol> <li>Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</li> <li>2/1/00 Original Agreement</li> </ol>		
-	\$286,000			9/1/00 Amended		
22.	<ul> <li>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.)</li> <li>4/00 Certificate of Occupancy issued.</li> </ul>					
	reported? (Mark one.)  Business subsidy	□ Financial assistance		25. If the assistance was one of the four types of financial		
24.	If the agreement provided a b the type(s) and total dollar va		Indicate	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).		
	<ul> <li>Not applicable, agreement</li> <li>Loan (only principal)</li> <li>Grant (i.e., forgivable loan</li> <li>Tax abatement</li> <li>TIF or other tax reduction</li> <li>Guarantee of payment</li> <li>Contribution of property of</li> <li>Preferential use of governm</li> <li>Land contribution</li> <li>Other (Specify subsidy type)</li> </ul>	or deferral	tance.	<ul> <li>Not applicable, agreement provided a business subsidy.</li> <li>Assistance for the property polluted by contaminants</li> <li>Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost.</li> <li>Assistance for pollution control or abatement.</li> <li>Assistance for a TIF soils condition district.</li> </ul>		
26.	indicate the type of TIF distri	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.) □ Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)		
	□ Renewal and renovation □ Soils condition			8 No		
	<ul> <li>☑ Economic development</li> <li>□ Mined underground space</li> <li>□ Hazardous substance subdate</li> </ul>	istrict		Grantor(s) and value of the agreement(s):		
		isu iet		Grantor Value (\$)		
				Grantor Value (\$)		

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#### Section 4 Goals and Public Purpose Identified in the Agreement 28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.) □ Enhancing economic diversity Increasing tax base (cannot be only purpose) Creating high-quality job growth Other: providing an impetus for commercial & industrial ■ Job retention development of underutilized property within the Development Stabilizing the community 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 Target attainment All goals established? dates (month & year) attained? Specific wage & job goals to be attained within 2 years □ Yes 🖾 No A) Yes No 5/1/02 Other job creation and/or retention goals D Yes D No B) □ Yes No □ Yes 🗆 No C) Other wage goals □ Yes D No Other goals other than wage and job goals □ Yes D No D) □ Yes D 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 Full time Part time/ FTE (only if goals Job Hourly Value of Seasonal/Temp. not stated as FT/PT) Retention Health Insurance (excluding benefits) Job Creation Job Creation Job Creation 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 *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 Full time Part time/ FTE (only if unable Job Hourly Value of (excluding benefits) Job Seasonal/Temp. to separate FT/PT Retention Health Insurance Creation Job Creation Job Creation less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.) Yes No.

Do not complete this section if you compl	leted it on another 2000 MBAF submitted to	o DTED.)
<ol> <li>During the period January 1 through by Minn. Stat. §116J.993 and §116J</li> </ol>		have any recipients who failed to report as required
Ves. (Indicate the name of each recipient. Attach additional page		ubsidy or financial assistance awarded to that
¥ No €.7. H. 6/2/101		
Name of recipient Type	of subsidy or assistance (See Questions 24	& 25) Value of subsidy or assistance
	pients who failed to achieve any goals or ful hat were required to be fulfilled by the time	Ifill any other obligations under an agreement of this report? (Mark one.)
□ Yes (Complete the remainder of th	nis section.) 🛚 🛛 No. (Stop here	e and submit form to DTED.)
	on for each recipient failing to fulfill goals o . (Attach additional pages if necessary.)	or any other terms of an agreement that were to be
35. Information on recipient and agreem	ient:	
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that	apply.):	
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant</li> </ul>	positions □ recipient relocated of □ other (Specify reason)	
37. To date, has the recipient fulfilled its	s repayment obligation? (Mark one.)	
<ul> <li>Yes.</li> <li>No, recipient <u>has begun</u> to repay t</li> </ul>	he assistance.	begun to repay the assistance.
38. Has the agreement been amended to	extend the recipient's deadline for fulfilling	g its obligations? (Mark one.)
□ Yes	D No	
39. Describe the steps being taken to bri	ing recipient into compliance or recoup the	subsidy:

#### Return your completed MBAF(s) by <u>April 1, 2001</u> to:

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

Or fax to: (651) 215-3841

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- The 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 <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

#### Section 1 Information About Grantor

	1. Name of grantor (funding agency) Brooklyn Park Economic Development Authority		2. Name of person completing this form Theresa Freund		
<ol> <li>Street address</li> <li>5200 - 85th Avenue North</li> </ol>		4. City Brooklyn Park	5. Zip Code 55443		
6. County Hennepin	7. Phone number 612-493-8059	8. Fax number 763-493-8171	9. E-mail address Theresa@ci.brooklyn-park.mn.us		
10. Please indicate who in you	ur organization should receive the 2	2001 MBAF if different from	the person in Question	3.	
Name/Title	Phone number	Street address	City	ZIP code	
For example, a city EDA v government.")	ency, please indicate affiliation.	<ul> <li>12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. § 116J994? (Mark one.)</li> <li> Yes (11/4/99 &amp; 3/1/01 criteria attached.) Do. We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing-) Other. (Please attach explanation.)</li></ul>			
December 31, 2000 that is	ned any agreements to award a bus s required to be reported under Min	n. Stat. § 116J.993 and §116	5J.994 (Mark one.)	, 2000 through	
■ Yes (Complete the rema	inder of the form.)	U No (Stop here, go to	o section 5 on page 4.)		
Section 2 Information Abo	ut Recipient				
<ol> <li>Name of business or organ financial assistance</li> <li>Gildon, LLC</li> </ol>	nization receiving subsidy or	15. Address where business subsidy or financial assistance will be used.8617 Xylon Court NorthBrooklyn Park55445-1899Street addressCityZIP code			
	parent corporation? (Mark one.) address of parent corporation belo	w. If more than one, indicat	e ultimate owner.)		

Name of parent corporation

Street address

City

		cility (Mark one.):	
Man Man	<b>.1.4.</b> 6/21/01 ufacturing il Trade	□ Services □ Wholesale Trade □ Construction	<ul> <li>Finance, Insurance, Real Estate</li> <li>Other: manufacturing, warehouse &amp; office</li> </ul>
18. Did the	e recipient relocat	e as a result of signing this agreement	? (Mark one.)
	(Indicate city and Go to Question 19		recipient did not complete this project at that address.)
City / State	of previous addre	Reason project r	not completed at previous address
	the recipient have nce? (Mark one.)		ocated elsewhere if not awarded this business subsidy or financial
□ Rem	ained at previous	location.  Relocated to d	ifferent Minnesota location
ection 3 C	General Inform	ation About the Agreement	
	e separate value by	iness subsidy or financial assistance. y type in Questions 24 and 25.	<ul> <li>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</li> <li>6/26/00</li> </ul>
date in	t date (Indicate th provements were icate of Occupan	finished, equipment was placed into	the business subsidy or financial assistance. For example, indicate the service, or the recipient occupied the property, whichever is earlier.)
	he agreement prov cd? (Mark one.)	vide a business subsidy or one of the f	four types of financial assistance (see Question 25) required to be
🛛 Bus	iness subsidy	□ Financial assistance	
		d a business subsidy, please indicate ar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
□ Loan □ Grat □ Tax ■ TIF □ Gua □ Con □ Pref □ Land	n (only principal) at (i.e., forgivable abatement or other tax reduc rantee of payment tribution of prope	rty or infrastructure	<ul> <li>Not applicable, agreement provided a business subsidy.</li> <li>Assistance for the property polluted by contaminants</li> <li>Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost.</li> <li>Assistance for pollution control or abatement.</li> <li>Assistance for a TIF soils condition district.</li> </ul>
indicat	e the type of TIF	I tax increment financing, please district? (Mark one.)	<ul> <li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> <li>Yes (Specify each grantor and the value of their assistance</li> </ul>
🗆 Red	evelopment	nce was not in the form of TIF	below; attach an additional sheet if necessary.)
D Soil:	ewal and renovation		⊠ No
D Min	nomic developme ed underground sj	bace	Grantor(s) and value of the agreement(s):
□ Haza	ardous substance s	subdistrict	Grantor Value (\$)
			Grantor Value (\$)

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

<ol> <li>Minn. Stat. §116J.994 r following public purpose</li> </ol>					nents state a public purp	oose. Which	of the
<ul> <li>Enhancing economic of</li> <li>Creating high-quality</li> <li>Job retention</li> <li>Stabilizing the communication</li> </ul>	y job growth		🛚 Other	providing a providing a	e (cannot be only purpo an impetus for commer derutilized property w	cial & indus	
29. Indicate whether the agr time of this report. (Fill					the recipient had attaine	d those goals	at the
		()	-	oals	Target attainment	All	goals
			estab	lished?	dates (month & Yr)		ned?
A) Specific wage & job gos	als to be attain	ed within 2 years	🛚 Yes	🗆 No	11/1/02	□ Yes	🛚 No
B) Other job creation and/o	or retention goa	als	🛛 Yes	🗆 No	<u>11/1/02</u>	🗆 Yes	🛚 No
C) Other wage goals			□ Yes	🗆 No		🗆 Yes	🗆 No
D) Other goals other than v (Please attach descriptions of attainment if not documented	f goals and prop	gress toward	□ Yes	□ No		□ Yes	□ No
<ul> <li>Note: Has until November covenant (60 employees 1½ minimum wage).</li> <li>30. For each of the following hourly value of any emp equivalents if you are un Note: Has until November</li> </ul>	g wage categor loyer provided able to separat	erally mandated ies, indicate the job of health insurance goa e goals by full and pa	ils for those art time pos	jobs. ( <u>Only</u> itions.)	indicate job creation go	als in full tir	ne
Hourly Wage	Full time	Part time/	FTE ( <u>or</u>	<u>lly</u> if goals	Job	Hourly	Value of
(excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	not stated	as FT/PT) Creation	Retention	Health	Insurance
no hourly wage level goal						<u>s</u>	
less than \$7.00					<u> </u>	<u>\$</u>	
\$7.00 to \$8.99				<u> </u>		<u>&gt;</u>	
\$9.00 to \$10.99					<u> </u>	<u>&gt;</u>	
\$11.00 to \$12.99	<u></u>	<u> </u>				2	
\$13.00 to \$14.99		<del></del>				<u>\$</u>	
\$15.00 and higher						<u>\$</u>	
<ol> <li>For each of the followir actual hourly value of ar you are unable to separe</li> <li>Note: Has until November</li> <li>Hourly Wage</li> </ol>	ny employer prate job creation	ovided health insurar n into full and part ti	nce for thos me position venant.	e jobs. (Only			uivalents
(excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	to separ	rate FT/PT Creation	Retention	Health In:	
			_			<u>\$</u>	
less than \$7.00						\$	
less than \$7.00 \$7.00 to \$8.99						\$	
					·	\$	
\$7.00 to \$8.99							
\$7.00 to \$8.99 \$9.00 to \$10.99						\$	
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99						<u>\$</u>	
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99	:d <u>all goals</u> (see	e Questions 29, 30 ar		ulfilled <u>all ot</u>	bligations stipulated in t	<u>\$_</u>	t? (Mark

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

Do not complete and section if you completed it on allother 2000 MBAT sublimited 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. 4. 8. 4/21/01
Name of recipientType 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.):
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> <li>other (Specify reason)</li> </ul>
37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)
□ Yes. □ No, recipient <u>has begun</u> to repay the assistance. □ No, recipient <u>has not begun</u> to repay the assistance.
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)
□ Yes □ No
Image: Provide 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 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

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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

	Name of grantor (funding agency) rooklyn Park Economic Development Authority		2. Name of person completing this form Theresa Freund			
<ol> <li>Street address</li> <li>5200 - 85th Avenue N</li> </ol>	North	4. City Brooklyn Park	··· r ··			
6. County Hennepin	7. Phone number 612-493-8059	8. Fax number 763-493-8171	9. E-mail address Theresa@ci.brooklyn-park.mn.			
10. Please indicate v	who in your organization should receive	the 2001 MBAF if different	from the person in Que	estion 3.		
Name/Title	Phone number	Street address	City	ZIP code		
created by gover	grantor (Mark one. If grantor is entity nment agency, please indicate affiliatior ity EDA would check "City	n. criteria for award	ation held a public heat ling business subsidies 5J994? (Mark one.)			

Bo to minority )		⊠ Yes (11/4/99 & 3/1/01 criteria attached.)
🛛 City government	State government	□ No.
□ County government □ Regional government	Other	<ul> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing-)</li> <li>Other. (Please attach explanation.)</li> </ul>

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.)

Solution Yes (Complete the remainder of the form.)

 $\square$  No (Stop here, go to section 5 on page 4.)

#### Section 2 Information About Recipient

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where busine be used.	ss subsidy or financia	al assistance will
Unisource Worldwide, Inc.	9001 Wyoming Ave. N.	Brooklyn Park	55445-1935
	Street address	City	ZIP code
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li></li></ul>	w. If more than one, indicate u	ltimate owner.)	
Georgia Pacific	1333 Peachtree Street	Atlanta, GA	30303
Name of parent corporation	Street address	City/State	ZIP code

	Manufacturing	Services	Finance, Insurance, Real Estate
	□ Retail Trade	□ Wholesale Trade □ Construction	B Other: distribution, warehouse & office.
8.	Did the recipient reloc	cate as a result of signing this agreement?	(Mark one.)
	□ Yes (Indicate city as ■No (Go to Question		ecipient did not complete this project at that address.)
City	/ State of previous add	iress Reason project no	ot completed at previous address
	Would the recipient has assistance? (Mark one		cated elsewhere if not awarded this business subsidy or financial
	□ Remained at previo	us location.   Relocated to di	ifferent Minnesota location D Relocated outside Minnesota
		mation About the Agreement ousiness subsidy or financial assistance.	21. Date agreement signed (In addition to the agreement date,
		by type in Questions 24 and 25.	indicate any dates the agreement was amended.)
	\$629,000		November 30, 2000
	date improvements we		ne business subsidy or financial assistance. For example, indicate the ervice, or the recipient occupied the property, whichever is earlier.)
	Does the agreement pr reported? (Mark one. Business subsidy		our types of financial assistance (see Question 25) required to be
		ided a business subsidy, please indicate ollar value for each type.	<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>
	<ul> <li>□ Loan (only principa</li> <li>□ Grant (i.e., forgivab</li> <li>□ Tax abatement</li> <li>■ TIF or other tax rec</li> <li>□ Guarantee of payme</li> <li>□ Contribution of pro</li> </ul>	duction or deferral	<ul> <li>Not applicable, agreement provided a business subsidy.</li> <li>Assistance for the property polluted by contaminants</li> <li>Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost.</li> <li>Assistance for pollution control or abatement.</li> <li>Assistance for a TIF soils condition district.</li> </ul>
26.	<ul> <li>Loan (only principa</li> <li>Grant (i.e., forgivab</li> <li>Tax abatement</li> <li>TIF or other tax rec</li> <li>Guarantee of payme</li> <li>Contribution of pro</li> <li>Preferential use of g</li> <li>Land contribution</li> <li>Other (Specify subs</li> </ul>	al) ble loan) duction or deferral ent perty or infrastructure governmental facilities	<ul> <li>Assistance for the property polluted by contaminants</li> <li>Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost.</li> <li>Assistance for pollution control or abatement.</li> </ul>
26.	<ul> <li>Loan (only principa</li> <li>Grant (i.e., forgivab</li> <li>Tax abatement</li> <li>TIF or other tax rec</li> <li>Guarantee of payme</li> <li>Contribution of pro</li> <li>Preferential use of g</li> <li>Land contribution</li> <li>Other (Specify subs)</li> <li>If the assistance including</li> <li>If the applicable, assi</li> <li>Redevelopment</li> <li>Renewal and renoval</li> </ul>	all)	<ul> <li>Assistance for the property polluted by contaminants</li> <li>Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost.</li> <li>Assistance for pollution control or abatement.</li> <li>Assistance for a TIF soils condition district.</li> </ul> 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.)
26.	<ul> <li>□ Loan (only principa</li> <li>□ Grant (i.e., forgivab</li> <li>□ Tax abatement</li> <li>■ TIF or other tax rec</li> <li>□ Guarantee of paymed</li> <li>□ Contribution of pro</li> <li>□ Preferential use of g</li> <li>□ Land contribution</li> <li>□ Other (Specify subs</li> <li>□ If the assistance include indicate the type of TI</li> <li>□ Not applicable, assi</li> <li>□ Renewal and renova</li> <li>□ Soils condition</li> <li>■ Economic development</li> </ul>	all)	<ul> <li>Assistance for the property polluted by contaminants</li> <li>Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost.</li> <li>Assistance for pollution control or abatement.</li> <li>Assistance for a TIF soils condition district.</li> </ul> 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.)
26.	<ul> <li>Loan (only principa</li> <li>Grant (i.e., forgivab</li> <li>Tax abatement</li> <li>TIF or other tax rec</li> <li>Guarantee of payme</li> <li>Contribution of pro</li> <li>Preferential use of g</li> <li>Land contribution</li> <li>Other (Specify subs)</li> <li>If the assistance includindicate the type of TI</li> <li>Not applicable, assi</li> <li>Redevelopment</li> <li>Renewal and renova</li> <li>Soils condition</li> </ul>	all)	<ul> <li>Assistance for the property polluted by contaminants</li> <li>Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost.</li> <li>Assistance for pollution control or abatement.</li> <li>Assistance for a TIF soils condition district.</li> </ul> 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.)

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	Minn. Stat. §116J.994 requires that business subsidy and fir following public purposes were stated in the agreement? (M				inancial assistance agreements state a public purpose. Which of the Mark all that apply.)				
<ul> <li>Enhancing economic diversity</li> <li>Creating high-quality job growth</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>				ising tax bas (please specif	e (cannot be only purpo fy)	se)			
29. Indicate whether the ag time of this report. (Fill	reement includ in the boxes ar	ed the following typ nd attainment date(s	es of goals, ) for each go	and whether ( oal.)	the recipient had attaine	d those goals	s at the		
			estat	oals lished?	Target attainment dates (month & yr)		goals ned?		
<ul> <li>A) Specific wage &amp; job go</li> </ul>			🛛 Yes	🗆 No	*	🗆 Yes	🛚 No		
B) Other job creation and/	or retention goa	als	□ Yes	D No		□ Yes	🗆 No		
C) Other wage goals		1-	□ Yes			□ Yes			
D) Other goals other than v (Please attach descriptions of attainment if not documented)	f goals and prop	gress toward	□ Yes	□ No	<u></u>	□ Yes	□ No		
Certificate of Completion Note have not been issued. 30. For each of the followin		···							
hourly value of any emp equivalents if you are ur Hourly Wage (excluding benefits)			oart time pos FTE ( <u>or</u> not state		Job Retention	Hourly	Value of		
	Creation		lob (						
	Creation	Job Creation	Job (			\$			
no hourly wage level goal			Job (			<u>\$</u> \$			
no hourly wage level goal less than \$7.00			Job (			<u>\$</u> \$			
no hourly wage level goal less than \$7.00 \$7.00 to \$8.99			Job (		125	<u>\$</u> \$ \$			
no hourly wage level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99			Job ( 		125	<u>\$</u> <u>\$</u> <u>\$</u> \$			
no hourly wage level goal ess than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99			Job (		125	<u>s</u> 5 5 5			
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					 125	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>			
no hourly wage level goal ess 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	151 mg wage catego ny employer pro- ate job creation	ries, indicate the nut ovided health insura n into full and part t	mber of actu nce for thos ime positior	al jobs create e jobs. (Only	d and/or retained since	\$	ate and th		
no hourly wage level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin actual hourly value of ar you are unable to separa Note: Has two years to Hourly Wage	151 151 mg wage catego ny employer pro- ate job creation o achieve goals Full time	ries, indicate the nur ovided health insura n into full and part t a after the issuance Part time/	mber of actu nce for thos ime positior of the Tax	al jobs create e jobs. (Only us.) Increment No	ed and/or retained since or indicate job creation in ote.	\$	ate and th uivalents		
no hourly wage level goal ess than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin actual hourly value of ar you are unable to separa Note: Has two years to Hourly Wage	151  mg wage catego my employer pro- ate job creation o achieve goals	ries, indicate the num ovided health insura n into full and part t	mber of actunce for thos ime position of the Tax 1 FTE (on to separ	al jobs create e jobs. (Only is.)	ed and/or retained since or indicate job creation in ote.	\$	ate and the second seco		
no hourly wage level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin actual hourly value of ar you are unable to separe Note: Has two years to Hourly Wage (excluding benefits)	151 151 mg wage catego ny employer pro- ate job creation o achieve goals Full time Job	ries, indicate the num ovided health insura in into full and part t a after the issuance Part time/ Seasonal/Temp.	mber of actunce for thos ime position of the Tax 1 FTE (on to separ	al jobs create e jobs. (Only ts.) Increment No ly if unable rate FT/PT	ed and/or retained since or indicate job creation in ote.	\$	ate and the second seco		
ho hourly wage level goal ess than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin actual hourly value of ar you are unable to separa Note: Has two years to Hourly Wage excluding benefits) ess than \$7.00 \$7.00 to \$8.99	151 151 mg wage catego ny employer pro- ate job creation o achieve goals Full time Job	ries, indicate the num ovided health insura in into full and part t a after the issuance Part time/ Seasonal/Temp.	mber of actunce for thos ime position of the Tax 1 FTE (on to separ	al jobs create e jobs. (Only ts.) Increment No ly if unable rate FT/PT	ed and/or retained since or indicate job creation in ote.	\$	ate and the second seco		
no hourly wage level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin actual hourly value of ar you are unable to separa Note: Has two years to Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	151 151 mg wage catego ny employer pro- ate job creation o achieve goals Full time Job	ries, indicate the num ovided health insura in into full and part t a after the issuance Part time/ Seasonal/Temp.	mber of actunce for thos ime position of the Tax 1 FTE (on to separ	al jobs create e jobs. (Only ts.) Increment No ly if unable rate FT/PT	ed and/or retained since or indicate job creation in ote.	\$	ate and th uivalents		
no hourly wage level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin actual hourly value of an you are unable to separe	151 151 mg wage catego ny employer pro- ate job creation o achieve goals Full time Job	ries, indicate the num ovided health insura in into full and part t a after the issuance Part time/ Seasonal/Temp.	mber of actunce for thos ime position of the Tax 1 FTE (on to separ	al jobs create e jobs. (Only ts.) Increment No ly if unable rate FT/PT	ed and/or retained since or indicate job creation in ote.	\$	ate and the second seco		

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

🗆 Yes ■ No. Has two years to achieve goals after the issuance of the Tax Increment Note.

Do not complete this section if you com	pleted it on another 2000 MBAF submitted to	DTED.)
33. During the period January 1 through by Minn. Stat. §116J.993 and §11	yh December 31, 2000, did your organization ا المالي (Mark one.)	have any recipients who failed to report as required
<ul> <li>Xes. (Indicate the name of eac recipient. Attach additional pa 210).</li> </ul>	n recipient failing to report and the value of su ges if necessary.)	bsidy or financial assistance awarded to that
No		
Name of recipient Ty	be of subsidy or assistance (See Questions 24 a	& 25) Value of subsidy or assistance
<ol> <li>34. Did your organization have any re signed on or after January 2000</li> </ol>	cipients who failed to achieve any goals or full that were required to be fulfilled by the time of	fill any other obligations under an agreement of this report? (Mark one.)
□ Yes (Complete the remainder of	this section.)  ■ No. (Stop here	and submit form to DTED.)
5 - 39 Provide the following informa attained by the time of reportir	tion for each recipient failing to fulfill goals or ig. (Attach additional pages if necessary.)	any other terms of an agreement that were to be
35. Information on recipient and agree	ment:	
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
6. Reason(s) for default (Mark all that	it apply.):	
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vaca</li> </ul>	recipient relocated to a other (Specify reason)	
7. To date, has the recipient fulfilled	its repayment obligation? (Mark one.)	
<ul> <li>Yes.</li> <li>No, recipient <u>has begun</u> to repay</li> </ul>	the assistance.	egun to repay the assistance.
88. Has the agreement been amended	to extend the recipient's deadline for fulfilling	its obligations? (Mark one.)
□ Yes	D No	$\sim$
39. Describe the steps being taken to b	pring recipient into compliance or recoup the s	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 7th 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 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

### Section 1 Information About Grantor

1. Name of grantor (funding entity) Burnsville EDA		2. Name of person completing this form Chad Wohlers		
3. Street address 106 Civic Cente	er Parkway	4. City Burnsuille	5. ZIP code 553	18
6. County Dakota	7. Phone number 952-895-4451	8. Fax number 952-845-4453	9. E-mail ad	dress C. burnsville.m. us
10. Please indicate who in your	organization should receive the	2002 MBAF if different from the	e person in Que	stion 2.
Name/Title	Phone number	Street address	City	ZIP code
<ol> <li>Classification of grantor (Ma created by gov't agency, ple example, a city EDA would a</li> </ol>	ase indicate affiliation. For	<ol> <li>Has your organization held adopted criteria for awardi compliance with Minn. Sta</li> </ol>	ng business sub	osidies in
City government		Yes (Indicate hearing date	- 2/22/00 and	attach criteria)

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.) 🛛 🗆 No (<u>Stop here,</u> go to section 5 on page 4 )

criteria (Indicate date of initial hearing -

G Other (Please attach explanation.)

### Section 2 Information About Recipient

□ State government

□ Other (Please specify.)

14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>			
U.S. Federal Credit Union	1400 Highue Street address	City	Eust, Bur State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				55337
⊐Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner ) XNo				
Name of parent corporation	Street address	City	State	ZIP code

	<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	Services	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction A Other (please speci)</li> </ul>	fy) <u>office</u>
18. Did the recipie	nt relocate as a result of	signing this agreemen	t? (Mark one.)	
¥Yes (Indicate cit ⊐No (Go to Quest		address and reason rec	ipient did not complete this project at that addre	255.)
Bloomington City/State of previo	mn No y	roject not completed at	previous address	
9. Would the reci financial assistar		previous location or rel	ocated elsewhere if not awarded this business su	bsidy or
🗅 Remained	l at previous location	Relocated to different	nt Minnesota location 🛛 🗅 Relocated outside M	finnesota
ection 3 Gener	ral Information Al	out the Agreeme	nt	
	alue of business subsidy ase separate value by ty		21. Date agreement signed (In addition to the a date, indicate any dates the agreement was	amended.)
\$	294,000		May 15, 2000 81.262	000
indicate the da whichever is e	te improvements were f		the business subsidy or financial assistance. Fo placed into service, or the recipient occupied th	
3. Does the agree be reported? (	Mark one.)		four types of financial assistance (see Question 2	25) required to
	nt provided a business su be(s) and total dollar va	alue for each type.	25. If the assistance was one of the four types of assistance, please indicate the type(s).	
not applicable, a	greement provided fina	ncial assistance	not applicable, agreement provided a busines	s subsidy
loan (only princi grant (i.e., forgiv		s	assistance for property polluted by contaminants	\$
tax abatement		\$	assistance for renovating building	\$
guarantee of pay		\$ <u>294,000</u> \$	stock or bringing it up to code, and assistance provided for designated	
	property or infrastructure of governmental facilitie		historic preservation districts, when 50% or less of total cost	
a land contribution	- 1	\$	□ assistance for pollution control or	\$
J other (Specify su	bsidy type.)	\$	abatement assistance for a TIF soils condition district	\$
	e included tax increments of TIF district? (Mar		27. Are any other grantors providing a busines financial assistance to the same project? ()	
indicate the typ		k one.)	financial assistance to the same project? () Yes (Specify each grantor and the value of the val	Mark one.) heir
indicate the typ not applicable, a fredevelopment	pe of TIF district? <i>(Mar</i> ssistance was not in the	k one.)	financial assistance to the same project? () Yes (Specify each grantor and the value of the assistance below; attach an additional sheet	Mark one.) heir
indicate the typ not applicable, a redevelopment renewal and reno	pe of TIF district? <i>(Mar</i> ssistance was not in the	k one.)	financial assistance to the same project? () Yes (Specify each grantor and the value of the val	Mark one.) heir
indicate the typ not applicable, a redevelopment renewal and rene soils condition economic develo	pe of TIF district? <i>(Mar</i> ssistance was not in the ovation opment	k one.)	financial assistance to the same project? () Yes (Specify each grantor and the value of the assistance below; attach an additional sheet	Mark one.) heir
indicate the typ not applicable, a redevelopment renewal and rene soils condition economic develo mined undergrou	pe of TIF district? <i>(Mar</i> ssistance was not in the ovation opment und space	k one.)	financial assistance to the same project? () Yes (Specify each grantor and the value of the assistance below; attach an additional sheet No	Mark one.) heir
indicate the typ not applicable, a redevelopment renewal and reno soils condition	pe of TIF district? <i>(Mar</i> ssistance was not in the ovation opment und space	k one.)	financial assistance to the same project? () Yes (Specify each grantor and the value of the assistance below; attach an additional sheet No	Mark one.) heir

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

28. Minn. Stat. §116J.994 r of the following public			ancial assistance agreement? (Mark all that apply.)		urpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		☑ Increasing tax base (o □ Other <i>(please specify)</i>		
29. Indicate whether the age at the time of this report				e recipient had attai	ned those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than way</li> <li>(Please attach descriptions of the second seco</li></ul>	retention goals age and job goa of goals and pro	ls ogress toward	established? date ⊠Yes ⊡No <u>∩</u> ⊇Yes ⊠No	rget attainment s (month & year) ay 1, 2003	All goals attained? Yes XNo Yes No Yes No Yes No
attainment if not documented 30. For each of the followin			reation and/or retention a	nals stated in the	<u> </u>
agreement and the avera	ige hourly value	e of any employer-pr	ovided health insurance g to separate goals by full-	oals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	<u> </u>				s
less than \$7.00	4				s 🖘
\$7.00 to \$8.99					s
\$9.00 to \$10.99					\$
\$11.00 to \$12.99	<u> </u>				s
\$13.00 to \$14.99	<u> </u>			<u></u>	s <u>4.50</u>
\$15.00 and higher					s
	rly value of an	y employer-provided	nber of actual jobs create health insurance for thos <i>tion into full- and part-tin</i> FTE ( <u>only</u> if unable to separate FT/PT)	e jobs. <u>(Only</u> indic	
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance
less than \$7.00		<u></u>			۶
\$7.00 to \$8.99					s
\$9.00 to \$10.99					s
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					s
\$15.00 and higher					s
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (s	ee Questions 29, 30 a	and 31) and fulfilled <u>all of</u> No	bligations stipulated	d in the agreement?

(Do not complete this section if you completed i	t on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §11</li> </ol>		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to rep recipient. Attach additional pages if necessary.)	ort and the value of subsidy or finan	ncial assistance awarded to that
A No		
Name of recipient Type of subsidy or assistant	nce (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that w	ere required to be fulfilled by the tin	ne of this report? (Mark one.)
Yes (Complete the remainder of this see	ection.) XNo (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each reci were to be attained by the time of reporting. (A		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		·
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obli	gation? (Mark one.)	
<b>T</b> Yes <b>O</b> No, recipient <u>has begun</u> to repay the assistant	ice. D No, recipient has not begu	<u>in</u> to repay the assistance.
38. Has the agreement been amended to extend the recip	ient's deadline for fulfilling its oblig	gations? (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 <u>April 1, 2001</u>, to: 2001 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

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# 2001 Minnesota Business Assistance Form RECEIVED APR 0 2 2001

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

### Section 1 Information About Grantor

1. Name of grantor (funding er Burnsville EDF	-	2. Name of person completing Chad Wohlers	this form	
3. Street address 100 Civic Center		4. City Burnsville	5. ZIP code 55378	
6. County Dakota 7. Phone number 952-895-4451		8. Fax number 952-895-4453 wohlerselil		
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	e person in Ques	tion 2.
Name/Title	Phone number	Street address	City	ZIP code
11. Classification of grantor (N created by gov't agency, pl example, a city EDA would	ease indicate affiliation. For	12. Has your organization held adopted criteria for awardi compliance with Minn. Sta	ng business subs	sidies in
City government County government Regional government State government Other (Please specify.)		<ul> <li>Yes (Indicate hearing date</li> <li>No</li> <li>We held a public hearing bu criteria (Indicate date of in</li> <li>Other (Please attach explanation)</li> </ul>	t have not yet ad itial hearing	
		siness subsidy or financial assistand nder Minn. Stat. §116J.993 and		

Xes (Complete the remainder of the form.) 🛛 🗆 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 Gila, LLC	15. Address where will be used <u>14265 Bu</u> Street address				,	5533 <b>98% 5</b> 0
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>Yes (Indicate name and address of parent corporation below.</li> <li>No</li> </ul>	If more than one, it	ndicate ultimate	owner)			
Name of parent corporation	Street address	City	State	ZIP code		

Manufacturing □ Retail Trade	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please special)</li> </ul>	cify)
18. Did the recipient relocate as a result of si	gning this agreemen	t? (Mark one.)	·····
☐ Yes (Indicate city and state of previous add X No (Go to Question 19.)	dress and reason rea	ripient did not complete this project at that add	lress.)
City/State of previous address Reason proj	ect not completed at	previous address	
<ol> <li>Would the recipient have remained in pre- financial assistance? (Mark one.)</li> </ol>	evious location or re	located elsewhere if not awarded this business	subsidy or
C Remained at previous location	Relocated to differe	nt Minnesota location 🛛 🗅 Relocated outside	Minnesota
ection 3 General Information Abo	ut the Agreeme	nt	
20. Total dollar value of business subsidy or assistance (Please separate value by type and 25.)		21. Date agreement signed (In addition to the date, indicate any dates the agreement w	
\$149,037		July 17, 2000	
	shed equipment was	the business subsidy or financial assistance. I placed into service, or the recipient occupied	
be reported? (Mark one.)	ubsidy or one of the ousiness subsidy	four types of financial assistance (see Question	n 25) required to
24. If the agreement provided a business subs indicate the type(s) and total dollar valu		25. If the assistance was one of the four type assistance, please indicate the type(s).	s of financial
I not applicable, agreement provided financi	al assistance	Anot applicable, agreement provided a busin	ess subsidy
□ loan (only principal) □ grant (i.e., forgivable loan) □ tax abatement	s s	<ul> <li>assistance for property polluted</li> <li>by contaminants</li> <li>assistance for renovating building</li> </ul>	ss
TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure	s <u>149,037</u> ss	stock or bringing it up to code, and assistance provided for designated historic preservation districts, when	
<ul> <li>preferential use of governmental facilities</li> <li>land contribution</li> </ul>	s s	50% or less of total cost assistance for pollution control or	s
□ other (Specify subsidy type.)	_ S	abatement assistance for a TIF soils condition district	S
26. If the assistance included tax increment f indicate the type of TIF district? (Mark o		27. Are any other grantors providing a busin financial assistance to the same project?	
not applicable, assistance was not in the for	rm of TIF	Yes (Specify each grantor and the value of assistance below; attach an additional she	
x redevelopment ☐ renewal and renovation ☐ realls condition		X No	
<ul> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>		Grantor(s) and value of the agreement(s):	
hazardous substance subdistrict		Grantor Value (\$)	
		Grantor Value (\$)	

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

28. Minn. Stat. §116J.994 r of the following public	•		-	• •	urpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth			se (cannot be only purp cify)	
29. Indicate whether the age at the time of this report				r the recipient had attai	ned those goals
<ul> <li>A) Specific wage and job gc</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than wage goals</li> </ul>	r retention goals	5	Goals established? Ø Yes D No D Yes D No D Yes D No D Yes D No	Target attainment dates (month & year) January - 2003	All goals attained? Yes No Yes No Yes No Yes No
(Please attach descriptions a attainment if not documented					
30. For each of the followir agreement and the avera job creation goals in fu	age hourly valu	e of any employer-pr	ovided health insurance	<b>ce goals</b> for those jobs. <i>ull- and part-time posi</i>	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation		Hourly Value of Health Insurance
no hourly wage-level goal					۲
less than \$7.00				<del></del>	٢
\$7.00 to \$8.99	- <u></u>				\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99	13				s
\$15.00 and higher					\$
31. For each of the followi date and the actual hou full-time equivalents if	urly value of an you are unable	y employer-provided to separate job crea	l health insurance for t tion into full- and part	hose jobs. <i>(Only</i> indic 1-time positions.)	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable separate FT/PT) Job Creation		Hourly Value of Health Insurance
less than \$7.00					s
\$7.00 to \$8.99					 S
\$9.00 to \$10.99					s
\$11.00 to \$12.99		<u> </u>			\$
\$13.00 to \$14.99					s
\$15.00 and higher					s
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (s		and 31) and fulfilled <u>a</u>	Il obligations stipulated	d in the agreement?

2001 Minnesota Business Assistance Form

(Do not complete this section if you completed it a	on another 2001 MBAF sub	nitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J</li> </ol>		we any recipients who failed to
Yes (Indicate the name of each recipient failing to repor recipient. Attach additional pages if necessary.)	t and the value of subsidy or finan	cial assistance awarded to that
X No		
Name of recipient Type of subsidy or assistanc	e (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed t agreement signed on or after January 1, 2000, that wer		
Yes (Complete the remainder of this sect	ion.) INO (Stop here and sul	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each recipi were to be attained by the time of reporting. (Atta 35. Information on recipient and agreement:</li> </ul>		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obliga	tion? (Mark one.)	
Yes ON, recipient has begun to repay the assistance	. DNo, recipient has not begu	<u>n</u> to repay the assistance.
38. Has the agreement been amended to extend the recipier	nt's deadline for fulfilling its oblig	gations? (Mark one.)
0	Yes 🗆 No	
39. Describe the steps being taken to bring recipient into c	ompliance or recoup the subsidy:	
	· · · · · · · · · · · · · · · · · · ·	

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

Or fax to: (651) 215-3841

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# 2001 Minnesota Business Assistance Form RECEIVED APR 0 \$ 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 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the . period 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 en Burnsville EDA			this form
3. Street address 100 Civic Center Parkway		4. City Buynsuille	5. ZIP code ちちろうち
6. County DaKota	7. Phone number 952-895-4451	8. Fax number 952-815-4453	9. E-mail address Wohlersceci, burnsville.mn
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	e person in Question 2.
Name/Title	Phone number	Street address	City ZIP code
	Mark one. If grantor is entity lease indicate affiliation. For l check "City government.")	<ol> <li>Has your organization hele adopted criteria for awardi compliance with Minn. Sta</li> </ol>	ng business subsidies in
City government		Yes (Indicate hearing date	- <u>2/22/0</u> 2 and <u>attach criteria</u> )
<ul> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>We held a public hearing bu criteria (Indicate date of in:</li> <li>Other (Please attach explanation)</li> </ul>	itial hearing)
<ul> <li>Other (Please specify.)</li> <li>13. Has your organization sign</li> </ul>		criteria (Indicate date of in Other (Please attach explant isiness subsidy or financial assista	ation.) ance 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.) □ No (<u>Stop here</u>, go to section 5 on page 4.)

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where b will be used	ousiness subsi	dy or financia	l assistance 55337
Southcross Drive-42, LLP	3000 Cty Rd. Street address	42ω., City	Burnsul III State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
❑ Yes (Indicate name and address of parent corporation below ❑ No	If more than one, ind	icate ultimate	owner)	
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of rec	ipient's facility (Mark on	•			
	Manufacturing Retail Trade	Services Wholesale Trad	E Generation	nce, Real Estate Def Other (please speci	ify office
18. Did the recipie	ent relocate as a result of s	igning this agreemer	nt? (Mark one.)		
⊐ Yes (Indicate cit ∡No (Go to Quest	y and state of previous at ion 19.)	ldress and reason rea	cipient did not complete .	this project at that addro	ess.)
City/State of previo	ous address Reason pro	ject not completed a	t previous address		
<ol> <li>Would the reci financial assistar</li> </ol>	ipient have remained in pince? (Mark one.)	revious location or re	located elsewhere if not	awarded this business su	ubsidy or
<b>X</b> Remained	at previous location	Relocated to differe	ent Minnesota location	C Relocated outside N	Ainnesota
Section 3 Gener	ral Information Abo	out the Agreeme	nt		
	alue of business subsidy o ase separate value by typ		date, indicate any	gned (In addition to the dates the agreement was	s amended.)
\$1,175,	672		November	- 201 2000	<u>ن</u>
indicate the da	ndicate the date the recip ate improvements were fin arlier.) H 1, 2003	ished, equipment wa	s placed into service, or	the recipient occupied th	
23. Does the agree be reported? (	ment provide a business s Mark one.)	subsidy or one of the business subsidy	four types of financial a	ssistance (see Question 2	25) required to
	nt provided a business sub pe(s) and total dollar val			as one of the four types ndicate the type(s).	of financial
🗅 not applicable, a	greement provided financ	ial assistance	Anot applicable, agree	ment provided a busine	ss subsidy
guarantee of pay	vable loan) reduction or deferral ment	S S S S S	<ul> <li>assistance for proper by contaminants</li> <li>assistance for renova stock or bringing it u assistance provided</li> </ul>	ating building up to code, and for designated	s s
□ preferential use of	property or infrastructure of governmental facilities		historic preservation 50% or less of total	cost	_
Iand contribution other (Specify su		\$ \$	<ul> <li>assistance for polluti</li> <li>abatement</li> <li>assistance for a TIF</li> </ul>		ss
	• .				ق 
	e included tax increment oe of TIF district? (Mark)			tors providing a busines to the same project? (	
⊐ not applicable, a	ssistance was not in the fo	orm of TIF		rantor and the value of t tach an additional sheel	
X redevelopment □ renewal and reno	ovation		(No		- • •
<ul> <li>soils condition</li> <li>economic development</li> </ul>			Grantor(s) and value o	f the agreement(s):	
C mined undergrou	and space			ug. comen(3).	
hazardous substa	ance subdistrict		Grantor	Value (\$)	
			Grantor	Value (\$)	

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

<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax base (ca</li> <li>Other (please specify))</li> </ul>		xose)
29. Indicate whether the age at the time of this report				recipient had attai	ned those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than wage</li> </ul>	retention goals	S	established? dates	get attainment (month & year) <u>しらす - こころろう</u>	All goals attained? Yes Z No Yes No Yes No Yes No
(Please attach descriptions of attainment if not documented					
job creation goals in ful	age hourly valu Il-time equivale Full-time	e of any employer-pr nts if you are unable Part-time/	ovided health insurance go to separate goals by full- o FTE ( <u>only</u> if goals not	<b>als</b> for those jobs. and part-time posit	tions.)
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
πο hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99		<del></del>			\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					s
\$13.00 to \$14.99	15				\$
\$15.00 and higher		<u> </u>		<del></del>	s
	irly value of an	y employer-provided	nber of actual jobs created health insurance for those <i>tion into full- and part-time</i> FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	jobs. ( <u>Onlv</u> indic	
less than \$7.00	<u></u>				s
\$7.00 to \$8.99	<u> </u>				s
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher	. <u></u>				\$
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (s		nd 31) and fulfilled <u>all ob</u>	ligations stipulated	d in the agreement?

(Do not complete this section if you completed it of	on another 2001 MBAF sub	nitted to DTED.)
<ol> <li>During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.</li> </ol>		ve any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or finan	cial assistance awarded to that
K 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 agreement signed on or after January 1, 2000, that were		
Yes (Complete the remainder of this sector)	ion.) 🗙 No (Stop here and sub	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each recipied were to be attained by the time of reporting. (Atta 35. Information on recipient and agreement:</li> </ul>		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	-
37. To date, has the recipient fulfilled its repayment obligation	tion? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistance	. DNo, recipient has not begu	<u>n</u> to repay the assistance.
38. Has the agreement been amended to extend the recipier	nt's deadline for fulfilling its oblig	gations? (Mark one.)
	Yes 🗆 No	
39. Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

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00-0312



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

### Section 1 Information About Grantor

1. Name of grantor (funding Burnsville EDA		2. Name of person completing this form Chad Wahlers	
3. Street address 100 Civic Center Parkway		4. City Burnsville	5. ZIP code 55378
6. County DaKota	7. Phone number 952-895-4451	8. Fax number 952-895-4453	9. E-mail address Withlerscent, burnsville, mn.
10. Please indicate who in yo	our organization should receive the	2002 MBAF if different from th	e person in Question 2.
Name/Title	Phone number	Street address	City ZIP code
11. Classification of grantor	(Mark one. If grantor is entity	12. Has your organization hel adopted criteria for award	
created by gov't agency, example, a city EDA wou	ld check "City government.")		tat §116J.994? (Mark one.)
		compliance with Minn. St	

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where b will be used</li> </ol>	usiness sub	sidy or financ	cial assistance	
Southcross Commerce Center II, LLC	3710 Covport	<u>te Center</u> City	Drive, State	Burnsciller mu ZIP code	55306
16. Does the recipient have a parent corporation? (Mark one.)					
□ Yes (Indicate name and address of parent corporation below. □ No	If more than one, indi	icate ultima	le owner )		
Name of parent corporation	Street address	City	State	ZIP code	

	C Manufacturing	- Services		Incurance Deal Estate	
	C Retail Trade	Wholesale Trad		Insurance, Real Estate tion D Other (please specij	5/)
18. Did the recipie	nt relocate as a result of	signing this agreemer	nt? (Mark one.)	······································	
⊐ Yes (Indicate cit, ≇(No (Go to Quest		ddress and reason re	cipient did not co <del>n</del>	plete this project at that addre	<b>55</b> .)
City/State of previo	ous address Reason pro	oject not completed a	t previous address		
19. Would the reci financial assistan		revious location or re	elocated elsewhere	if not awarded this business su	bsidy or
Remained	at previous location	Relocated to differe	ent Minnesota locat	tion D Relocated outside M	innesota
ection 3 Gener	al Information Ab	out the Agreeme	ent		
	lue of business subsidy ase separate value by typ			ent signed (In addition to the a e any dates the agreement was	
\$1,177	797		Decen	18,2000	
indicate the da	te improvements were fir	iished, equipment wa	s placed into servi	dy or financial assistance. For ce, or the recipient occupied th ticn)	-
				icial assistance (see Question 2	5) required to
be reported? ()	Mark one.) 🖉 🌱	business subsidy	□ financial assist	ance	
	t provided a business sul e(s) and total dollar va			nce was one of the four types of lease indicate the type(s).	of financial
⊐ not applicable, a	greement provided finan	cial assistanc <del>e</del>	not applicable	agreement provided a busines	s subsidy
loan (only princi		s	1	property polluted	s
☐ grant (i.e., forgiv ☐ tax abatement	able loan)	\$ S	by contaminar	its renovating building	S
TIF or other tax	reduction or deferral	STELLES	stock or bringi	ng it up to code, and	
guarantee of pay		s		vided for designated	•
	roperty or infrastructure of governmental facilities	ss	historic present 50% or less of	vation districts, when	
□ land contribution	-	s		pollution control or	\$
□ other (Specify su	bsidy type.)	S	abatement		r.
			assistance for	a TIF soils condition district	S
	e included tax increment be of TIF district? (Mark			er grantors providing a busines. istance to the same project? (A	
□ not applicable, as	ssistance was not in the f	form of TIF		ach grantor and the value of th ow; attach an additional sheet	
redevelopment					
renewal and rend	ovation		X No		
<ul> <li>soils condition</li> <li>economic develo</li> </ul>	oment		Grantor(s) and v	alue of the agreement(s):	
□ mined undergrou					
□ hazardous substa			Grantor	Value (\$)	
			Grantor	Value (\$)	

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

28. Minn. Stat. §116J.994 r of the following public			nancial assistance agreement nt? (Mark all that apply.)		urpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax base (c</li> <li>Other (please specify)</li> </ul>		
29. Indicate whether the ag at the time of this repor				recipient had attai	ned those goals
				get attainment	All goals
A) Specific wage and job go	als to be attain	ed within 2 years		s (month & year) 105+- 2003	attained?
B) Other job-creation and/or			Q Yes Q No		
C) Other wage goals					🗆 Yes 🖾 No
D) Other goals other than w	age and job goa	ıls	🗅 Yes 🖾 No 🔛		🗆 Yes 🗆 No
(Please attach descriptions attainment if not documente					
job creation goals in fu Hourly Wage	age hourly valu Il-time equivale Full-time Job	e of any employer-pr nts if you are unable Part-time/ Seasonal/Temp.	ovided health insurance go to separate goals by full- FTE ( <u>onlv</u> if goals not stated as FT/PT)	als for those jobs.	tions.) Hourly Value of
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99	5			<u> </u>	<u>s</u>
\$9.00 to \$10.99	·				s
\$11.00 to \$12.99	11				s
\$13.00 to \$14.99	15				s
					s
\$15.00 and higher					·
	urly value of an	y employer-provided	nber of actual jobs created health insurance for those tion into full- and part-tim FTE (only if unable to	jobs. <u>(Only</u> indic	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00				<del></del>	s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					\$
\$11.00 to \$12.99	<u></u>				s
\$13.00 to \$14.99		<del></del>			s
\$15.00 and higher	<del></del>				s
32. Has the recipient achie	ved all goals (s	ee Ouestions 29, 30 a	ind 31) and fulfilled all ob	ligations stipulated	in the agreement?
(Mark one.)	<u></u> (3	1	No		

2001 Minnesota Business Assistance Form

(Do not complete this section if you completed it of	on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.</li> </ol>		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or finar	icial assistance awarded to that
× 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 agreement signed on or after January 1, 2000, that were	required to be fulfilled by the tir	ne of this report? (Mark one.)
Yes (Complete the remainder of this section of the section of t	on.) 🗴 No (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Atta		
35. Information on recipient and agreement:		
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37. To date, has the recipient fulfilled its repayment obligat		
Yes ONO, recipient has begun to repay the assistance.	O No, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the recipien	t's deadline for fulfilling its oblig	gations? (Mark one.)
	Yes 🖸 No	
39. Describe the steps being taken to bring recipient into co	mpliance or recoup the subsidy:	
· · · · · · · · · · · · · · · · · · ·		

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Or fax to: (651) 215-3841

Page 4 of 4

Department of Trade and Economic Development

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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.

1. Name of grantor (funding entity) Chraska Economic Development A	2. Name of person completing the Matthews		. Asky	
3. Street address 1 City Hall Plaza	4. City Choska	5. ZIP code 55315	2	
6. County 7. Phone number Carver 952-448-2851	8. Fax number 45	9. E-mail addr MPcclwcc	ess Isky Gace	ke net
10. Please indicate who in your organization should receive the	2002 MBAF if different from the p	person in Questi	ion 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 adopted criteria for awardin compliance with Minn. Stat	g business subs . §116J.994? <i>(N</i>	idies in 1ark one.)	
City government County government Regional government State government Other (Please specify.)	Yes (Indicate hearing date - No We held a public hearing but criteria (Indicate date of initi Other (Please attach explanat	have not yet add ial hearing	opted	
<ul><li>13. Has your organization signed any agreements to award a bus through December 31, 2000 that is required to be reported us</li><li>Yes (Complete the remainder of the form.)</li></ul>	-	16J.994? (Mar		
Section 2 Information About Recipient				_
14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business sub will be used</li> </ol>	sidy or financia	l assistance	
Update Properties, LLC	<u>130 Peaver</u> Street address City	<u>Circle -</u> State	Chuska, S ZIP code	5318
16. Does the recipient have a parent corporation? (Mark one.)				]
□ Yes (Indicate name and address of parent corporation below. No	If more than one, indicate ultima	ite owner.)		
Name of parent corporation	Street address City	State	ZIP code	

### Section 1 Information About Grantor

The second s	
17. Industry of recipient's facility (Mark one.):	
□ Manufacturing □ Services □ Retail Trade ➤ Wholesale T	□ Finance, Insurance, Real Estate rade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agree	ment? (Mark one.)
'■Yes (Indicate city and state of previous address and reasor □ No (Go to Question 19.)	n recipient did not complete this project at that address.)
<u>9969</u> Valley View Road Eder City/State of previous address Reason project not complete	<u>n Prairie - Wanted to Relocate</u> d at previous address
	r relocated elsewhere if not awarded this business subsidy or
Remained at previous location Relocated to dif	ferent Minnesota location 🛛 Relocated outside Minnesota
Section 3 General Information About the Agree	ment
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 2- and 25.)	21. Date agreement signed (In addition to the agreement
\$147,963	March 7,2000
	rom the business subsidy or financial assistance. For example, was placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one of be reported? (Mark one.)	the four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>
□ not applicable, agreement provided financial assistance	x not applicable, agreement provided a business subsidy
□ loan (only principal) \$ □ grant (i.e., forgivable loan) \$	assistance for property polluted \$ by contaminants
□ tax abatement       \$	<ul> <li>assistance for renovating building</li> <li>stock or bringing it up to code, and</li> <li>assistance provided for designated</li> <li>historic preservation districts, when</li> </ul>
	_ 50% or less of total cost □ assistance for pollution control or \$ abatement
	assistance for a TIF soils condition district \$
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
Inot applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
redevelopment renewal and renovation soils condition	
<ul> <li>economic development</li> <li>mined underground space</li> <li>besterdus substance sub district</li> </ul>	Grantor(s) and value of the agreement(s):
□ hazardous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

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<ol> <li>Minn. Stat. §116J.994 re of the following public p</li> </ol>	ourposes were st	tated in the agreement	nt? (Mark all that apply.)		
Enhancing economic diver Creating high-quality job g Job retention Stabilizing the community	growth		Contracting tax base ( Contracting tax base (	) <u>Developm</u> not use use	end of tricpen a for its high
<ol> <li>Indicate whether the agree at the time of this report.</li> </ol>	eement included	the following types xes and attainment of	s of goals, and whether the date(s) for each goal.)	e recipient had atta	ined those goals
<ul> <li>A) Specific wage and job gos</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than wage</li> </ul>	als to be attained retention goals	d within 2 years	Goals Ta established? date	rget attainment (month & year) 7/2002	All goals attained? Yes No 999 Yes No Yes No Yes No Yes No
Please attach descriptions o attainment if not documented					
30. For each of the following agreement and the avera job creation goals in full	ge hourly value l-time equivaler	of any employer-pro nts if you are unable	ovided health insurance go to separate goals by full-	bals for those jobs.	( <u>Only</u> indicate itions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	<u> </u>				s
less than \$7.00					s
\$7.00 to \$8.99					s
				<u>∖                                    </u>	s
\$9.00 to \$10.99	$\sim$ (			(عر	s
\$9.00 to \$10.99 \$11.00 to \$12.99	2 (ne	wjo <u>bs c</u> reat	ed after the mor		
	2 (ne	i jo <u>ks c</u> reat	en atter the mor		s
\$11.00 to \$12.99	2 (ne.				s s s
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher \$1. For each of the followin date and the <b>actual</b> hou	ng wage categor Irly value of any you are unable	ries, indicate the nur v employer-provided to separate job crea	nber of <b>actual</b> jobs created health insurance for those tion into full- and part-tin	d and/or retained si e jobs. (Only indic	
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher \$1. For each of the followin date and the <b>actual</b> hou	ng wage categor rly value of any	ries, indicate the nur	nber of <b>actual</b> jobs created health insurance for those	d and/or retained si e jobs. (Only indic	
<ul> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>1. For each of the followind date and the actual hour full-time equivalents if y Hourly Wage</li> </ul>	ng wage categor Irly value of any you are unable Full-time Job	ries, indicate the nur v employer-provided to separate job crea Part-time/ Seasonal/Temp.	nber of <b>actual</b> jobs created health insurance for thos <i>tion into full- and part-tin</i> FTE (only if unable to separate FT/PT)	d and/or retained si e jobs. ( <u>Only</u> indic ne positions.) Job	ate job creation in Hourly Value of
<ul> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>1. For each of the followin date and the actual hou full-time equivalents if y</li> <li>Hourly Wage (excluding benefits)</li> </ul>	ng wage categor Irly value of any you are unable Full-time Job	ries, indicate the nur y employer-provided to separate job crea Part-time/ Seasonal/Temp. Job Creation	nber of <b>actual</b> jobs created health insurance for thos <i>tion into full- and part-tin</i> FTE (only if unable to separate FT/PT)	d and/or retained si e jobs. ( <u>Only</u> indic ne positions.) Job Retention	ate job creation in Hourly Value of
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the followind date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00	ng wage categor Irly value of any you are unable Full-time Job	ries, indicate the nur y employer-provided to separate job crea Part-time/ Seasonal/Temp. Job Creation	nber of <b>actual</b> jobs created health insurance for thos <i>tion into full- and part-tin</i> FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	d and/or retained si e jobs. ( <u>Only</u> indic ne positions.) Job Retention	ate job creation in Hourly Value of
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the followind date and the <b>actual</b> hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ng wage categor Irly value of any you are unable Full-time Job	ries, indicate the nur y employer-provided to separate job crea Part-time/ Seasonal/Temp. Job Creation	nber of <b>actual</b> jobs created health insurance for thos <i>tion into full- and part-tin</i> FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	d and/or retained si e jobs. ( <u>Only</u> indic ne positions.) Job Retention	ate job creation in Hourly Value of
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the followind date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ng wage categor Irly value of any you are unable Full-time Job	ries, indicate the nur y employer-provided to separate job crea Part-time/ Seasonal/Temp. Job Creation	nber of <b>actual</b> jobs created health insurance for thos <i>tion into full- and part-tin</i> FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	d and/or retained si e jobs. ( <u>Only</u> indic ne positions.) Job Retention	ate job creation in Hourly Value of

2001 Minnesota Business Assistance Form

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Department of Trade and Economic Development

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(Do not complete this section if you completed it a	on another 2001 MBAF sul	bmitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J.</li> </ol>	31, 2000, did your organization h	
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	rt and the value of subsidy or fina	nncial assistance awarded to that
X No		
Name of recipient Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed t agreement signed on or after January 1, 2000, that were</li> </ol>	o achieve any goals or fulfill any e required to be fulfilled by the ti	other obligations under an me of this report? (Mark one.)
Yes (Complete the remainder of this sector)	tion.) No (Stop here and st	ibmit form to DTED .)
35 39. Provide the following information for each recipi were to be attained by the time of reporting. (Atta		
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37. To date, has the recipient fulfilled its repayment obligation	ation? (Mark one.)	
Yes No, recipient has begun to repay the assistance	e. D No, recipient has not beg	<u>zun</u> to repay the assistance.
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C	Yes 🛛 No	
39. Describe the steps being taken to bring recipient into c	compliance or recoup the subsidy:	:

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2001 Minnesota Business Assistance Form

Department of Trade and Economic Development

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### 2001 Minnesota Business Assistance Form RECEIVED MAY 1 8 2001

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3. Street address	f Pluza	4. City Chaska	5. ZIP code		
6. County Carves	7. Phone number 952-448-3851	8. Fax number 95-2-448 - 9300	9. E-mail an MPccil	ddress nviceskycch	uska.net
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the			
<u>المربح</u> Name/Title	Phone number	Street address	City	ZIP code	
	lark one. If grantor is entity lease indicate affiliation. For l check "City government.")	12. Has your organization held adopted criteria for awardin compliance with Minn. Sta	ng business su	ibsidies in	
City government County government Regional government State government Other (Please specify.)		Yes (Indicate hearing date - No We held a public hearing but criteria (Indicate date of init Other (Please attach expland	t have not yet itial hearing -	adopted	
through December 31, 200	ed any agreements to award a bus 0 that is required to be reported u plete the remainder of the form.)		116J.994? <i>(</i> A	Aark one.)	
Section 2 Information A	bout Recipient		<u> </u>		-
14. Name of business or organ receiving subsidy or finance		15. Address where business su will be used	bsidy or finan	icial assistance	
Continun	ity Bank	706 Walnut Street address City	Stveet State		318
16. Does the recipient have a j	parent corporation? (Mark one.)				
Syes (Indicate name and add	ress of parent corporation below.	. If more than one, indicate ultim	ate owner.)		
Name of parent corporation	e Corporation	<u>706 (ichur</u> Street address City	State	Chaska,	815218

### Section 1 Information About Grantor

	pient's facility (Mark on		Cinence Insumner Basi Estate	
	Manufacturing Retail Trade	Services Wholesale Trade	Construction Other (please specif	v)
18. Did the recipier	nt relocate as a result of	signing this agreement?	(Mark one.)	
⊇Yes (Indicate cit) No (Go to Questi	v and state of previous a ion 19.)	ddress and reason recij	pient did not complete this project at that addres	ss.)
City/State of previo	us address Reason pro	oject not completed at p	previous address	·····
19. Would the recip financial assistan	ce? (Mark one.)	i. (1sranch velp u	ocated elsewhere if not awarded this business sub of burnk comincy into too	osidy or Site )
	at previous location	Relocated to different	t Minnesota location	innesota
ection 3 Gener	al Information Ab	out the Agreemen	t	
	lue of business subsidy ( ase separate value by type)		21. Date agreement signed (In addition to the ag date, indicate any dates the agreement was	
F. IP	345,000		May 17, 2000	
	te improvements were fü arlier.)		J he business subsidy or financial assistance. For placed into service, or the recipient occupied the	
23. Does the agree			our types of financial assistance (see Question 2:	5) required to
be reported? (1		Cousiness subsidy	☐ financial assistance	
•	t provided a business su e(s) and total dollar va		<ol> <li>If the assistance was one of the four types o assistance, please indicate the type(s).</li> </ol>	f financial
🗅 not applicable, ag	greement provided finan	cial assistance	Anot applicable, agreement provided a busines	s subsidy
loan (only princip ment (i.e., forging)		s	assistance for property polluted	\$
<ul> <li>grant (i.e., forgiv</li> <li>tax abatement</li> <li>TIF or other tax 1</li> </ul>	reduction or deferral	\$ \$ \$\$	<ul> <li>by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, and</li> </ul>	\$
	ment roperty or infrastructure of governmental facilitie		assistance provided for designated historic preservation districts, when 50% or less of total cost	
Iand contribution	1	\$	assistance for pollution control or	\$
other (Specify sub other)	osiay type.)	\$	abatement assistance for a TIF soils condition district	\$
	e included tax incremen be of TIF district? (Mark		27. Are any other grantors providing a business financial assistance to the same project? (M	
	ssistance was not in the	form of TIF	Yes (Specify each grantor and the value of the assistance below; attach an additional sheet	
Redevelopment	vation		X No	
soils condition			•	
<ul> <li>economic develo</li> <li>mined undergrou</li> </ul>	ind space		Grantor(s) and value of the agreement(s):	
hazardous substa	ince subdistrict		Grantor Value (\$)	
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Minn. Stat. §116J.994 n of the following public j	equires that busi purposes were s	iness subsidy and fin lated in the agreemen	ancial assistance agreements nt? (Mark all that apply.)		
Enhancing economic dive Creating high-quality job Job retention Stabilizing the community	growth		□ Increasing tax base (car ▲ Other (please specify)_	Pedevele Property Ponsi not	pose) pince blighted and while inter used for high
<ol> <li>Indicate whether the agr at the time of this report</li> </ol>	reement included	the following types and attainment a	s of goals, and whether the re late(s) for each goal.)	ecipient had atta	ined those goals
<ul> <li>Specific wage and job go</li> <li>Other job-creation and/or</li> <li>Other wage goals</li> <li>Other goals other than way</li> <li>Please attach descriptions of the trainment if not documente</li> </ul>	r retention goals rage and job goal of goals and pro	ls ogress toward	established? dates (	et attainment (month & year)	All goals attained? Yes I No Yes No Yes No Yes No Yes No
0. For each of the followin	ng wage categori age hourly value	ies, indicate the job c of any employer-pro	creation and/or retention goa ovided health insurance goa to separate goals by full- an	ls for those jobs	. ( <u>Only</u> indicate itions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00	6				s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					S
\$11.00 to \$12.99					s
					s
\$13.00 to \$14.99					•
\$13.00 to \$14.99 \$15.00 and higher					3
<ul> <li>\$15.00 and higher</li> <li>1. For each of the following date and the actual how full-time equivalents if</li> <li>Hourly Wage</li> </ul>	urly value of an	y employer-provided	mber of actual jobs created a health insurance for those j ation into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indi- positions.) Job	
<ul> <li>\$15.00 and higher</li> <li>1. For each of the following date and the actual how full-time equivalents if</li> </ul>	ourly value of any f you are unable Full-time	y employer-provided to separate job crea Part-time/	thealth insurance for those j ation into full- and part-time FTE (only if unable to	obs. <u>(Only</u> indi positions.)	cate job creation in
\$15.00 and higher I. For each of the following date and the actual how full-time equivalents if Hourly Wage	ourly value of any fyou are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	thealth insurance for those j ation into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indi- positions.) Job	cate job creation in Hourly Value of
\$15.00 and higher For each of the following date and the actual how full-time equivalents if Hourly Wage (excluding benefits)	ourly value of any fyou are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	thealth insurance for those j ation into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indi- positions.) Job	cate job creation in Hourly Value of
\$15.00 and higher For each of the following date and the actual how full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ourly value of any fyou are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	thealth insurance for those j ation into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indi- positions.) Job	cate job creation in Hourly Value of
\$15.00 and higher 1. For each of the following date and the actual how full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ourly value of any fyou are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	thealth insurance for those j ation into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indi- positions.) Job	cate job creation in Hourly Value of
\$15.00 and higher For each of the followin date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ourly value of any fyou are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	thealth insurance for those j ation into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indi- positions.) Job	cate job creation in Hourly Value of

2001 Minnesota Business Assistance Form

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Do not complete this se	ction if you completed	it on another 2001 MBAF subm	nitted to DTED.)
<ol> <li>During the period Janua report as required by Mi</li> </ol>	ary 1, 2000 through Decemb nn. Stat. §116J.993 and §11	er 31, 2000, did your organization hav 6J.994? <i>(Mark one.)</i>	ve any recipients who failed to
Yes (Indicate the name oj recipient. Attach add	f each recipient failing to rep litional pages if necessary.)	port and the value of subsidy or finance	cial assistance awarded to that
No			
Name of recipient	Type of subsidy or assista	nce (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization h agreement signed on or</li> </ol>	ave any recipients who faile after January 1, 2000, that w	d to achieve any goals or fulfill any of vere required to be fulfilled by the tim	ther obligations under an e of this report? (Mark one.)
	uplete the remainder of this s	Ċ	
35 39. Provide the follow were to be attained	ing information for each rec	ipient failing to fulfill goals or any other the second state of t	her terms of an agreement that
35. Information on recipier			
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (A	Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fi</li> </ul>		<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
7. To date, has the recipie	nt fulfilled its repayment ob	ligation? (Mark one.)	
Yes No, recipient h	as begun to repay the assista	nce. INO, recipient has not begu	n to repay the assistance.
38. Has the agreement been	amended to extend the reci	pient's deadline for fulfilling its oblig	ations? (Mark one.)
		🛛 Yes 🖾 No	
39. Describe the steps bein	g taken to bring recipient int	to compliance or recoup the subsidy:	
		······	·····

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development

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

#### Section 1 Information About Grantor

1. Name of grantor (funding en Chisago County			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 5505		
County 7. Phone number Chisago 651-674-5664		8. Fax number 651-674-2996	9. E-mailae mvahl@g	^{ddress} growchisag	
10. Please indicate who in you	organization should receive the	2002 MBAF if different from t	he person in Que	estion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
<ol> <li>Classification of grantor (M created by gov't agency, pl example, a city EDA would</li> <li>City gover.</li> <li>City gover.</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ol>	ease indicate affiliation. For	<ul> <li>12. Has your organization he adopted criteria for awar compliance with Minn. S</li> <li>2 Yes (Indicate hearing dat</li> <li>No</li> <li>We held a public hearing to criteria (Indicate date of a Other (Please attach explain))</li> </ul>	ding business su Stat. §116J.994? (U) e - [0]25]99 and put have not yet a initial hearing -	ibsidies in (Mark one.) (Mark	
through December 31, 200	ed any agreements to award a bus ) that is required to be reported u lete the remainder of the form.)		i §116J.994? <i>(N</i>	lark one.)	

14. Name of business or organization receiving subsidy or financial assistance	15. Address where by will be used	usiness subsidy o	or financial a	issistance		
Peterson's North Branch Mill	638 Branch Street address	<u>Street,</u> City	North State	<u>Bran</u> ch ZIP code	MN	55056
16. Does the recipient have a parent corporation? (Mark one.)					]	
□ Yes (Indicate name and address of parent corporation below. ŽNo	If more than one, indi	cate ultimate ow	ner.)			
Name of parent corporation	Street address	City	State	ZIP code		

17. Industry of recipient's facility (Mark	Services     Wholesale Trade	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please speci</li> </ul>	60)
🕅 Retail Trade			
18. Did the recipient relocate as a result	of signing this agreemer	nt? (Mark one.)	
□ Yes (Indicate city and state of previou. ♀ No (Go to Question 19.)	s address and reason rea	cipient did not complete this project at that addre	255.)
City/State of previous address Reason	project not completed a	t previous address	
19. Would the recipient have remained in financial assistance? (Mark one.)	n previous location or re	clocated elsewhere if not awarded this business su	bsidy or
X Remained at previous location	Relocated to differe	ent Minnesota location	finnesota
ection 3 General Information A	bout the Agreeme	nt	
20. Total dollar value of business subsid assistance (Please separate value by and 25.,	•	21. Date agreement signed (In addition to the a date, indicate any dates the agreement was	
\$229,000		July 17, 2000	
		the business subsidy or financial assistance. Fo s placed into service, or the recipient occupied th	
Septe	mber 2000		
<ol> <li>Does the agreement provide a busine be reported? (Mark one.)</li> </ol>	ss subsidy or one of the A business subsidy	four types of financial assistance (see Question 2	5) required to
24. If the agreement provided a business indicate the type(s) and total dollar		<ol> <li>If the assistance was one of the four types of assistance, please indicate the type(s).</li> </ol>	of financial
not applicareement provided fin	ancial assistance	Inot applicable, agreement provided a busines	s subsidy
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructu</li> <li>preferential use of governmental facilit</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	S S re S	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>	\$ \$ \$
<ul> <li>26. If the assistance included tax incrementation indicate the set of TIF district? (Main and the set of TIF district?)</li> </ul>		27. Are any other grantors providing a business financial assistance to the same project? (M	
<b>N</b> not applicable, assistance was not in th	e form of TIF	X Yes (Specify each grantor and the value of the value of the assistance below; attach an additional sheet	
renewal and renovation			
<ul> <li>conomic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>		Grantor(s) and value of the agreement(s): <u>City of North Branch</u> Grantor Value (S)	\$83,000
		Grantor Value (S)	

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<ol> <li>Minn. Stat. §116J.994 r of the following public;</li> </ol>	equires that bus purposes were s	siness subsidy and fin stated in the agreement	ancial assistance agreement nt? (Mark all that apply.)	s state a public p	urpose. Which
Creating high-quality job Job retention Stabilizing the community	growth		Dincreasing tax base (ca Dother (please specify)_ pollution	site red	
9. Indicate whether the aga at the time of this report				ecipient had attai	ned those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than wage</li> </ul>	retention goal	S	established? dates ØXYes ⊇No	et attainment (month & year) 9/2003	All goals attained? 21 Yes D No 2 Yes D No 2 Yes D No 2 Yes D No
Please attach descriptions on the section of the se					
	ige hourly value	e of any employer-pro	reation and/or retention go ovided health insurance goa to separate goals by full- a	is for those jobs.	
Houriy Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00				<u> </u>	\$
\$7.00 to \$8.99			10		\$
\$9.00 to \$10.99					\$2
\$11.00 \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher					s
	rly value of an	y employer-provided	nber of actual jobs created a health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT) Job Creation	obs. ( <u>Only</u> indice	
less than \$7.00				. <u></u>	s
\$7.00 to \$8.99			_10		s
				<u> </u>	s
9.00 to 10.99\$					-
\$9.00 to \$10.99 \$11.00 to \$12.99					s
	·				s

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(Do not complete this sect	ion if vou completed it c	on another 2001 MBAF sub	bmitted to DTED.)
33. During the period January report as required by Minn	1, 2000 through December 3 . Stat. §116J.993 and §116J.9	<ol> <li>2000, did your organization h</li> <li>994? (Mark one.)</li> </ol>	ave any recipients who failed to
□ Yes (Indicate the name of ea recipieach addition	ach recipient failing to report onal pages if necessary.)	t and the value of subsidy or fina	incial assistance awarded to that
Й No			
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on or aft	ter January 1, 2000, that were	b achieve any goals or fulfill any e required to be fulfilled by the ti	me of this report? (Mark one.)
U Yes (Comple	ete the remainder of this sect	ion.) 🔉 No (Stop here and st	ubmit form to DIED.)
were to be attained by	the time of reporting. (Attac	ent failing to fulfill goals or any o ch additional pages if necessary.	other terms of an agreement that
35. Information of recipient a	nd agreement:		
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mar	<i>k all that apply.):</i>		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill v</li> </ul>	acant positions	recipient relocated to a difference of the second secon	-
37. To date, has the recipient f	ulfilled its repayment obliga	tion? (Mark one.)	
🗅 Yes 🖾 No, recipient has l	begun to repay the assistance	. O No, recipient has not beg	run to repay the assistance.
38. Has the agreement been an	nended to extend the recipier	nt's deadline for fulfilling its obli	igations? (Mark one.)
		Yes 🗅 No	
39. Describe the steps being ta	ken to bring recipient into co	ompliance or recoup the subsidy:	· · · · · · · · · · · · · · · · · · ·

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

Or fax to: (651) 215-3841

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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 <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1993 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

#### 1. Name of grantor (funding entity) 2. Name of person completing this form Mark Vahlsing Chisago County HRA-EDA 4. City 3. Street address 5. ZIP code 55056 6448 Main Street, PO Box 410 North Branch 6. County 7. Phone number 8. Fax number 9. E-mail address 651-674-2996 mvahl@growchisado.com 651-674-5664 Chisago

### Section 1 Information About Grantor

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

		City	ZIP code	
created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")  City comment Com government Regional government State government	<ul> <li>12. Has your organization hel adopted criteria for award compliance with Minn. S</li> <li>Yes (Indicate hearing date</li> <li>No</li> <li>We held a public hearing b criteria (Indicate date of it</li> <li>Other (Please attach explant)</li> </ul>	ting business sult tat. §116J.994? (10) (10) (10) (10) (10) (10) (10) (10)	osidies in (Mark one.) A. 6121100 L: <u>attach criteria</u> ) dopted	7.13. 8/27/01

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.) DNo (Stop 1

□ No (Stop here, go to section 5 on page 4.)

#### Section 2 I..... nation About Recipient

14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business subsidy or financial assistance will be used</li> <li>26553 Forest Blvd, Box 397</li> <li>Wyoming, MN 55092</li> </ol>				
Selvig Family LLC	Street address	City	State	ZIP code	
16. Does i recipient have a parent corporation? (Mark one.)					
<ul> <li>Yes (Indicate name and address of parent corporation below.</li> <li>No</li> </ul>	If more than one, indic	cate ultimate ow	vner.)		
Name of parent corporation	Street address	City	State	ZIP code	

17. Industry of recipient's facility (Mar	k one.):		
C Manufacturing	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	□ Finance, Insurance, Real Estate □ Construction □ Other (please spect	ify)
18. Did the recipient relocate as a resul	of signing this agreement? (	Mark one.)	
<ul> <li>Yes (Indicate city and state of previo.</li> <li>No (Go to Question 19.)</li> </ul>	us address and reason recipi	ent did not complete this project at that addr	ess.)
City/State of previous address Reason	project not completed at pro	evious address	
19. Would the recipient have remained financial assistance? (Mark one.)	in previous location or reloc	ated elsewhere if not awarded this business s	ıbsidy or
XKRemained at previous location	Relocated to different	Minnesota location D Relocated outside I	Ainnesota
ection 3 Ceneral Information	About the Agreement		
20. Total dollar value of business subs assistance (Please separate value b		1. Date agreement signed (In addition to the date, indicate any dates the agreement wa	
and 25.) \$150,808		October 27, 2000	
indicate the dute improvements wer whichev,r is earlier.) Octob	e finished, equipment was pl per 2002	e business subsidy or financial assistance. Fo aced into service, or the recipient occupied t	he property,
<ol> <li>Dc she agreement provide a busin be reported? (Mark one.)</li> </ol>		r types of financial assistance (see Question )	25) required to
	🛛 business subsidy 🛛	financial assistance	
24. If the agreement provided a busines indicate the type(s) and total dollar		5. If the assistance was one of the four types assistance, please indicate the type(s).	of financial
□ not applicable, agreement provided fi	nancial assistance	not applicable, agreement provided a busine	ss subsidy
loan (only principal) grant (i.e., forgivable loan)	\$	assistance for property polluted by contaminants	\$
<ul> <li>tax abatement</li> <li>TIF or other ax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastruc</li> </ul>	\$ \$	assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when	ə <u></u>
<ul> <li>preferential use of governmental facil</li> <li>land contribution</li> </ul>		50% or less of total cost assistance for pollution control or	\$
other (Specify subsidy type.)	\$	abatement assistance for a TIF soils condition district	\$
26. If the assistance included tax increr indicate the type of TIF district? (M		7. Are any other grantors providing a busine financial assistance to the same project? (1)	
the not applicable, assistance was not in	he form of TIF	Yes (Specify each grantor and the value of a assistance below; attach an additional shee	
redevelog		No	
conomic development	G	rantor(s) and value of the agreement(s):	
<ul> <li>mined underground space</li> <li>haza: Lous substance subdistrict</li> </ul>	- 1	City of Wyoming \$130, rantor Value (\$)	,000
	-	rantor Value (\$)	

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 $\left\{\begin{array}{c} h\\ \vdots\\ \vdots\\ \end{array}\right.$ 

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# Section 4 Goals and Public Purpose Identified in the Agreement

		stated in the agreeme	nt? (Mark all that apply.)		,
<ul> <li>Enhancing economic divergence</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax base (ca</li> <li>Other (please specify)_</li> </ul>	nnot be only pu site re	mose) development
29. Indicate whether the ag at the time of this report	reement include t. (Fill in the b	ed the following type oxes and attainment	s of goals, and whether the r date(s) for each goal.)	recipient had att	ained those goals
A) Specific wage and job go B) Other job-creation and/o C) Other wab goals D) Other goals other than w	r retention goal	S	established? dates	get attainment (month & year) / 2002	All goals attained? Q Yes & No Q Yes Q No Q Yes Q No Q Yes Q No
(Please attach descriptions attainment if not documente		· _	store is stil	l under	constructio
30. For each of the followi agreemen ·d the aver job creatials in fu	age hourly valu	e of any employer-pr	creation and/or retention go ovided health insurance goa to separate goals by full- a	als for those jobs	s. ( <u>Only</u> indicate sitions.)
Hourly Wage (exclding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less man \$7.00					s
\$7.00 to \$8.99	7				\$
\$9.00 to \$10.99	10			<u> </u>	\$
\$11.00 to \$12.99	_1		<u> </u>	<u> </u>	\$
\$13.00 to \$14.99	<u>5</u> 3				\$
\$15.00 and higher					s
date and the actual ho	urly value of an	y employer-provided	nber of <b>actual</b> jobs created I health insurance for those ation into full- and part-time	jobs. <u>(Only</u> indi	since the benefit cate job creation in
Hourty Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00		i 			s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					\$
\$11.00 t., 512.99					s

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

OYes X No

2001 Minnesota Business Assistance Form

\$13.00 to \$14.99

\$15.00 and higher

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(Do not complete this section if vou completed it	on another 2001 MBAF_sub	milled to DIED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J</li> </ol>	31, 2000, did your organization ha (.994? (Mark one.)	ve any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	rt and the value of subsidy or finan	icial assistance awarded to that
🔯 No		
Name of recipient Type of subsidy or assistance	ce (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we</li> </ol>		
Yes (Complete the remainder of this second Yes (Complete the remainder of this second)		•
35 39. Provide the following information for each recip were to be attained by the time of reporting. (Atta	ient failing to fulfill goals or any ot ach additional pages if necessary.)	ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient cealed operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment oblig	ation? (Mark one.)	
• Yes • No, recipient has begun to repay the assistance	e. DNo, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the recipie	ent's deadline for fulfilling its oblig	gations? (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 <u>April 1, 2001</u>, to: 2001 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2001 Minnescu. . ...iness Assistance Form

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# 2001 Minnesota Business Assistance Form

00-0449

- RECEIVED APR 0 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 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period 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 Coon Rapids		2 Name of person completing this form Lee Start. Community Development Director			
3. Street address		4 <u>City</u> Coon Rapids	5. <u>ZIP code</u> 55433-3761		
6. <u>Co</u> unt <u>y</u> Anoka	7 <u>_ Phone number</u> — 763-767-6460	8. <u>Fax number</u> 763-767-6573	9. E-mail ad starr@ci.	dress	
10. Please indicate who in y	your organization should receive the	2002 MBAF if different from	the person in Que		
Name/Title	Phone number	Street address	City	ZIP code	
<ul> <li>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.")</li> <li>City government</li> <li>County government</li> </ul>		<ul> <li>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.)</li> <li>Yes (Indicate hearing date - May 2, 2000 and attach criteria)</li> <li>No</li> <li>We held a public hearing but have not yet adopted</li> </ul>			
Carlo Regional government Carlo State government Carlo Other (Please specify.)		<ul> <li>We held a public hearing criteria (Indicate date o</li> <li>Other (Please attach exp</li> </ul>	f initial hearing		

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.) □ 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 Frito-Lay, Inc.	<ul> <li>15. Address where business subsidy or financial assistance will be used</li> <li>9155 Evergreen Blvd Coon Rapids MN 55433</li> </ul>			
	Street address	City	State	ZIP code
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.,</li> <li>Yes (Indicate name and address of parent corporation below)</li> <li>Yes (Indicate name and address of parent corporation below)</li> </ul>		ndicate ultimati	e owner,)	
Name of parent corporation	Sucet address	City	State	ZIP code

) ; ( =

	Manufacturing Retail Trade	Services     Wholesale Trade	<ul> <li>Finance, Insura</li> <li>Construction</li> </ul>	nce, Real Estate Other (please spece	(y) Food distribution
18. Did the recipic	nt relocate as a result of	signing this agreement	t? (Mark one.)		
Yes (Indicate cir No (Go to Quest)	y and state of previous a ion 19.)	ddress and reason rec	ipient did not complete	this project at that addr	ess.)
Fridley/MN	Site not	large enough for	48,200 distribution	facility	
City/State of previo	us address Reason pro	oject not completed at	previous address		
financial assistar		previous location or re		awarded this business st	
ection 3 Gener	ral Information Ab	out the Agreeme	ot		
	luc of business subsidy ase separate value by ty		date, indicate any	gned (In addition to the dates the agreement wa	
73 from pay-as	-you-go note between	n 2000 and 2003	December 5, 2	000	
22. Benefit date (1 indicate the da whichever is e	ndicate the date the recipite improvements were finger.) December 8	nished, equipment wa	the business subsidy or s placed into service, or	financial assistance. Fi the recipient occupied t	or exaniple, he property,
23. Does the agree be reported? (	ment provide a business Mark one.)	subsidy or one of the business subsidy	four types of financial a	ssistance (see Question	25) required to
	nt provided a business su pe(s) and total dollar va		25. If the assistance v assistance, please	was one of the four types	of financial
				moreate the type(s).	
🗅 not applicable, a	greement provided finan	icial assistance		cment provided a busine	ess subsidy
loan (only princi	ipal)	ncial assistance	Inot applicable, agre	cment provided a busine	ss subsidy S
□ loan (only princi □ grant (i.e., forgiv □ tax abatement □ TIF or other tax	ipal) vable loan) reduction or deferral	\$ \$ \$_323,588	<ul> <li>not applicable, agro</li> <li>assistance for prope by contaminants</li> <li>assistance for renov stock or bringing it</li> </ul>	ement provided a busine rty polluted rating building up to code, and	ss subsidy \$ \$
<ul> <li>loan (only principartic)</li> <li>grant (i.e., forgivartic)</li> <li>tax abatement</li> <li>TIF or other tax</li> <li>guarantee of pay</li> <li>contribution of principartic)</li> </ul>	ipal) vable loan) reduction or deferral rinent property or infrastructure	\$ \$ \$.323,588 \$ \$	<ul> <li>not applicable, agroups of assistance for property contaminants</li> <li>assistance for renovistock or bringing it assistance provided historic preservation</li> </ul>	ement provided a busine orly polluted pating building up to code, and for designated on districts, when	ss subsidy \$ \$
<ul> <li>loan (only principartic)</li> <li>grant (i.e., forgivartic)</li> <li>tax abatement</li> <li>TIF or other tax</li> <li>guarantee of pay</li> <li>contribution of participartic)</li> <li>preferential use</li> <li>land contribution</li> </ul>	ipal) vable loan) reduction or deferral vinent property or infrastructure of governmental facilitie	\$ \$ \$.323,588 \$ \$	<ul> <li>not applicable, agroups of assistance for proper by contaminants</li> <li>assistance for renovistock or bringing it assistance provided historic preservations 50% or less of total</li> <li>assistance for pollutions of assistance for pollutions of a statement of the pollutions of</li></ul>	ement provided a busine rating building up to code, and for designated on districts, when cost	ss subsidy \$ \$ \$
<ul> <li>loan (only principal of the second sec</li></ul>	ipal) vable loan) reduction or deferral vinent property or infrastructure of governmental facilitie	\$ \$_323,588 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$_	<ul> <li>not applicable, agro</li> <li>assistance for prope by contaminants</li> <li>assistance for renov stock or bringing it assistance provided historic preservatio 50% or less of total</li> <li>assistance for pollu abatement</li> </ul>	ement provided a busine rating building up to code, and for designated on districts, when cost	ss subsidy S S S S
<ul> <li>loan (only principlic)</li> <li>grant (i.e., forgivential tax abatement</li> <li>TIF or other tax</li> <li>guarantee of payer</li> <li>contribution of proferential user</li> <li>land contribution</li> <li>other (Specify statement)</li> <li>26. If the assistance</li> </ul>	ipal) vable loan) reduction or deferral vinent property or infrastructure of governmental facilitie		<ul> <li>not applicable, agro</li> <li>assistance for prope by contaminants</li> <li>assistance for renov stock or bringing it assistance provided historic preservatio 50% or less of total</li> <li>assistance for pollu abatement</li> <li>assistance for a TIF</li> <li>27. Arc any other graves</li> </ul>	ement provided a busine erty polluted rating building up to code, and for designated on districts, when cost tion control or	\$ \$ \$ ss subsidy or
<ul> <li>loan (only principlic)</li> <li>grant (i.e., forgivential tax abatement</li> <li>TIF or other tax</li> <li>guarantee of payential contribution of performation of performation of the performance of the performance of the second structure of the second structure</li></ul>	ipal) vable loan) reduction or deferral yment property or infrastructure of governmental facilitie vabldy type.) local		<ul> <li>not applicable, agro</li> <li>assistance for prope by contaminants</li> <li>assistance for renovided historic preservation 50% or less of total</li> <li>assistance for pollu- abatement</li> <li>assistance for a TIF</li> <li>Arc any other gra- financial assistance</li> <li>Yes (Specify each assistance)</li> </ul>	ement provided a busine erty polluted atting building up to code, and for designated on districts, when cost tion control or soils condition district ntors providing a busine	<pre>\$</pre>
<ul> <li>loan (only principlic)</li> <li>grant (i.e., forgivential tax abatement</li> <li>TIF or other tax</li> <li>guarantee of payential contribution of performation of performation of the performance of the performance of the second structure of the second structure</li></ul>	ipal) vable loan) reduction or deferral yment property or infrastructure of governmental facilitie while the second second second value of governmental facilitie value of governmental facili		<ul> <li>not applicable, agro</li> <li>assistance for prope by contaminants</li> <li>assistance for renovided historic preservation 50% or less of total</li> <li>assistance for pollu- abatement</li> <li>assistance for a TIF</li> <li>Arc any other gra- financial assistance</li> <li>Yes (Specify each assistance)</li> </ul>	ement provided a busine erty polluted pating building up to code, and for designated on districts, when cost tion control or soils condition district ntors providing a busine c to the same project? (a grantor and the value of	<pre>\$</pre>
<ul> <li>loan (only principlic in the second second</li></ul>	ipal) vable loan) reduction or deferral vinent property or infrastructure of governmental facilitie vabidy type.) local control included tax increment pe of TIF district? (Mark assistance was not in the ovation opment und space		<ul> <li>not applicable, agro</li> <li>assistance for prope by contaminants</li> <li>assistance for renovided historic preservation 50% or less of total</li> <li>assistance for pollu- abatement</li> <li>assistance for a TIF</li> <li>Arc any other gra- financial assistance</li> <li>Yes (Specify each gra- assistance below; and assistance</li> </ul>	ement provided a busine erty polluted pating building up to code, and for designated on districts, when cost tion control or 'soils condition district ntors providing a busine to the same project? (a grantor and the value of butach an additional shee	<pre>\$</pre>
<ul> <li>loan (only principlic)</li> <li>grant (i.e., forgivential tax abatement</li> <li>TIF or other tax</li> <li>guarantee of payential used</li> <li>contribution of preferential used</li> <li>land contribution</li> <li>other (Specify statement)</li> <li>and contribution</li> <li>other (Specify statement)</li> <li>not applicable, and remewal and remeval and rem</li></ul>	ipal) vable loan) reduction or deferral vinent property or infrastructure of governmental facilitie vabidy type.) local control included tax increment pe of TIF district? (Mark assistance was not in the ovation opment und space		<ul> <li>not applicable, agro</li> <li>assistance for prope by contaminants</li> <li>assistance for renovided historic preservation 50% or less of total</li> <li>assistance for pollu- abatement</li> <li>assistance for a TIF</li> <li>27. Arc any other gra- financial assistance</li> <li>Yes (Specify each gra- assistance below; of No</li> </ul>	ement provided a busine erty polluted pating building up to code, and for designated on districts, when cost tion control or 'soils condition district ntors providing a busine to the same project? (a grantor and the value of butach an additional shee	\$ \$ \$ \$ \$ss subsidy or Mark cme.) the/r

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<ol> <li>Minn. Stat. §1 16J.994 re of the following public  </li> </ol>			ancial assistance agreemen it? (Mark all that apply.)	ts state a public pi	Irpose, Which	
Enhancing contomic dive Creating high-quality job Job retention Stabilizing the community	growth		Concreasing tax base (cannot be only purpose) Other (please specify)			
29. Indicate whether the age at the time of this report				recipient had attai	ned those goals	
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals	3	established? dates Yes No De	get attainment (month & ycar) cember 5, 200	All goals stained? 0 Yes No Yes No Yes No Yes No	
(Please attach descriptions of attainment if not documente 30. For each of the following	d in Questions .	30 and 31.)	reation and/or retention go	als stated in the		
agreement and the avera	ge hourly value	e of any employer-pro	ovided health insurance gos to separate goals by full- a	als for those jobs.		
Hourly Wag. (cacluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>unly</u> if goals not stated a* 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			<b></b>		\$	
\$9.00 to \$10.99					<u>\$</u>	
\$11.00 to \$12.99	<u>44</u> 5				\$ \$3.85 \$4.00	
\$13,00 to \$14.99					-	
\$15.00 and higher					\$4.30	
full-time equivalents if	urly value of an you are wiable Full-time	y employer-provided e <i>to separate job crea</i> Part-time/	health insurance for those tion into full- and part-tim FTE (only if unable to	jabs. <u>(Only</u> indic e position <u>s.)</u>	ate joh creation in	
Hourly Wage (excluding henefits)	Job Creation	Scasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value o Health Insuranc	
					\$	
less than \$7.00						
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\$7.00 to \$8.9!	 			 	\$	
57.00 to \$8.94 \$9.00 to \$10.94	 44 5 99		 		\$	

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2001 Minnesota Business Assistance Form

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Section 5	Recipients	Failing to F	ulfill Obligations
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<ul> <li>33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Mim. Stat. §116J.993 and §116J.994? (Mark one.)</li> <li>Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial axiistance awarded to that recipient. Attach additional pages if necessary.)</li> <li>MNo</li> <li>Name of recipient Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance</li> <li>34. 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.)</li> <li>Yes (Complete the remainder of this section.) Who (Stop here and subnit form to DTED.)</li> <li>3539. Provide the following information for each recipient failing to fulfill goals or any other terns of an agreement that were to be statianed by the time of reporting. (Attach additional pages if necessary.)</li> <li>35. Information on recipient and agreement:</li> <li>Name of recipient in default</li> <li>Type of subsidy or assistance</li> <li>Information on recipient and agreement:</li> <li>Street address of recipient</li> <li>Gity/ZIP code of recipient Outstanding value of subsidy or assistance</li> <li>36. Reason(s) for default (Mark all that apply.):</li> <li>Trecipient ceased operation</li> <li>Trecipient fulfilled its repayment obligation? (Mark one.)</li> <li>Yes ONo, recipient fulfilled its repayment obligation? (Mark one.)</li> <li>Yes ONo, recipient has being to repay the assistance.</li> <li>38. Has the agreement due to extend the recipient's deadline for fulfilling its obligations? (Mark one.)</li> <li>Yes No</li> <li>39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:</li> </ul>	Do not complete this section if you completed in		mitted to DTED.)
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 statined by the time of reporting. (Attach additional pages if necessary.)         35. Information on recipient and agreement:         Name of recipient in default       Type of subsidy or assistance         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 oporation       □ recipient relocated to a different community         □ recipient was unable to fill vacant positions       □ (Mark one.)         37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)       No         38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)         □ Yes       No			ve any recipients who failed to
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 fulfilled by the time of this report? (Mark one.)		ort and the value of subsidy or finan	cial assistance awarded to that
<ul> <li>34. 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.) <ul> <li>Yes (Complete the remainder of this section.)</li> <li>Yo (Stop here and submit form to DTED.)</li> </ul> </li> <li>35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)</li> <li>35. Information on recipient and agreement: <ul> <li>Name of recipient in default</li> <li>Type of subsidy or assistance</li> <li>Initial value of subsidy or assistance</li> </ul> </li> <li>Street address of recipient <ul> <li>City/ZIP code of recipient</li> <li>Outstanding value of subsidy or assistance</li> </ul> </li> <li>36. Reason(s) for default (Mark all that apply.): <ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> <li>other (Specify reason.)</li> </ul> </li> <li>37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)</li> <li>Yes ONO, re-ipient heen amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)</li> <li>Yes ONO</li> </ul>	No		
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.) Yes (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 Street address of recipient 36. Reason(s) for default (Mark all that apply.): recipient ceased operation 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) 29. Yes ONO No.	Name of recipient Type of subsidy or assistar	nce (See Questions 24 and 25.)	Value of subsidy or assistance
<ul> <li>35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)</li> <li>35. Information on recipient and agreement: <ul> <li>Name of recipient in default</li> <li>Type of subsidy or assistance</li> <li>Initial value of subsidy or assistance</li> </ul> </li> <li>Street address of recipient <ul> <li>City/ZIP code of recipient</li> <li>Outstanding value of subsidy or assistance</li> </ul> </li> <li>36. Reason(s) for default (Mark all that apply.): <ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> <li>other (Specify reason.)</li> </ul> </li> <li>37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)</li> <li>Yes No, recipient has begun to repay the assistance.</li> <li>38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)</li> </ul>			
were to be attained by the time of reporting. (Allach additional pages 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         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, re-ipient has begun to repay the assistance.         38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)         Yes       No	QYcs (Complete the remainder of this se	ection.) WNo (Stop here and sul	bmit form to DTED .)
Name of recipient in default       Type of subsidy or assistance       Initial value of subsidy or assistance         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.)	were to be attained by the time of reporting. (At		her terms of an agreement that
Street address of recipient       City/ZIP code of recipient       Outstanding value of subsidy or assistance         36. Reason(s) for default (Mark all that apply.):       I recipient ceased operation       I recipient relocated to a different community         I recipient was unable to fill vacant positions       I recipient relocated to a different community         37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)         38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)         38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)	35. Information on recipient and agreement:		
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.         38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)         □ Yes       □ No	Name of recipient in default	Type of subsidy or assistance	
<ul> <li>recipient ceased operation</li> <li>recipient relocated to a different community</li> <li>other (Specify reason.)</li> </ul> 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) Yes No	Street address of recipient	City/ZIP code of recipient	
<ul> <li>recipient was unable to fill vacant positions</li> <li>other (Specify reason.)</li> <li>37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)</li> <li>Yes No, recipient has begun to repay the assistance.</li> <li>No, recipient has not begun to repay the assistance.</li> <li>38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)</li> <li>Yes No</li> </ul>	36. Reason(s) for default (Mark all that apply.):		
<ul> <li>Yes No, recipient has begun to repay the assistance.</li> <li>No, recipient has not begun to repay the assistance.</li> <li>38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)</li> <li>Yes No</li> </ul>			ent community
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)	37. To dute, has the recipient fulfilled its repayment obli	igution? (Mark one.)	
	Yes No, resipient has begun to repay the assistant	nce. DNo, recipient has not begu	in to repay the assistance,
	38. Has the agreement been amended to extend the recip	pient's deadline for fulfilling its oblig	zations? (Mark one.)
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:		🗅 Yes 🔍 No	
	39. Describe the steps being taken to bring recipient into	o compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

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### 2001 Minnesota Business Assistance Form RECEIVED JUN

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- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and fluancial 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 <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

City of Cottage Grove		2. Name of person completing this form Steven Barrett				
		4. City Cottage Grove		5. 21P code 55016		]
6. County Wash.	7. Phone number 651-458-2883	8. Fux number 651-458-289		9. E-muil add 5 barrett (	D'cottage -	yvove. or
Michelle Woke, A			e -	erson in Quest	ion 2. ZIP code	
	Phone number Mark one. If grantor is entity please indicate affiliation, For d check "City government.")	<ul> <li>Street address</li> <li>12. Has your organ. adopted criteria compliance with</li> <li>We'res (Indicate here)</li> <li>No</li> <li>We held a public criteria (Indicate Other (Please utility)</li> </ul>	ization held a for swarding h Minn. Stat. aring date - hearing but l date of initi	a public hearing g business subs §116J.994? (A 2/1/99 and <u>a</u> have not yet ad ial hearing -	g on wid idies in <i>Aark one.)</i> Illich criteria) opted	
through December 31, 20	ned any agreements to award a bus 00 that is required to be reported u uplete the remainder of the form.)		J.993 und §1	161.9947 (Ma		
Section 2 Information A	bout Recipient	·····				-1
14. Name of business or organ receiving subsidy or finar	เต่อ) อริษัทษณตอ	15. Address where will be used 7555 95th st . S.	Cottye G	sidy or financia Are MA	al assistance	
CCE Technolog	<ul> <li>J</li> </ul>	Street address	City	Slate	ZIP code	4
·	perent corporation? (Mark one.) Aress of parent corporation below.	. If more than one, ind	licate ultima	le owner.)		

Name of purent corporation Street uldress City State ZIP code

:

TEL:612 458 2897

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O'Manufacturing	Services	D Finnnce, Insurance, Real Estate	
Q Retail Trade	Services     Wholesale Trade	Construction Other (please specij	กม
18. Did the recipient relocate as a result of	signing this agreement?	(Mark one.)	
Yes (Indicate city and state of previous of	address and reason recip	ient did not complete this project at that addre	(.22
□ No (Ga to Question 19.)	rpansion ne	.)(	
	oject not completed at pr		
19. Would the recipient have remained in financial assistance? (Mark one.)	previous location or reloc	ated elsewhere if not awarded this business su	bsidy or
Remained at previous location	Relocated to different	Minnesota location 🛛 Relocated outside M	finnesota
ection 3 General Information Al	out the Agreement	•	
20. Total dollar value of business subsidy assistance (Please separate value by ty and 25.)		1. Date agreement signed (In addition to the c date, indicate any dates the agreement was	
*99, 723		April 19, 2000	
indicate the date improvements were f whichever is earlier.) May J.	inished, equipment was p 3000 (C/0	e business subsidy or financial assistance. Fo laced into service, or the recipient accupied th Sing on leal Property)	ie property,
be reported? (Mark one.)	/	ur types of financial assistance (see Question 2 financial assistance	(5) required to
24. If the agreement provided a business st indicate the type(s) and total dollar va		5. If the assistance was one of the four types of assistance, please indicate the type(a).	of financial
a not applicable, agreement provided final	ncial assistunce	a nor applicable, agreement provided a busines	an subsidy
🗅 loan (only principal)	ş C	assistance for property polluted	\$
<ul> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> </ul>	\$ I	by contaminants I assistance for renovating building	\$
<ul> <li>TIF or other tax reduction or deferral</li> <li>guarance of payment</li> </ul>	\$	stock or bringing it up to code, and assistance provided for designated	-
C contribution of property or infrastructure	c \$	historic preservation districts, when	
<ul> <li>preferential use of governmental facilitie</li> <li>and contribution</li> </ul>		50% or less of lotal cost assistance for pollution control or	i.
other (Specify subsidy type.)	\$		ъ
		assistance for a TIF soils condition district	\$
26. If the assistance included tax increment indicate the type of TIF district? (Mart	nt financing, pleuse 2 k one.)	7. Are any other grantors providing a busines financial assistance to the same project? (A	s subsidy or lark one.)
I not applicable, assistance was not in the	form of TIF	Yes (Specify each grantor and the value of the assistance below; attach an additional sheet	
Li redevelopment			A HEREIMIN
<ul> <li>renewal and renovation</li> <li>soils condition</li> </ul>		No	
a economic development	6	firantor(s) and value of the agreement(s):	
<ul> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>			
	Ī	irantor Value (\$)	
	1		

AN &

	of the following public	purposes were stated in t	osidy and financial ansistance ap the agreement? (Mark all that a	ıpply.)	
	Enhancing economic dive Creating high-quality job Job retention Stabilizing the community	growth		baso (cannat be only pur precify)	
	29. Indicate whether the aga	reement included the fol	lowing types of goals, and whet attainment date(s) for each goo		ined those goals
	<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> </ul>	recention goals	Goals established? 2 years U Yes D No U Yes D No Q Yes D No		All goals attained? Yes No Yes No Yes No Yes No
	(Please attach descriptions attainment If not documente				
2	agreement and the aver	age hourly value of any a Il-time equivalents if you	care the job creation and/or reter employer-provided heatth insur- t are unable to separate goals h	ance youls for those jobs by full- and part-time pas	
attached description	Maurly Wage (excluding benefits)	Jah Seato	rl-lime/ FTE ( <u>only</u> if you un/Temp. stated as FT/1 Creation Job Creatio	T) Jab	Hourly Ynhio of Houth Invurance
Ĵ,	no hourly wage-level goal			<del></del>	\$
5	less than \$7.00			<b>_</b>	22
Ø	\$7.00 to \$8.99			<u> </u>	\$
ž	\$9.00 to \$10.99				s
ŧ	\$11.00 to \$12.99				٤
a	\$13.00 to \$14.99				<u>s</u>
<b>V</b>	\$15.00 and higher				٤
2	date and the netual hor	urly value of any employ	icate the number of actual jobs ver-provided health insurance for rate job creation into full- and p	or those jobя. <u>(Only</u> india	
	Hourly Wage (excluding bonofits)	Job Seuro	rt-lime/ FTE ( <u>only</u> if un nnVTemp. separate FT/ Creation Jub Creatio	PT) Job	Hourly Value o Health Insurynd
	1086 than \$7.00	·			5
	\$7.00 to \$8.99				ــــــ
	\$9.00 to \$10.99			,	s
	\$11.00 to \$12.99	<u> </u>		<u> </u>	\$
	\$13.00 iq \$14,99		<u></u>		s
	\$15.00 und higher				

2001 Minnesola Business Assistance Form

Department of Trade and Economic Development

TEL:612 458 2897

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<ol> <li>During the period Jan report as required by N</li> </ol>	uary 1, 2000 through Decem finn. Stat. §1161.993 and §1	iber 31, 2000, did your organization h 16J.994? <i>(Mark one.)</i>	ave any recipients who failed to
	af each recipient failing to r Iditional pages (f necessary,	eport and the value of subsidy or final )	nclal assistance awarded to tha
WNo			
Name of recipient	Type of subsidy or assis	nunce (See Questions 24 and 25.)	Value of subsidy or assistance
		led to achieve any goals or fulfill any were required to be fulfilled by the time	
🔾 Yes (Ca	mplete the remainder of this	s section.) WNo (Stop here and su	ibmit form to DTED .)
		ecipient failing to fulfill goals or any c (Attach additional pages if necessary.,	
35. Information on recipie	ent and agreement:		
Nume of recipient in defau	JI	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of revipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Resson(s) for default	(Mark all that apply.):		
C recipient ceased operati		<pre>recipient relocated to a diffe d other (Specify reason.)</pre>	rent community
37. To date, has the recipi	ient fulfilled its repayment o	bligation? (Mark one.)	
UYes DNo, recipient	he assis	nance. DNo, recipient has not beg	un to repuy the assistance.
38. Has the agreement be	en unionded to extend the re	cipient's dendline for fulfilling its obli	gations? (Mark one.)
39. Describe the steps bei	ng taken to bring recipient i	nto compliance or recoup the subsidy:	

500 Metro Square, 121 East 7" Place St_Paul, MN-55101-2146

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development



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 <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

#### 2. Name of person completing this form 1. Name of grantor (funding entity) Greg Isaackson City of Cottonwood 4. City 5. ZIP code 3. Street address Cättonwood 56229 86 West Main Street 6. County 7. Phone number 8. Fax number 9. E-mail address (507) 423-6488 (507) 423-5368 cotmngi@mvtvwireless.com Lyon 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. Phone number Street address City ZIP code Name/Title 12. Has your organization held a public hearing on and 11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) Yes (Indicate hearing date - <u>1/25/00</u>ad <u>attach criteria</u>) X City government County government O No G We held a public hearing but have not yet adopted □ Regional government criteria (Indicate date of initial hearing -□ State government □ Other (*Please attach explanation*.) □ 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.)

Section 1 Information About Grantor

Yes (Complete the remainder of the form.) 🛛 🗅 No (<u>Stop here,</u> go to section 5 on page 4.)

<ul> <li>14. Name of business or organization receiving subsidy or financial assistance</li> <li>Cottonwood Welding and Manufacturing</li> </ul>	<ol> <li>Address where business subsidy or financial assistance will be used</li> <li>400 East</li> <li>Fourth St. North Cottonwood MN 56229</li> </ol>			
	Street address	City	State	ZIP code
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>Yes (Indicate name and address of parent corporation below X No</li> </ul>	. If more than one, i	ndicate ultimate	owner.)	
Name of parent corporation	Street address	City	State	ZIP code

Section 2 Information About Recipient

۰.

	one.):		
Manufacturing □ Retail Trade	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please speci)</li> </ul>	fs/
18. Did the recipient relocate as a result of	f signing this agreement	? (Mark one.)	
Q No (Go to Question 19.) Didn'	t move to anoth	ipient did not complete this project at that addre mer City. lity within City of Cottonwood	
	roject not completed at		
19. Would the recipient have remained in financial assistance? (Mark one.)	previous location or rel	ocated elsewhere if not awarded this business su	bsidy or
Remained at previous location	Relocated to differer	nt Minnesota location	linnesota
ection 3 General Information A	bout the Agreemen	at	
20. Total dollar value of business subsidy assistance (Please separate value by ty and 25.)		21. Date agreement signed (In addition to the a date, indicate any dates the agreement was	
\$108,000		June 22, 2000	
Septembe	r 2000		
be reported? (Mark one.)	- /	four types of financial assistance (see Question 2	25) required to
be reported? (Mark one.)	business subsidy		 
be reported? (Mark one.) 24. If the agreement provided a business su indicate the <b>type(s) and total dollar v</b> .	business subsidy ubsidy, please alue for each type.	☐ financial assistance 25. If the assistance was one of the four types of	of financial
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a business suitable indicate the type(s) and total dollar value of a policable, agreement provided fina</li> <li>1 loan (only principal)</li> </ul>	business subsidy ubsidy, please alue for each type. ncial assistance <u>\$ 72,000</u>	<ul> <li>financial assistance</li> <li>25. If the assistance was one of the four types of assistance, please indicate the type(s).</li> <li>not applicable, agreement provided a busines</li> <li>assistance for property polluted</li> </ul>	of financial
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a business suit indicate the type(s) and total dollar value of a policiable, agreement provided fina</li> <li>a loan (only principal)</li> <li>b grant (i.e., forgivable loan)</li> <li>c tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>c guarantee of payment</li> <li>c contribution of property or infrastructur</li> </ul>	business subsidy ubsidy, please alue for each type. ncial assistance s_72,000 ss s_36,000 ssss_36,000 ss	<ul> <li>financial assistance</li> <li>25. If the assistance was one of the four types of assistance, please indicate the type(s).</li> <li>not applicable, agreement provided a busines</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when</li> </ul>	of financial
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a business suit indicate the type(s) and total dollar value of a policiable, agreement provided fina</li> <li>a loan (only principal)</li> <li>b grant (i.e., forgivable loan)</li> <li>c tax abatement</li> <li>a TIF or other tax reduction or deferral</li> <li>c guarantee of payment</li> <li>c contribution of property or infrastructur</li> <li>c preferential use of governmental facilities</li> <li>c land contribution</li> </ul>	business subsidy ubsidy, please alue for each type. ncial assistance <u>\$ 72,000</u> <u>\$</u> <u>\$ 36,000</u> <u>\$</u> e <u>\$</u> e <u>\$</u> s	<ul> <li>financial assistance</li> <li>25. If the assistance was one of the four types of assistance, please indicate the type(s).</li> <li>A not applicable, agreement provided a busines</li> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> </ul>	of financial
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a business suit indicate the type(s) and total dollar view indicate the type(s) indicate the t</li></ul>	business subsidy ubsidy, please alue for each type. ncial assistance <u>\$ 72,000</u> <u>\$</u> <u>\$ 36,000</u> <u>\$</u> e <u>\$</u> e <u>\$</u> s <u></u> s <u></u> s <u></u> s <u></u> s <u></u> s <u></u>	<ul> <li>financial assistance</li> <li>25. If the assistance was one of the four types of assistance, please indicate the type(s).</li> <li>not applicable, agreement provided a busines</li> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>	of financial ss subsidy \$ \$ \$ \$
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a business suit indicate the type(s) and total dollar view indicate the type(s) indicate the t</li></ul>	business subsidy ubsidy, please alue for each type. ncial assistance <u>\$ 72,000</u> <u>\$ 36,000</u> <u>\$ 36,000</u> <u>\$ 5</u> e <u>\$ 5</u> e <u>\$ 5</u> s <u>5</u> ht financing, please	<ul> <li>financial assistance</li> <li>25. If the assistance was one of the four types of assistance, please indicate the type(s).</li> <li>A not applicable, agreement provided a busines</li> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> </ul>	of financial ss subsidy \$ \$ \$ s subsidy or
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a business suit indicate the type(s) and total dollar v.</li> <li>anot applicable, agreement provided fina</li> <li>a loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructur</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment indicate the type of TIF district? (Mark on the type of type.)</li> </ul>	business subsidy ubsidy, please alue for each type. ncial assistance <u>\$_72,000</u> <u>\$</u> <u>\$_36,000</u> <u>\$</u> e <u>\$</u> e <u>\$</u> s financing, please <i>k one.</i> )	<ul> <li>financial assistance</li> <li>25. If the assistance was one of the four types of assistance, please indicate the type(s).</li> <li>A not applicable, agreement provided a business</li> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a business</li> </ul>	of financial ss subsidy \$ \$ \$ s_subsidy or Mark one.) eir
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a business suit indicate the type(s) and total dollar v.</li> <li>anot applicable, agreement provided fina</li> <li>a loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructur</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment indicate the type of TIF district? (Mar</li> <li>not applicable, assistance was not in the</li> <li>redevelopment</li> <li>renewal and renovation</li> </ul>	business subsidy ubsidy, please alue for each type. ncial assistance <u>\$_72,000</u> <u>\$</u> <u>\$_36,000</u> <u>\$</u> e <u>\$</u> e <u>\$</u> s fs fs s e <u>\$</u> s fs fs s fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs	<ul> <li>financial assistance</li> <li>25. If the assistance was one of the four types of assistance, please indicate the type(s).</li> <li>A not applicable, agreement provided a business</li> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a business financial assistance to the same project? (<i>M</i></li> <li>Yes (Specify each grantor and the value of the same project)</li> </ul>	of financial ss subsidy \$ \$ \$ s_subsidy or <i>Mark one.</i> ) <i>eir</i>
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a business suit indicate the type(s) and total dollar value of a policiable, agreement provided fina</li> <li>a loan (only principal)</li> <li>a grant (i.e., forgivable loan)</li> <li>a tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>a guarantee of payment</li> <li>contribution of property or infrastructur</li> <li>b preferential use of governmental facilities</li> <li>a land contribution</li> <li>b other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment</li> </ul>	business subsidy ubsidy, please alue for each type. ncial assistance <u>\$_72,000</u> <u>\$</u> <u>\$_36,000</u> <u>\$</u> e <u>\$</u> e <u>\$</u> s fs fs s e <u>\$</u> s fs fs s fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs fs	<ul> <li>financial assistance</li> <li>25. If the assistance was one of the four types of assistance, please indicate the type(s).</li> <li>A not applicable, agreement provided a business</li> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a business financial assistance to the same project? (<i>M</i></li> <li>Yes (Specify each grantor and the value of the assistance below; attach an additional sheet of the same project is a stated below; attach an additional sheet of the same below; attach an additional sheet of the same project is a stated below; attach an additional sheet of the same below; attach an additing a busine</li></ul>	of financial ss subsidy \$ \$ \$ s_subsidy or <i>Mark one.</i> ) <i>eir</i>

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

Enhancing economic dive Creating high-quality job Job retention Stabilizing the community	growth		<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>			
<ol> <li>Indicate whether the agr at the time of this report</li> </ol>	eement include . <i>(Fill in the b</i> e	ed the following type oxes and attainment of	s of goals, and whether the date(s) for each goal.)	recipient had attai	ned those goals	
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than wa</li> <li>Please attach descriptions of the trainment if not documented</li> </ul>	retention goals age and job goa of goals and pro-	s Ils ogress toward	established? date: XYes □ No Sep □ Yes XNo □ Yes XNo	rget attainment s (month & year) t 2002	All goals attained? Yes XNo Yes No Yes No Yes No	
0. For each of the followin agreement and the avera job creation goals in ful	ge hourly valu	e of any employer-pr	creation and/or retention g ovided health insurance go to separate goals by full- FTE (only if goals not	als for those jobs.	( <u>Only</u> indicate tions.)	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00					s	
\$7.00 to \$8.99	3			4	s0_	
\$9.00 to \$10.99				3	s0_	
\$11.00 to \$12.99					<u>    0    </u>	
\$13.00 to \$14.99					s	
\$15.00 and higher			<u> </u>	2	s0_	
E For each of the following			nber of <b>actual</b> jobs created health insurance for those	jobs. (Only indica		
date and the <b>actual</b> hou full-time equivalents if Hourly Wage	you are unable Full-time Job	to separate job crea. Part-time/ Seasonal/Temp.	tion into full- and part-time FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insuranc	
date and the <b>actual</b> hou full-time equivalents if	you are unable Full-time	to separate job crea. Part-time/	FTE (only if unable to	-	Hourly Value o Health Insuranc S	
date and the <b>actual</b> hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	you are unable Full-time Job	to separate job crea. Part-time/ Seasonal/Temp.	FTE ( <u>only</u> if unable to separate FT/PT)	-	Health Insurances	
date and the <b>actual</b> hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	you are unable Full-time Job	to separate job crea. Part-time/ Seasonal/Temp.	FTE ( <u>only</u> if unable to separate FT/PT)	-	Health Insurances sssssss	
date and the <b>actual</b> hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	you are unable Full-time Job	to separate job crea. Part-time/ Seasonal/Temp.	FTE ( <u>only</u> if unable to separate FT/PT)	Job Retention	Health Insurand	
date and the <b>actual</b> hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	you are unable Full-time Job	to separate job crea. Part-time/ Seasonal/Temp.	FTE ( <u>only</u> if unable to separate FT/PT)	Job Retention	Health Insurance s s s	

2001 Minnesota Business Assistance Form

### Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you comple	eted it on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through De report as required by Minn. Stat. §116J.993 an</li> </ol>		ave any recipients who failed to
Yes (Indicate the name of each recipient failing recipient. Attach additional pages if necessary		ncial assistance awarded to that
Ø≤N0		
Name of recipient Type of subsidy or a	assistance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who agreement signed on or after January 1, 2000,</li> </ol>		
Yes (Complete the remainder of	this section.) 🛛 🕱 No (Stop here and su	bmit form to DTED .)
<ul><li>35 39. Provide the following information for each were to be attained by the time of reportin</li><li>35. Information on recipient and agreement:</li></ul>	ch recipient failing to fulfill goals or any o ng. (Attach additional pages if necessary.,	ther terms of an agreement that ) NA
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
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	
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	rent community
37. To date, has the recipient fulfilled its repayment	nt obligation? (Mark one.)	
$\bigvee$ Yes $\Box$ No, recipient <u>has begun</u> to repay the as	ssistance. DNo, recipient has not begin	un to repay the assistance.
38. Has the agreement been amended to extend the	e recipient's deadline for fulfilling its obli	gations? (Mark one.)
	🗆 Yes 🕱 No	
39. Describe the steps being taken to bring recipie	nt into compliance or recoup the subsidy:	NA
	······	

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

Or fax to: (651) 215-3841



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

### Section 1 Information About Grantor

1. Name of grantor (funding entity)       2. Name of person completing this form         CITY OF DETROIT LAKES       LARRY REMMEN		this form		
3. Street address 1025 ROOSEVELT AV	ENUE	4. City DETROIT LAKES, MN	5. ZIP code 56501	
6. County BECKER	County 7. Phone number BECKER 218-847-5658		9. E-mail add lremmen@	ress lakesnet.net
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Quest	tion 2.
Name/Title	Phone number	Street address	City	ZIP code
	fark one. If grantor is entity lease indicate affiliation. For l check "City government.")	<ol> <li>Has your organization held adopted criteria for awardin compliance with Minn. Sta</li> </ol>	ng business subs	sidies in
City government County government Regional government State government Other (Please specify.)		<ul> <li>Yes (Indicate hearing date -</li> <li>No</li> <li>We held a public hearing but criteria (Indicate date of ini</li> <li>Other (Please attach explanation)</li> </ul>	t have not yet ad	lopted
		siness subsidy or financial assista Inder Minn. Stat. §116J.993 and §		

 $\exists$ Yes (Complete the remainder of the form.)  $\exists$  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	<ol> <li>Address where b will be used</li> <li>1389 CORMORA</li> </ol>		•		MN 5650
	Street address	City	State	ZIP code	5050
16. Does the recipient have a parent corporation? (Mark one.)	· · · · · · · · · · · · · · · · · · ·	<u> </u>		- <u>·</u> ····	
ି Yes (Indicate name and address of parent corporation below ଅଧ୍ୟ No	If more than one, ind	icate ultimate	owner i		
Name of parent corporation	Street address	City	State	ZIP code	

🖄 Manufacturing 🗅 Retail Trade	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please)</li> </ul>	se specify)
8. Did the recipient relocate as a result	of signing this agreement	? (Mark one.)	
Yes (Indicate city and state of previou No (Go to Question 19.)	us address and reason recu	pient did not complete this project at the	at address.)
City/State of previous address Reason	project not completed at	previous address	
9. Would the recipient have remained financial assistance? (Mark one.)	in previous location or rele	ocated elsewhere if not awarded this bus	iness subsidy or
C Remained at previous location	Relocated to differen	t Minnesota location 🛛 🖄 Relocated or	utside Minnesota
ection 3 General Information	About the Agreemen	t	
20. Total dollar value of business subsi assistance (Please separate value b	-	21. Date agreement signed (In addition date, indicate any dates the agreem	
<i>and 25.)</i> \$450,000 TIF		OCTOBER 3, 2000	
	e finished, equipment was	he business subsidy or financial assistan placed into service, or the recipient occi	
3. Does the agreement provide a busin be reported? (Mark one.)	v	our types of financial assistance (see Qu I financial assistance	estion 25) required to
4. If the agreement provided a business indicate the type(s) and total dollar		25. If the assistance was one of the four assistance, please indicate the type(	
not applicable, agreement provided fi	nancial assistance	not applicable, agreement provided a	business subsidy
l loan (only principal)	S	assistance for property polluted by contaminants	S
grant (i.e., forgivable loan) tax abatement	s	assistance for renovating building	S
TIF or other tax reduction or deferral guarantee of payment	s <u>450,000</u> s	stock or bringing it up to code, and assistance provided for designated	
contribution of property or infrastruct	ure S	historic preservation districts, when	
) preferential use of governmental facil I land contribution		50% or less of total cost assistance for pollution control or	S
other (Specify subsidy type.)	S	abatement assistance for a TIF soils condition di	istrict S
6 If the assistance included tax increm indicate the type of TIF district? (M		27. Are any other grantors providing a financial assistance to the same pro	
not applicable, assistance was not in t	he form of TIF	Yes (Specify each grantor and the va assistance below; attach an addition	
) redevelopment ) renewal and renovation ) soils condition			
economic development		Grantor(s) and value of the agreement(s	
) mined underground space ) hazardous substance subdistrict		DETROIT LAKES DEVELOPME	NT AUTHORITY - OOO TIF JOINT S,
			······································
	1	Grantor Value (	2)

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

Creating h	; economic dive igh-quality job on ; the community	growth			ise (cannot be only рип ecify)	
				s of goals, and wheth date(s) for each goal.	er the recipient had atta )	ined those goals
B) Other job C) Other wag D) Other goa	-creation and/or ge goals ils other than wa	retention goals age and job goa	ls	Goals established? Yes No Yes No Yes No Yes No	Target attainment dates (month & year)	All goals attained? Yes No Yes No Yes No Yes No
	h descriptions of not documented					
agreeme	nt and the avera	ge hourly value I-time equivale	e of any employer-po nts if you are unable	rovided health insuran to separate goals by	on goals stated in the ce goals for those jobs full- and part-time post	
	y Wage 1g benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals stated as FT/PT Job Creation		Hourly Value Health Insura
no hourly w	age-level goal				_24	s
less th	an \$7.00					\$
\$7.00	to \$8.99					s
<b>\$</b> 9.00 t	to \$10.99	<u> </u>		_10_		s
\$11.00	to \$12.99					s
\$13.00	to \$14.99	<u> </u>				s
						s
\$15.00 a	and higher					
31. For each date and	h of the followin d the <b>actual</b> hou	irly value of an	y employer-provided		reated and/or retained s those jobs. ( <u>Only</u> indic rt-time positions.)	
31. For each date and full-time Hourt	h of the followin d the <b>actual</b> hou	irly value of an	y employer-provided	d health insurance for	those jobs. <i>(<u>Only</u> india</i> et-time positions.) le to	
31. For each date and full-time Hourl (excludir	h of the followin d the <b>actual</b> hou e equivalents if y Wage	irly value of an you are unable Full-time Job	y employer-provideo <i>to separate job crea</i> Part-time/ Seasonal/Temp.	d health insurance for <i>ation into full- and par</i> FTE ( <u>only</u> if unabl separate FT/PT	those jobs. <i>(<u>Only</u> india</i> et-time positions.) le to	cate job creation Hourly Valu
31. For each date and full-time Hourl (excludir less th	h of the followin d the <b>actual</b> hou e equivalents if y Wage ng benefits)	irly value of an you are unable Full-time Job	y employer-provideo <i>to separate job crea</i> Part-time/ Seasonal/Temp.	d health insurance for <i>ation into full- and par</i> FTE ( <u>only</u> if unabl separate FT/PT	those jobs. <i>(<u>Only</u> india</i> et-time positions.) le to	cate job creation Hourly Valu Health Insur
31. For each date and full-time Hourl (excludir less th S7.00	h of the followin d the <b>actual</b> hou e equivalents if y Wage ig benefits) an S7.00	irly value of an you are unable Full-time Job	y employer-provideo <i>to separate job crea</i> Part-time/ Seasonal/Temp.	d health insurance for <i>ation into full- and par</i> FTE ( <u>only</u> if unabl separate FT/PT	those jobs. <i>(<u>Only</u> india</i> et-time positions.) le to	cate job creation Hourly Valu Health Insur
31. For each date and full-time Hourl (excludir less th S7.00 \$9.00	h of the followin d the actual hou e equivalents if y Wage ig benefits) an S7.00 to S8.99	irly value of an you are unable Full-time Job	y employer-provideo <i>to separate job crea</i> Part-time/ Seasonal/Temp.	d health insurance for <i>ation into full- and par</i> FTE ( <u>only</u> if unabl separate FT/PT	those jobs. <i>(<u>Only</u> india</i> et-time positions.) le to	cate job creation Hourly Valu Health Insur
31. For each date and full-time Hourl (excludir less th \$7.00 \$9.00 \$11.00	h of the followin d the <b>actual</b> hou e equivalents if y Wage ig benefits) an S7.00 to S8.99 to S10.99	irly value of an you are unable Full-time Job	y employer-provideo <i>to separate job crea</i> Part-time/ Seasonal/Temp.	d health insurance for <i>ation into full- and par</i> FTE ( <u>only</u> if unabl separate FT/PT	those jobs. <i>(<u>Only</u> india</i> et-time positions.) le to	Hourly Valu Hourly Valu Health Insur S S S

### Section 5 Recipients Failing to Fulfill Obligations

any recipients who failed to
el assistance awarded to that
lue of subsidy or assistance
er obligations under an of this report? (Mark one.)
it form to DTED .)
r terms of an agreement that
Initial value of subsidy or assistance
Dutstanding value of subsidy or assistance
community
o repay the assistance.
ons? (Mark one.)

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

Or fax to: (651) 215-3841

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2001 Minnesota Business Assistance Form

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### Section 1 Information About Grantor

1. Name of grantor (funding en CITY OF DETROIT LA		2. Name of person LARRY REM		this form			
3. Street address 1025 ROOSEVELT AVE	ENUE	4. City DETROIT LAK	ES, MN	5. ZIP c 5650			
6. County BECKER	8. Fax number 218-847-896	.9	9. E-ma lremm		ss ikesnet.	net	
10. Please indicate who in your	r organization should receive the	2002 MBAF if diffe	rent from the	person in	Questio		
Name/Title	Phone number	Street add	lress	City		ZIP code	
	fark one. If grantor is entity ease indicate affiliation. For check "City government.")	12. Has your orga adopted criter compliance w	ia for awardi	ng busines	s subsid	lies in	
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (<i>Please specify</i>.)</li> </ul>		<ul> <li>Yes (Indicate h</li> <li>No</li> <li>We held a public criteria (Indication)</li> <li>Other (Please a)</li> </ul>	ic hearing bu	t have not j	yet adop		
through December 31, 200	ed any agreements to award a bus 0 that is required to be reported u elete the remainder of the form.)		16J.993 and §	§116J.994?	(Mark		
Section 2 Information At	oout Recipient	T					
<ol> <li>Name of business or organ receiving subsidy or finance</li> </ol>		15. Address wher will be used	e business su	bsidy or fi	nancial	assistance	
BTD MANUFACTURING		1111 13th Street address	Avenue City		croit ate	Lakes, ZIP code	MN
16. Does the recipient have a p	arent corporation? (Mark one.)	· · · · · · · · · · · · · · · · · · ·					
	ress of parent corporation below	If more than one, i	ndicate ultim	ale owner	)		
VARISTAR CORPORATI	ON	PO BOX 9156	FARGO,	ND 58	3109-	9156	
Name of parent corporation		Street address	City	Sta	ite	ZIP code	

v	e.):			
Manufacturing Retail Trade	<ul> <li>Services</li> <li>Wholesale Trad</li> </ul>		urance, Real Estate n DOther (please specij	fs/
18. Did the recipient relocate as a result of s	signing this agreemer	nt? (Mark one.)		
❑ Yes (Indicate city and state of previous at ♥ No (Go to Question 19.)	ddress and reason re	cipient did not comple	rte this project at that addre	rss.)
City/State of previous address Reason pro	ject not completed a	t previous address		
19. Would the recipient have remained in particular financial assistance? (Mark one.)	revious location or re	elocated elsewhere if n	ot awarded this business su	bsidy or
Remained at previous location	Relocated to differe	ent Minnesota location	Relocated outside N	linnesota
ection 3 General Information Abo	out the Agreeme	ent		
<ol> <li>Total dollar value of business subsidy of assistance (Please separate value by typ and 25.)</li> </ol>			signed (In addition to the a ny dates the agreement was	
\$60,000		JANUA	RY 4, 2000	
22. Benefit date (Indicate the date the recip indicate the date improvements were fin whichever is earlier.)				
23. Does the agreement provide a business to be reported? (Mark one.)	subsidy or one of the business subsidy	four types of financia		(5) required to
24. If the agreement provided a business sub indicate the type(s) and total dollar val			was one of the four types of the indicate the type(s).	of financial
not applicable, agreement provided financ	cial assistance	🖄 not applicable, ag	reement provided a busines	s subsidy
Ioan (only principal) grant (i.e., forgivable loan)	s	assistance for pro by contaminants	perty polluted	S
☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment	ph s 60,000	<ul> <li>assistance for ren stock or bringing assistance provide</li> </ul>	it up to code, and	S
□ contribution of property or infrastructure □ preferential use of governmental facilities	S		tion districts, when	
<ul> <li>I and contribution</li> <li>other (Specify subsidy type.)</li> </ul>	s	assistance for pol		S
- other (Specify substay type.)		1	IF soils condition district	S
26. If the assistance included tax increment indicate the type of TIF district? (Mark			rantors providing a busines	
$\mathbf{x}$ not applicable, assistance was not in the fo	orm of TIF		n grantor and the value of the state of the second state of the second state of the second strength st	
□ redevelopment □ renewal and renovation □ soile condition		ם No		·
<ul> <li>soils condition</li> <li>economic development</li> </ul>		Grantor(s) and valu	e of the agreement(s):	
<ul> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>		BECKER COUNT	Y \$340,000	
		Grantor	Value (S)	
		Grantor	Value (S)	

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

(excluding benefits)       Creation       Job Creation       Job Creation       Health Insurance         no hourly wage-level goal	Enhancing economic dive Creating high-quality job Job retention Stabilizing the communit	growth		<ul> <li>Increasing tax base (a</li> <li>□ Other (please specify)</li> </ul>		
A) Specific wage and job goals to be attained within 2 years       established?       dates (month & year)       attained?         A) Specific wage goals       D Yes       No					e recipient had attai	ned those goals
80. 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.)         Full-time equivalents if you are unable to separate goals by full- and part-time positions.)         Full-time Part-time/ Creation Job Creation         FTE (only if goals not stated as FT/FT)         Job Retention         Not reation         Job Creation         Stated as FT/FT)         Job Retention         Hourly Wage (categories, indicate the number of actual point stated as for those jobs.         Stated as for 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-	<ul> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> <li>Please attach descriptions</li> </ul>	r retention goal age and job goa of goals and pr	s als rogress toward	established? date	s (month & year) GUST 2002	attained? Yes DNo Yes No Yes No
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/ 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	0. For each of the following	ng wage catego	ries, indicate the job o			
Hourly Wage (excluding benefits)       Job Creation       Seasonal/Temp. Job Creation       stated as FT/PT Job Retention       Hourly Value of Health Insurance         no hourly wage-level goal						
less than \$7.00		Job	Seasonal/Temp.	stated as FT/PT)	Job Retention	Hourly Value of Health Insurance
S7.00 to 58.99	no hourly wage-level goal					s
\$9.00 to \$10.99	less than \$7.00					\$
S11.00 to \$10.99	\$7.00 to \$8.99					\$
S11.00 to S11.97	\$9.00 to \$10.99	<u> </u>		40		s
S15.00 and higher	\$11.00 to \$12.99	<u> </u>				\$
State and the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)         Full-time       Part-time/       FTE (only if unable to separate FT/PT)       Job Retention       Hourly Value of the low retained since the benefit date of the separate FT/PT)         Hourly Wage       Job       Seasonal/Temp.       Separate FT/PT)       Job Retention       Hourly Value of Health Insurance for the separate FT/PT)         iess than \$7.00	\$13.00 to \$14.99				<del></del>	s
date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation into full-time equivalents if you are unable to separate job creation into full- and part-time positions.)       Image: Constraint of the position of the posit	\$15.00 and higher					s
(excluding benefits)         Creation         Job Creation         Job Creation         Health Insurance           less than \$7.00	date and the <b>actual</b> ho <i>full-time equivalents if</i>	urly value of ar <i>you are unable</i> Full-time	ny employer-provided e to separate job crea Part-time/	l health insurance for thos tion into full- and part-tin FTE (only if unable to	e jobs. ( <u>Only</u> indica ne positions.)	
S7.00 to \$8.99			•	•	Job Retention	Hourly Value of Health Insurance
\$9.00 to \$10.99	less than \$7.00					٢
\$11.00 to \$12.99       \$\$         \$13.00 to \$14.99       \$\$	\$7.00 to \$8.99					s
\$13.00 to \$14.99 \$						s
	\$9.00 to \$10.99					s
\$15.00 and higher \$		<u> </u>				
	\$11.00 to \$12.99					5

2001 Minnesota Business Assistance Form

### Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you completed	it on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through Decem report as required by Minn. Stat. §116J.993 and §1</li> </ol>		we any recipients who failed to
Yes (Indicate the name of each recipient failing to re recipient. Attach additional pages if necessary.)		icial assistance awarded to that
δ No		
Name of recipient Type of subsidy or assist	tance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that		
Yes (Complete the remainder of this	section.) 🛛 🖾 No (Stop here and su	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each rewere to be attained by the time of reporting.</li> </ul>		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment ob	bligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assist	ance. D No, recipient <u>has not begu</u>	<u>n</u> to repay the assistance.
38. Has the agreement been amended to extend the rec	ipient's deadline for fulfilling its oblig	ations? (Mark one.)
	🗅 Yes 🗆 No	
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

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

### Section 1 Information About Grantor

1. Name of grantor (funding en City of Duluth	tity)	2. Name of person completing this form Michael Conlan		
3. Street address	Street address		5. ZIP code	
411 West First	411 West First Street		55802	
6. County	7. Phone number	8. Fax number	9. E-mail address	nn.us
St. Louis	(218)723-3556	(218)723-3540	mconlan@ci.duluth.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
created by gov't agenc	ot (Mark one. If grantor is entity y, please indicate affiliation. For ould check "City government.")	<ol> <li>Has your organization h adopted criteria for awa compliance with Minn.</li> </ol>	rding business su	ibsidies in
City government	1	9 Yes (Indicate hearing da □ No	te - <u>5-22-0</u>	attach criteria
Regional government		We held a public hearing	but have not vet	adopted
State government		criteria (Indicate date of	•	•
Other (Please specify.)		Other (Please attach expl	anation.)	

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.)

**X**Yes (Complete the remainder of the form.) **D**No (Stop here, go to section 5 on page 4.)

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address whe will be used	re business	subsidy or financial	assistance
United HealthCare Services, Inc.	4316 Rice	Lake F	Road,Duluth,	MN 55811
	Street address	City	State	ZIP code
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>X Yes (Indicate name and address of parent corporation belo No United HealthCare Group</li> </ul>	w. If more than one,		timate owner.) Hopkins, MN	55343
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
<ul> <li>Manufacturing</li> <li>Services</li> <li>Retail Trade</li> <li>Wholesale</li> </ul>	<ul> <li>Finance, Insurance, Real Estate</li> <li>Trade Construction Other (please specify)</li> </ul>
18. Did the recipient relocate as a result of signing this agr	eement? (Mark one.)
□ Yes (Indicate city and state of previous address and reas XXNo (Go to Question 19.) Expansion of Dul	
City/State of previous address Reason project not complete	eted at previous address
19. Would the recipient have remained in previous location financial assistance? (Mark one.)	n or relocated elsewhere if not awarded this business subsidy or
C Remained at previous location C Relocated to	different Minnesota location 2 Relocated outside Minnesota
Section 3 General Information About the Agr	eement
<ul> <li>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions and 25.)</li> <li>\$500,000</li> </ul>	City MIF Agreement 6-28-00; Loan agreement w/recipient currently
	being executed. it from the business subsidy or financial assistance. For example, ent was placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one be reported? (Mark one.)	of the four types of financial assistance (see Question 25) required to idy
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type	<ul><li>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</li></ul>
not applicable, agreement provided financial assistance	□ not applicable, agreement provided a business subsidy
loan (only principal)       \$	<ul> <li>assistance for renovating building \$</li></ul>
26. If the assistance included tax increment financing, plea indicate the type of TIF district? (Mark one.)	financial assistance to the same project? (Mark one.)
☐ not applicable, assistance was not in the form of TIF □ redevelopment □ renewal and renovation	<ul> <li>Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</li> <li>No</li> </ul>
<ul> <li>soils condition</li> <li>economic development</li> </ul>	Grantor(s) and value of the agreement(s):
<ul> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	DEDA* 1,500,000
	Grantor DEDA* Value (\$50,000
	Grantor Value (\$)

### *See separate report.

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<ol> <li>Minn. Stat. §116J.994 re of the following public p</li> </ol>					urpose. Which
Enhancing economic diver Creating high-quality job Job retention Stabilizing the community	growth		•	e (cannot be only purp cify)	
29. Indicate whether the agr at the time of this report				the recipient had attain	ned those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	r retention goals		established? d Yes No Yes No Yes No Yes No	Target attainment lates (month & year) 6-30-03	All goals attained? Yes X No Yes No Yes No Yes No
(Please attach descriptions of attainment if not documented					
30. For each of the followin agreement and the avera job creation goals in ful	age hourly value	e of any employer-pro	ovided health insurance	e goals for those jobs. ull- and part-time posi	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation		Hourly Value of Health Insurance
no hourly wage-level goal					S
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99	204				s <u>2.2</u> 6
\$11.00 to \$12.99	148				<u>2.70-3.</u>
\$13.00 to \$14.99	11				<u>s 3.3</u> 9
@16.00 11.51.	7	<u></u>			<u>, 5.6</u> 5
\$15.00 and higher					
<ul> <li>31. For each of the following date and the actual how full-time equivalents if</li> <li>Hourly Wage (excluding benefits)</li> </ul>	urly value of any	y employer-provided	health insurance for th	hose jobs. ( <u>Only</u> indic t-time positions.) e to	
31. For each of the following date and the actual how full-time equivalents if Hourly Wage	urly value of any <i>fyou are unable</i> Full-time Job	y employer-provided • <i>to separate job creat</i> Part-time/ Seasonal/Temp.	health insurance for th tion into full- and part FTE (only if unable separate FT/PT)	hose jobs. ( <u>Only</u> indic 1-time positions.) e to Job	ate job creation in Hourly Value of
<ul> <li>31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits)</li> </ul>	urly value of any <i>f you are unable</i> Full-time Job Creation	y employer-provided • <i>to separate job creat</i> Part-time/ Seasonal/Temp.	health insurance for th tion into full- and part FTE (only if unable separate FT/PT)	hose jobs. ( <u>Only</u> indic 1-time positions.) e to Job	ate job creation in Hourly Value of Health Insurance S
<ul> <li>31. For each of the following date and the actual how full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00</li> </ul>	urly value of any you are unable Full-time Job Creation 0	y employer-provided • <i>to separate job creat</i> Part-time/ Seasonal/Temp.	health insurance for th tion into full- and part FTE (only if unable separate FT/PT)	hose jobs. ( <u>Only</u> indic 1-time positions.) e to Job	Hourly Value of Hourly Value of Health Insurance $\frac{s_{}}{\frac{1.82}{2.21}-2}$ .
<ul> <li>31. For each of the followidate and the actual hour full-time equivalents if</li> <li>Hourly Wage (excluding benefits)</li> <li>less than \$7.00</li> <li>\$7.00 to \$8.99</li> </ul>	urly value of any you are unable Full-time Job Creation 0 8	y employer-provided • <i>to separate job creat</i> Part-time/ Seasonal/Temp.	health insurance for th tion into full- and part FTE (only if unable separate FT/PT)	hose jobs. ( <u>Only</u> indic 1-time positions.) e to Job	Hourly Value of Hourly Value of Health Insurance $\frac{s_{}}{\frac{1.82}{2.21}-2}$ .
<ul> <li>31. For each of the following date and the actual how full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00</li> <li>\$7.00 to \$8.99</li> <li>\$9.00 to \$10.99</li> </ul>	urly value of any you are unable Full-time Job Creation 0 8 56	y employer-provided • <i>to separate job creat</i> Part-time/ Seasonal/Temp.	health insurance for th tion into full- and part FTE (only if unable separate FT/PT)	hose jobs. ( <u>Only</u> indic 1-time positions.) e to Job	ate job creation in Hourly Value of Health Insurance

🗅 Yes 🛛 🕵 No

2001 Minnesota Business Assistance Form

### Section 5 Recipients Failing to Fulfill Obligations

Do not complete this s	ection if you completed it	t on another 2001 MBAF subr	nitted to DTED.)			
	uary 1, 2000 through Decembe finn. Stat. §116J.993 and §116	r 31, 2000, did your organization hav J.994? <i>(Mark one.)</i>	ve any recipients who failed to			
	of each recipient failing to repo lditional pages if necessary.)	ort and the value of subsidy or finan	cial assistance awarded to that			
🖄 No						
Name of recipient	Type of subsidy or assistar	nce (See Questions 24 and 25.)	Value of subsidy or assistance			
		l to achieve any goals or fulfill any o ere required to be fulfilled by the tim				
🗅 Yes (Co	mplete the remainder of this se	ection.) 👌 No (Stop here and sul	bmit form to DTED .)			
		pient failing to fulfill goals or any ot tach additional pages if necessary.)	her terms of an agreement that			
35. Information on recipie	ent and agreement:					
Name of recipient in default     Type of subsidy or assistance     Initial value of subsidy or assistance						
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance			
36. Reason(s) for default	(Mark all that apply.):					
<ul> <li>recipient ceased operati</li> <li>recipient was unable to</li> </ul>		<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community			
37. To date, has the recip	ient fulfilled its repayment obli	gation? (Mark one.)				
Q Yes Q No, recipient	has begun to repay the assistan	nce. D No, recipient <u>has not begu</u>	in to repay the assistance.			
38. Has the agreement be	en amended to extend the recip	vient's deadline for fulfilling its oblig	gations? (Mark one.)			
		🗅 Yes 🗆 No	· · · · · · · · · · · · · · · · · · ·			
39. Describe the steps bei	ng taken to bring recipient into	compliance or recoup the subsidy:				
			· · · · · · · · · · · · · · · · · · ·			

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

Or fax to: (651) 215-3841

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

### 1. Name of grantor (funding entity) (DEDA) EDA 2. Name of person completing this form Duluth Economic Development Author Michael Conlan -----3. Street address 4. City 5. ZIP code Duluth 55802 411 West First Street 7. Phone number 9. E-mail address 6. County 8. Fax number (218)723-3556 (218)723 - 3540mconlan@ci.duluth.mn.us St. Louis 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 ZIP code City 11. Classification of grantor (Mark one. If grantor is entity 12. Has your organization held a public hearing on and created by gov t agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) $\mathbf{X}$ Yes (Indicate hearing date -5-9-00 and attach criteria) XX City government County government ⊡ No □ Regional government I We held a public hearing but have not yet adopted □ State government criteria (Indicate date of initial hearing - _ C Other (Please specify.) □ 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.) XYes (Complete the remainder of the form.) $\square$ No (Stop here, go to section 5 on page 4.) Section 2 Information About Recipient

### Section 1 Information About Grantor

14. Name of business or organization receiving subsidy or financial assistance	15. Address wh will be used		osidy or financ	ial assistance	
Duke Construction Limited Partnership	4316 Rice Street address	Lake Rd, City	Duluth, State	MN 55811 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.) ♀ No					
Name of parent corporation	Street address	City	State	ZIP code	

	□ Manufacturing □ Retail Trade	□ Services □ Wholesale Trade	Construction	nce, Real Estate	·)
8. Did the recipie	ent relocate as a result of	signing this agreement	:? (Mark one.)		
Yes (Indicate cit KNo (Go to Quest		uddress and reason reci	ipient did not complete t	his project at that addres	s.)
ity/State of previo	ous address Reason pr	oject not completed at [	previous address		
	ipient have remained in p nce? (Mark one.)	previous location or rel	ocated elsewhere if not a	awarded this business sub	sidy or
	d at previous location	Relocated to differen	nt Minnesota location	X Relocated outside Mi	innesota
ction 3 Gene	ral Information At	out the Agreeme	nt		<u>.</u> .
	alue of business subsidy ease separate value by ty			med (In addition to the ag dates the agreement was	
	1,650,000		6-30-00	C	
	ate improvements were fi	. , .		financial assistance. For the recipient occupied the	•
23. Does the agree be reported?	(Mark one.)		four types of financial as financial assistance	ssistance (see Question 2	5) required to
indicate the ty	nt provided a business su pe(s) and total dollar va	alue for each type.	assistance, please	as one of the four types o indicate the type(s).	
	agreement provided fina	icial assistance		ement provided a busines	s subsidy
□ loan (only princ □ grant (i.e., forgi		\$ \$	<ul> <li>assistance for proper by contaminants</li> </ul>		\$
	reduction or deferral	ss00	assistance for renov		S
☐ tax abatement	yment property or infrastructur	s	stock or bringing it assistance provided historic preservatio 50% or less of total	for designated n districts, when	
tax abatement         TTIF or other tax         guarantee of pay         contribution of         preferential use         land contribution         cother (Specify signature)	yment property or infrastructure of governmental facilitie on ubsidy type.)grant	s es S for S <u>150,00</u> 0	assistance provided historic preservatio 50% or less of total assistance for pollut abatement	for designated n districts, when cost	S
Itax abatement         Itax abatement         Itax of the tax         guarantee of pay         contribution of         preferential use         land contribution         Aother (Specify signature)	yment property or infrastructure of governmental facilities	s es S for S <u>150,00</u> 0	assistance provided historic preservatio 50% or less of total assistance for pollut abatement	for designated n districts, when cost sion control or	\$ \$
Lax abatement         XTIF or other tax         guarantee of pay         contribution of         preferential use         land contribution         cother (Specify signature)         conviro         C6. If the assistan	yment property or infrastructure of governmental facilitie on ubsidy type.)grant	s es s for s_150,000 iation	assistance provided historic preservatio 50% or less of total assistance for pollut abatement assistance for a TIF	for designated n districts, when cost sion control or	
<ul> <li>tax abatement</li> <li>TTIF or other tax</li> <li>guarantee of pay</li> <li>contribution of</li> <li>preferential use</li> <li>land contribution</li> <li>dother (Specify signature)</li> <li>convir of</li> </ul>	yment property or infrastructure of governmental facilitie m ubsidy type.) _grant onmental remedi- ice included tax increment ype of TIF district? (Mar assistance was not in the	s ess fors_ <u>150,00</u> 0 iation nt financing, please <i>k one.</i>	assistance provided historic preservatio 50% or less of total assistance for pollut abatement assistance for a TIF 27. Are any other gran financial assistance	for designated n districts, when cost sion control or soils condition district ntors providing a business	lark one.) heir
<ul> <li>⇒ tax abatement</li> <li>TTF or other tax</li> <li>&gt; guarantee of pay</li> <li>&gt; contribution of</li> <li>&gt; preferential use</li> <li>&gt; land contribution</li> <li>&gt; contribution</li>     &lt;</ul>	yment property or infrastructure of governmental facilitie m ubsidy type.) grant onmental remedi- nee included tax increment ype of TIF district? (Mar assistance was not in the	s ess fors_ <u>150,00</u> 0 iation nt financing, please <i>k one.</i>	assistance provided historic preservatio 50% or less of total assistance for pollut abatement assistance for a TIF 27. Are any other gran financial assistance	for designated n districts, when cost fron control or soils condition district ntors providing a business e to the same project? (A trantor and the value of the	lark one.) heir
<ul> <li>tax abatement</li> <li>TTF or other tax</li> <li>guarantee of pay</li> <li>contribution of</li> <li>preferential use</li> <li>land contribution</li> <li>contribution</li> <li>contreleve</li></ul>	yment property or infrastructure of governmental facilitie m ubsidy type.) grant onmental remedi- nee included tax increment ype of TIF district? (Mar assistance was not in the novation lopment	s ess fors_ <u>150,00</u> 0 iation nt financing, please <i>k one.</i>	assistance provided historic preservatio 50% or less of total assistance for pollut abatement assistance for a TIF 27. Are any other gran financial assistance X Yes (Specify each g assistance below: a	for designated in districts, when cost from control or soils condition district intors providing a business to the same project? (A trantor and the value of th ttach an additional sheet	lark one.) heir if necessary.

*See separate report.

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Section 4 Goals and P	ublic Purpos	e Identified in t	the Agreement		
28. Minn. Stat. §116J.994 i of the following public			nancial assistance agreemen ent? (Mark all that apply.)	ts state a public pu	rpose. Which
<ul> <li>Enhancing economic diversity</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	growth		<ul> <li>Increasing tax base (ca</li> <li>Other (please specify)</li> </ul>		
29. Indicate whether the ag at the time of this repor			es of goals, and whether the date(s) for each goal.)	recipient had attai	ned those goals
				get attainment (month & year)	All goals attained?
A) Specific wage and job g	oals to be attaine	d within 2 years	🗆 Yes 🗔 No		∃Yes ∃No
B) Other job-creation and/o	r retention goals		<b></b>		Yes No
C) Other wage goals D) Other goals other than w	age and job goal	c	<b>—</b> • • • • • •		□Yes □No □Yes X□No
b) Other goals other than w	age and job goal	3			
Please attach descriptions		(land 31)	See attached excented	-	icle I of th
agreement and the aver	age hourly value	of any employer-p	creation and/or retention go rovided health insurance go e to separate goals by full- a	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	<u> </u>				s
less than \$7.00					\$
\$7.00 to \$8.99					s
\$9.00 to \$10.99					s
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					s
S15.00 and higher					s
date and the actual ho	ourly value of any	/ employer-provide	mber of <b>actual</b> jobs created d health insurance for those ation into full- and part-time	jobs. ( <u>Only</u> indice	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99		1			\$
\$11.00 to \$12.99					s
\$13.00 to \$14.99			<del></del>		s
\$15.00 and higher					s
32. Has the recipient achi (Mark one.)	eved <u>all goals</u> (se		and 31) and fulfilled <u>all ob</u>	ligations stipulated	in the agreement?
			DI No		

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### Section 5 Recipients Failing to Fulfill Obligations

	s section if you completed it		
	anuary 1, 2000 through December Minn. Stat. §116J.993 and §116.	r 31, 2000, did your organization ha J.994? <i>(Mark one.)</i>	ve any recipients who failed to
	ne of each recipient failing to repo additional pages if necessary.)	ort and the value of subsidy or finan	cial assistance awarded to that
ZNO \$.7.14. 6/14/0	4		
Name of recipient	Type of subsidy or assistan	ice (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed or		to achieve any goals or fulfill any o ere required to be fulfilled by the tim $\pounds.4.4.6/14$ ction.) A No (Stop here and sub	ne of this report? (Mark one.)
		pient failing to fulfill goals or any ot tach additional pages if necessary.)	her terms of an agreement that
35. Information on recip	pient and agreement:		
Name of recipient in def	fault	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipie	nt	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defau	It (Mark all that apply.):		
recipient ceased operation		<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
<ul> <li>recipient ceased operative</li> <li>recipient was unable</li> </ul>		• other (Specify reason.)	ent community
<ul> <li>recipient ceased operative recipient was unable</li> <li>37. To date, has the rec</li> </ul>	to fill vacant positions	Gother (Specify reason.)	
<ul> <li>recipient ceased operative operative</li></ul>	to fill vacant positions sipient fulfilled its repayment obli- ant <u>has begun</u> to repay the assistan	other (Specify reason.) gation? (Mark one.)	in to repay the assistance.
<ul> <li>recipient ceased operative operative</li></ul>	to fill vacant positions sipient fulfilled its repayment obli- ant <u>has begun</u> to repay the assistan	other (Specify reason.) gation? (Mark one.)  ace.  No, recipient has not begu	in to repay the assistance.
<ul> <li>recipient ceased oper</li> <li>recipient was unable</li> <li>37. To date, has the rec</li> <li>Yes No, recipie</li> <li>38. Has the agreement has t</li></ul>	to fill vacant positions sipient fulfilled its repayment obli- ent <u>has begun</u> to repay the assistan been amended to extend the recip	<ul> <li>other (Specify reason.)</li> <li>gation? (Mark one.)</li> <li>nce. No, recipient has not beguinert's deadline for fulfilling its oblighted and the second sec</li></ul>	in to repay the assistance.
<ul> <li>recipient ceased oper</li> <li>recipient was unable</li> <li>37. To date, has the rec</li> <li>Yes No, recipie</li> <li>38. Has the agreement has t</li></ul>	to fill vacant positions sipient fulfilled its repayment obli- ent <u>has begun</u> to repay the assistan been amended to extend the recip	other (Specify reason.) gation? (Mark one.)  ace. INO, recipient has not begu ient's deadline for fulfilling its oblig     Yes INO	in to repay the assistance.
<ul> <li>recipient ceased oper</li> <li>recipient was unable</li> <li>37. To date, has the rec</li> <li>Yes No, recipie</li> <li>38. Has the agreement has t</li></ul>	to fill vacant positions sipient fulfilled its repayment obli- ent <u>has begun</u> to repay the assistan been amended to extend the recip	other (Specify reason.) gation? (Mark one.)  ace. INO, recipient has not begu ient's deadline for fulfilling its oblig     Yes INO	in to repay the assistance.

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

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Department of Trade and Economic Development

# RECEIVED MAR 2 9 2001

of the Captured Tax Increment over the term of the Agréement, whichever is less.

- H. <u>Executive Director</u> shall be the Executive Director of DEDA or such person or persons designated in writing by said Executive Director.
- I. <u>Living Wage</u> shall mean those packages of wages and benefits required by the Living Wage Ordinance.
- J. <u>Living Wage Ordinance</u> shall mean Article XXVI of Chapter 2 of the Duluth City Code, 1959, as amended.
- K. <u>Project</u> 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. <u>Property</u> 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 <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

#### 1. Name of grantor (funding entity) 2. Name of person completing this form EDINA HOUSING & REDEVELOPMENT AUTHORITY GORDON L. HUGHES 4. City 5. ZIP code 3. Street address 55424 EDINA 4801 WEST 50TH STREET 6. County 7. Phone number 8. Fax number 9. E-mail address (952) 826-0401 (952) 826-0390 ghughes@ci.edina.mn.us HENNEPIN 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 12. Has your organization held a public hearing on and 11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) Yes (Indicate hearing date - 8/15/00nd attach criteria) City government 🗆 No County government Grant We held a public hearing but have not yet adopted Regional government criteria (Indicate date of initial hearing - ___ □ State government □ Other (Please specify.) □ 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.) □ No (Stop here, go to section 5 on page 4.)

### Section 1 Information About Grantor

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address v will be us	where business su sed	ıbsidy or financi	al assistance
GRANDVIEW SQUARE, L.L.C.	5201 ED Street address	EN AVENUE City	EDINA MN State	55436 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	<u> </u>			
XYes (Indicate name and address of parent corporation below.	If more than o	ne, indicate ultim	ate owner.)	
See attached Name of parent corporation	Street address	City	State	ZIP code

# PARENT CORPORATION

Γ

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

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

17. Industry of recipient's facility (Mark one.	.):			
<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	□ Finance, Insurance, I □ Construction	Real Estate Other (please specify)	office
8. Did the recipient relocate as a result of sig	gning this agreement? (	Mark one.)		
❑ Yes (Indicate city and state of previous add XNo (Go to Question 19.)	dress and reason recipi	ent did not complete this p	project at that address	r.)
City/State of previous address Reason proje	ect not completed at pro	vious address		
9. Would the recipient have remained in pre financial assistance? (Mark one.)	evious location or reloc	ated elsewhere if not awar	ded this business sub	sidy or
Remained at previous location	Relocated to different	Minnesota location	Relocated outside Mi	nnesota
ection 3 General Information Abo	ut the Agreement			
<ol> <li>Total dollar value of business subsidy or assistance (Please separate value by type and 25.)</li> </ol>	financial 2 in Questions 24	. Date agreement signed date, indicate any date.	(In addition to the ag s the agreement was d	greement amended.)
\$3,950,000		8/15/00		
<ul> <li>22. Benefit date (Indicate the date the recipie indicate the date improvements were finis whichever is earlier.)</li> <li>NO BENEFIT RECEIVED TO DATE</li> </ul>	shed, equipment was p			
3. Does the agreement provide a business su	ubsidy or one of the for	r types of financial assista	ance (see Question 2	5) required to
be reported? (Mark one.)	ousiness subsidy	financial assistance		
24. If the agreement provided a business subs indicate the <b>type(s) and total dollar valu</b>		5. If the assistance was or assistance, please indic		f financial
not applicable, agreement provided financi	al assistance	not applicable, agreemen	t provided a busines	s subsidy
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> </ul>	\$	assistance for property po by contaminants assistance for renovating stock or bringing it up to assistance provided for d historic preservation disi	building code, and esignated	\$ \$
<ul> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	\$	50% or less of total cost assistance for pollution c abatement		\$
		assistance for a TIF soils	condition district	\$
<ol> <li>If the assistance included tax increment f indicate the type of TIF district? (Mark o</li> </ol>		7. Are any other grantors financial assistance to t		
I not applicable, assistance was not in the for	rm of TIF	Yes (Specify each grantc assistance below; attach		
redevelopment renewal and renovation soils condition		POLLUTION CLE		, <del>-</del> -,,,,
) economic development ) mined underground space	G	rantor(s) and value of the	agreement(s):	
hazardous substance subdistrict		EDINA HRA APPF rantor	ROX IMATELY \$5 Value (\$)	00,000
	5	rantor	Value (\$)	·

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<ol> <li>Minn. Stat. §116J.994 r of the following public</li> </ol>	equires that bus purposes were s	iness subsidy and fin stated in the agreemer	ancial assistance agreemen nt? (Mark all that apply.)	its state a public pu	rpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		☐ Increasing tax base (ca ✗) Other <i>(please specify)</i>		
29. Indicate whether the aga at the time of this report	reement include t. <i>(Fill in the bo</i>	d the following types oxes and attainment a	of goals, and whether the late(s) for each goal.)	recipient had attain	ned those goals
A) Specific wage and job gc B) Other job-creation and/or C) Other wage goals D) Other goals other than w	r retention goals	5	established? dates Yes X No Yes X No	get attainment (month & year)	All goals attained? Yes No Yes No Yes No Yes No
Please attach descriptions a attainment if not documente	of goals and pro d in Questions .	ogress toward 30 and 31.)			
	age hourly valu	e of any employer-pr	reation and/or retention go ovided health insurance go to separate goals by full- o	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal		·			s
less than \$7.00					s
					s
\$7.00 to \$8.99					
\$7.00 to \$8.99 \$9.00 to \$10.99					s
					s
\$9.00 to \$10.99					
\$9.00 to \$10.99 \$11.00 to \$12.99					s
<ul> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>31. For each of the following date and the actual hour full-time equivalents if the second s</li></ul>	urly value of an	y employer-provided	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (Only indice	s s s nce the benefit
<ul> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>S1 For each of the following date and the actual hour full-time equivalents if</li> </ul>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to	jobs. ( <u>Only</u> indice e positions.)	ss s nce the benefit ate job creation in Hourly Value o
<ul> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>Tor each of the followidate and the actual hour full-time equivalents if Hourly Wage (excluding benefits)</li> </ul>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Only</u> indice e positions.)	ss s nce the benefit <i>ate job creation in</i> Hourly Value o Health Insuranc
<ul> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>81. For each of the followidate and the actual hour full-time equivalents if full-time equivalents if the excluding benefits)</li> <li>less than \$7.00</li> </ul>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Only</u> indice e positions.)	ss s nce the benefit <i>ate job creation in</i> Hourly Value o Health Insuranc
<ul> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>For each of the followidate and the actual hot full-time equivalents if</li> <li>Hourly Wage (excluding benefits)</li> <li>less than \$7.00</li> <li>\$7.00 to \$8.99</li> </ul>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Only</u> indice e positions.)	ss s nce the benefit <i>ate job creation in</i> Hourly Value o Health Insuranc
<ul> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>S1 For each of the following date and the actual hour full-time equivalents if the full wage (excluding benefits)</li> <li>less than \$7.00</li> <li>\$7.00 to \$8.99</li> <li>\$9.00 to \$10.99</li> </ul>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Only</u> indice e positions.)	ss ss nce the benefit ate job creation in Hourly Value o Health Insuranc ss ss

2001 Minnesota Business Assistance Form

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### Section 5 Recipients Failing to Fulfill Obligations

<ul> <li>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. §1161.993 and §1161.994? (<i>Mark one.</i>)</li> <li>□ \ 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 (f necessary.</i>)</li> <li>○ KNo</li> <li>Name of recipient Type of subsidy or assistance (<i>See Questions 24 and 25.</i>) Value of subsidy or assistance</li> <li>34. 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>)</li> <li>□ \ Yes (<i>Complete the remainder of this section.</i>) QN (<i>Stop here and submit form to DTED.</i>)</li> <li>35 39. Provide the following information 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>)</li> <li>35. Information on recipient and agreement:</li> <li>Name of recipient in default Type of subsidy or assistance in the subsidy or assistance</li> <li>Street address of recipient (<i>Mark all that apply.</i>):</li> <li>□ recipient relocated to a different community</li> <li>□ recipient was unable to fill vacant positions</li> <li>□ other (<i>Specify reason.</i>)</li> <li>36. Reason(s) for default (<i>Mark all that apply.</i>):</li> <li>□ recipient tas be greenent being atken to bring recipient 's deadline for fulfilling its obligations? (<i>Mark one.</i>)</li> <li>□ Yes □ No, recipient has begun to repay the assistance.</li> <li>36. Has the agreement been amended to extend the recipient 's deadline for fulfilling its obligations? (<i>Mark one.</i>)</li> <li>□ Yes □ No</li> <li>39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:</li> <li>□ Yes □ No</li> </ul>	Do not complete this section if you completed it	on another 2001 MBAF subr	nitted to DTED.)
recipient. Attach additional pages if necessary.)         INNo         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.)         Image: Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)         35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)         35. Information on recipient and agreement:         Name of recipient in default       Type of subsidy or assistance         Image: Street address of recipient       Outstanding value of subsidy or assistance         36. Reason(s) for default (Mark all that apply.):       recipient relocated to a different community         Image: Involve the following informations       Image: No, recipient has begun to repay the assistance.         36. Reason(s) for default (Mark all that apply.):       Image: Provide the following informations         Image:	<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116</li> </ol>	r 31, 2000, did your organization ha 5J.994? <i>(Mark one.)</i>	ve any recipients who failed to
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.)         Q Yes (Complete the remainder of this section.)       Q 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 recipient in default       Type of subsidy or assistance         Street address of recipient       City/ZIP code of recipient         36. Reason(s) for default (Mark all that apply.):       city city reason.)         Greepient ceased operation       crecipient relocated to a different community         Greepient was unable to fill vacant positions       other (Specify reason.)         37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)       No, recipient has begun to repay the assistance.         38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)       No	Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	ort and the value of subsidy or finan	cial assistance awarded to that
34. 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.)       ② 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         Street address of recipient       City/ZIP code of recipient         36. Reason(s) for default (Mark all that apply.):       □ recipient relocated to a different community         37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)       □ No, recipient has begun to repay the assistance.         38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)       □ Yes □ No	<b>₩</b> No		
agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? ( <i>Mark one.</i> )          Yes (Complete the remainder of this section.)       On (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 was unable to fill vacant positions         37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)         Yes       No, recipient has begun to repay the assistance.         38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)	Name of recipient Type of subsidy or assistant	nce (See Questions 24 and 25.)	Value of subsidy or assistance
35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)         35. Information on recipient and agreement:         Name of recipient in default       Type of subsidy or assistance         Name of recipient in default       Type of subsidy or assistance         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         37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)         Yes         Yes         No, recipient has begun to repay the assistance.         Yes       No			
were to be attained by the time of reporting. (Attach additional pages if necessary.)         35. Information on recipient and agreement:         Name of recipient in default       Type of subsidy or assistance         Name of recipient in default       Type of subsidy or assistance         Street address of recipient       City/ZIP code of recipient         Outstanding value of subsidy or assistance         36. Reason(s) for default (Mark all that apply.):         recipient ceased operation         recipient was unable to fill vacant positions         other (Specify reason.)         37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)         Yes       No, recipient has begun to repay the assistance.         38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)         Yes       No	Yes (Complete the remainder of this se	ction.) 🛛 🛱 No (Stop here and sul	bmit form to DTED .)
Street address of recipient       City/ZIP code of recipient       Outstanding value of subsidy or assistance         36. Reason(s) for default (Mark all that apply.):       recipient relocated to a different community         recipient 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.         38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)         Yes       No	were to be attained by the time of reporting. $(A)$		
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.         38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)         □ Yes       □ No	Name of recipient in default	Type of subsidy or assistance	
<ul> <li>recipient ceased operation</li> <li>recipient relocated to a different community</li> <li>other (Specify reason.)</li> </ul> 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) Yes \u2226 No.	Street address of recipient	City/ZIP code of recipient	
<ul> <li>recipient was unable to fill vacant positions</li> <li>other (Specify reason.)</li> <li>37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)</li> <li>Yes No, recipient has begun to repay the assistance.</li> <li>No, recipient has not begun to repay the assistance.</li> <li>38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)</li> <li>Yes No</li> </ul>	36. Reason(s) for default (Mark all that apply.):		
<ul> <li>Yes No, recipient has begun to repay the assistance.</li> <li>No, recipient has not begun to repay the assistance.</li> <li>38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)</li> <li>Yes No</li> </ul>		-	ent community
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)	37. To date, has the recipient fulfilled its repayment oblig	gation? (Mark one.)	
□ Yes □ No	<b>Y</b> es <b>No</b> , recipient <u>has begun</u> to repay the assistan	ce. D No, recipient has not begu	n to repay the assistance.
	38. Has the agreement been amended to extend the recip	ient's deadline for fulfilling its oblig	gations? (Mark one.)
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:		Yes No	
	39. Describe the steps being taken to bring recipient into	compliance or recoup the subsidy:	
		i	

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

Or fax to: (651) 215-3841



# 2001 Minnesota Business Assistance Form RECEIVED APR 2 1,2001

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

### Section 1 Information About Grantor

3. Street address       4. City       5. ZIP code         13065 Orono Parkway       Elk River       55330         6. County       7. Phone number       8. Fax number       9. E-mail address         Sherburne       763-441-7420       763-441-7425       cmehelich@ci.elk-r				2. Name of person completing this form Catherine Mehelich		
			2			
				9. E-mail address cmehelich@ci.elk-r		

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

**ΠΠ**-1

Name/Title	Phone number	Street address	City	ZIP code
<ol> <li>Classification of grantor (Mar created by gov't agency, plea example, a city EDA would ch</li> <li>City government</li> </ol>	se indicate affiliation. For	<ul> <li>12. Has your organization h adopted criteria for awar compliance with Minn.</li> <li>Yes (Indicate hearing da)</li> </ul>	rding business su Stat. §116J.994? 7	ubsidies in (Mark one.)
County government			ie offolgane	<u>unuen criteriu</u> )
C Regional government		□ We held a public hearing	but have not yet	adopted
State government		criteria (Indicate date of	initial hearing -	)
□ Other (Please specify.)		☐ Other (Please attach expl	anation.)	
<ol> <li>Has your organization signed through December 31, 2000 t</li> </ol>		isiness subsidy or financial assi under Minn. Stat. §116J.993 an		

**X**Yes (Complete the remainder of the form.) **No** (Stop here, go to section 5 on page 4.)

#### Section 2 Information About Recipient 14. Name of business or organization 15. Address where business subsidy or financial assistance receiving subsidy or financial assistance will be used SoftPac Industries, Inc. <u>13512 Business Ctr Dr Elk River MN</u> ZIP code Street address City State 55330 16. Does the recipient have a parent corporation? (Mark one.) C Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) XNo State ZIP code Street address City Name of parent corporation

🙀 Manufacturing	Services	🗅 Finance, Insurance, Real Estate	
🗅 Retail Trade	U Wholesale Trade	Construction Other (please s	pecify)
18. Did the recipient relocate as a result of si	igning this agreement?	(Mark one.)	
Yes (Indicate city and state of previous ad No (Go to Question 19.)	dress and reason recip	ient did not complete this project at that a	uddress.)
City/State of previous address Reason proj	ect not completed at pr	evious address	
19. Would the recipient have remained in pr financial assistance? (Mark one.)	evious location or reloc	cated elsewhere if not awarded this busine	ss subsidy or
Remained at previous location	Relocated to different	Minnesota location 🛛 🎗 Relocated outsi	de Minnesota
ection 3 General Information Abo	out the Agreement		
20. Total dollar value of business subsidy of assistance (Please separate value by type and 25.)		1. Date agreement signed (In addition to date, indicate any dates the agreement	
\$700,000		August 28, 2000	
<ol> <li>Benefit date (Indicate the date the recipi indicate the date improvements were fini whichever is earlier.)</li> <li>To be date of Certif</li> </ol>	ished, equipment was p	laced into service, or the recipient occupi	
23. Does the agreement provide a business s be reported? (Mark one.)	-	ur types of financial assistance (see Questi financial assistance	ion 25) required to
24. If the agreement provided a business subs		5. If the assistance was one of the four ty	nes of financial
indicate the type(s) and total dollar valu		assistance, please indicate the type(s).	pes of financial
not applicable, agreement provided financi	ial assistance	not applicable, agreement provided a bu	siness subsidy
loan (only principal)	\$ C	assistance for property polluted	\$
<ul> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> </ul>	\$ [C	by contaminants assistance for renovating building	\$
XTIF or other tax reduction or deferral	\$ <u>700,00</u> 0	stock or bringing it up to code, and assistance provided for designated	
<ul> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> </ul>	\$ \$	historic preservation districts, when	
D preferential use of governmental facilities	\$	50% or less of total cost	æ
<ul> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	\$ C	assistance for pollution control or abatement	۶
	(c	assistance for a TIF soils condition distr	ict \$
26. If the assistance included tax increment t		7. Are any other grantors providing a bus	
indicate the type of TIF district? (Mark a	one.)	financial assistance to the same project	? (Mark one.)
not applicable, assistance was not in the fo	orm of TIF	Yes (Specify each grantor and the value assistance below; attach an additional s	
<ul> <li>redevelopment</li> <li>renewal and renovation</li> </ul>		) No	
soils condition			
economic development		Grantor(s) and value of the agreement(s):	
<ul> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>			
		Grantor Value (\$)	

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

28. Minn. Stat. §116J.994 r of the following public			nancial assistance agreemen ent? (Mark all that apply.)	its state a public	purpose. Which	
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax base (ca</li> <li>Other (please specify)</li> </ul>		pose)	
29. Indicate whether the age at the time of this report				recipient had atta	ined those goals	
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> <li>(Please attach descriptions attainment if not documente</li> <li>30. For each of the followir</li> <li>arreement and the avers</li> </ul>	r retention goals age and job goa of goals and pro d in Questions ng wage categor	s ogress toward 30 and 31.) ies, indicate the job	established? dates Yes No Ma Yes No Yes No Yes No Goals: comple SF manuf. fac SoftPac. Sta	ility an tus: com als stated in the	□Yes X No □Yes □No □Yes □No □Yes X No up to 73,000 d leasing to pleting cons	ruction
			rovided health insurance gos to separate goals by full- of the second s			
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00					٢	
\$7.00 to \$8.99					۶	
\$9.00 to \$10.99			60		s	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99					s	
\$15.00 and higher					s	
	urly value of any	y employer-provided	mber of <b>actual</b> jobs created health insurance for those <i>ation into full- and part-time</i>	jobs. <u>(Only</u> indi		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00					s	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99					s	
\$11.00 to \$12.99				<u> </u>	s	
\$13.00 to \$14.99					s	
\$15.00 and higher	_1				s	
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (se	-	and 31) and fulfilled <u>all obl</u> <b>&amp;</b> No	igations stipulate	ed in the agreement?	

2001 Minnesota Business Assistance Form

### Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed		mitted to DTED.)
<ol> <li>During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §11</li> </ol>		we any recipients who failed to
Yes (Indicate the name of each recipient failing to represent the recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	ncial assistance awarded to that
12 No		
Name of recipient Type of subsidy or assista	ance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that w		
Yes (Complete the remainder of this s	section.) DNo (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each rec were to be attained by the time of reporting. (A		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assista	nce. DNo, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the reci	pient's deadline for fulfilling its oblig	gations? (Mark one.)
	🗆 Yes 🔲 No	
39. Describe the steps being taken to bring recipient int	o compliance or recoup the subsidy:	
· · · · · · · · · · · · · · · · · · ·		

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

Or fax to: (651) 215-3841

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## 2001 Minnesota Business Assistance Form RECEIVED APR 0 2,2001

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- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

### Section 1 Information About Grantor

1. Name of grantor (funding entity)		2. Name of person completing this form		
Elk River EDA		Catherine Mehelich, Director		
3. Street address		4. City	5. ZIP code	
13065 Orono Parkway		<b>Elk River</b>	55330	
6. County	7. Phone number	8. Fax number	9. E-mail address	-riv
<b>Sherburne</b>	763-441-7420	763-441-7425	cmehelich@ci.elk	

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

mn.us

00-0278

Name/Title	Phone number	Street address	City	ZIP code
	Aark one. If grantor is entity lease indicate affiliation. For l check "City government.")	<ul> <li>12. Has your organization h adopted criteria for awar compliance with Minn.</li> <li>X Yes (Indicate hearing da No</li> <li>We held a public hearing criteria (Indicate date of Other (Please attach explanation)</li> </ul>	rding business su Stat. $16J.994?$ <i>te - <u>3-13-0</u>000</i> but have not yet <i>initial hearing -</i>	ibsidies in (Mark one.) TIF ( <u>attach criteria</u> ) adopted
		· · · · · · · · · · ·		

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.) INO (Stop here, go to section 5 on page 4.)

### Section 2 Information About Recipient

<ul> <li>14. Name of business or organization receiving subsidy or financial assistance</li> <li>David &amp; Carole Ripplinger (Track of the Wolf, Inc.)</li> </ul>	<ol> <li>Address where will be used</li> <li>18308–1832</li> <li>Joplin St Street address</li> </ol>	0		
16. Does the recipient have a parent corporation? (Mark one.)				
Yes (Indicate name and address of parent corporation below. XNo	If more than one, ind	dicate ultimate	? owner.)	
Name of parent corporation	Street address	City	State	ZIP code

Manufacturing     Services     Retail Trade     Wholesale Tra	R Chief (press specify)U
8. Did the recipient relocate as a result of signing this agreeme	ent? (Mark one.) indust
Yes (Indicate city and state of previous address and reason r No (Go to Question 19.)	recipient did not complete this project at that address.)
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 a financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
Remained at previous location Relocated to diffe	rent Minnesota location 🛛 Relocated outside Minnesota
ection 3 General Information About the Agreem	ent
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.)
\$129,050	August 28, 2000
whichever is earlier.)	as placed into service, or the recipient occupied the property,
August 28,	2000
23. Does the agreement provide a business subsidy or one of th be reported? (Mark one.) X business subsidy	e four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>
not applicable, agreement provided financial assistance	X not applicable, agreement provided a business subsidy
loan (only principal) \$	assistance for property polluted
grant (i.e., forgivable loan)   \$     tax abatement   \$	by contaminants assistance for renovating building \$
TIF or other tax reduction or deferral \$	stock or bringing it up to code, and assistance provided for designated
contribution of property or infrastructure \$	historic preservation districts, when
preferential use of governmental facilities \$ 129,05	50% or less of total cost         □ assistance for pollution control or         \$
□ other (Specify subsidy type.) \$	abatement
	□ assistance for a TIF soils condition district \$
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	<ul><li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li></ul>
not applicable, assistance was not in the form of TIF	☐ Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
Tredevelopment renewal and renovation	<b>X</b> No
<ul> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>	Grantor(s) and value of the agreement(s):
hazardous substance subdistrict	
	Grantor Value (\$)

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

C Enhancing economic dive Creating high-quality job			XXIncreasing tax base (ca XI Other (please specify)		
☐ Job retention ☐ Stabilizing the communit	у	contri Strate	ibute to fulfi egic Plan for	llment of Economic	E City's Developmen
29. Indicate whether the ag at the time of this report				recipient had atta	ined those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than w Please attach descriptions attainment if not documente	r retention goals age and job goa of goals and pro	s Ils ogress toward	established? dates 20 Yes    No    A11 Yes    No Yes    No		
	age hourly value	e of any employer-pro	creation and/or retention go ovided health insurance go to separate goals by full- a	ls for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	, Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					\$
less than \$7.00					s
\$7.00 to \$8.99					\$
\$9.00 to \$10.99			4.5	5	s
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					s
\$15.00 and higher					\$
	urly value of any	employer-provided	nber of actual jobs created a health insurance for those j tion into full- and part-time FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	obs. ( <u>Only</u> indic	
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher					\$

□ Yes XX No

### Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you completed		mitted to DTED.)			
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116</li> </ol>		ve any recipients who failed to			
Yes (Indicate the name of each recipient failing to represent to represent to represent. Attach additional pages if necessary.)	port and the value of subsidy or finan	cial assistance awarded to that			
12 No					
Name of recipient Type of subsidy or assista	nce (See Questions 24 and 25.)	Value of subsidy or assistance			
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that w	vere required to be fulfilled by the tim	ne of this report? (Mark one.)			
<b>Q</b> Yes (Complete the remainder of this s	ection.) 🛛 🔽 No (Stop here and sub	bmit form to DTED .)			
<ul> <li>35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)</li> <li>35. Information on recipient and agreement:</li> </ul>					
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance			
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance			
36. Reason(s) for default (Mark all that apply.):					
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community			
37. To date, has the recipient fulfilled its repayment obl	igation? (Mark one.)				
□ Yes □ No, recipient <u>has begun</u> to repay the assistant	nce. 🛛 🗅 No, recipient <u>has not begu</u>	n to repay the assistance.			
38. Has the agreement been amended to extend the recip	pient's deadline for fulfilling its oblig	gations? (Mark one.)			
	🗆 Yes 🗔 No				
39. Describe the steps being taken to bring recipient into	o compliance or recoup the subsidy:				

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

Or fax to: (651) 215-3841

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

### Section 1 Information About Grantor

1. Name of grantor (funding entity)		2. Name of person completing this form	
Elk River EDA		Catherine Mehelich, Director	
3. Street address		4. City	5. ZIP code
13065 Orono Parkway		Elk River	55330
6. County	7. Phone number	8. Fax number	9. E-mail address
<b>Sherburne</b>	763-441-7420	763-441-7425	cmehelich@ci.elk

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

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Name/Title	Phone number	Street address	City	ZIP code
	please indicate affiliation. For Id check "City government.")	<ul> <li>12. Has your organization h adopted criteria for awa compliance with Minn.</li> <li>X Yes (Indicate hearing da No</li> </ul>	rding business su Stat. §116J.994?	ibsidies in (Mark one.)
<ul> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>We held a public hearing criteria (Indicate date of</li> <li>Other (Please attach explanation)</li> </ul>	initial hearing -	

through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)

**W**Yes (Complete the remainder of the form.) **D** 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	<ol> <li>Address where business subsidy or financial assistance will be used</li> <li>18326-18336</li> </ol>
Equity Management, Inc.	Joplin St NW Elk River MN 55330 Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
□ Yes (Indicate name and address of parent corporation below. XNo	If more than one, indicate ultimate owner.)

<ul> <li>Manufacturing</li> <li>Services</li> <li>Retail Trade</li> <li>Wholesale Trace</li> </ul>	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction X Other (please specify) <u>leasab</u></li> </ul>
18. Did the recipient relocate as a result of signing this agreeme	industr
Yes (Indicate city and state of previous address and reason re No (Go to Question 19.)	
City/State of previous address Reason project not completed a	at previous address
19. Would the recipient have remained in previous location or r financial assistance? (Mark one.)	elocated elsewhere if not awarded this business subsidy or licable - new construction
	ent Minnesota location
ection 3 General Information About the Agreem	ent
20. Total dollar value of business subsidy or financial assistance ( <i>Please separate value by type in Questions 24 and 25.</i> )	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$129,050	August 28, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.) August 28, 2000	n the business subsidy or financial assistance. For example, as placed into service, or the recipient occupied the property,
<ul> <li>23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li> <li>X business subsidy</li> </ul>	e four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
anot applicable, agreement provided financial assistance	X not applicable, agreement provided a business subsidy
loan (only principal)   \$     grant (i.e., forgivable loan)   \$     tax abatement   \$	<ul> <li>assistance for property polluted</li> <li>by contaminants</li> <li>assistance for renovating building</li> </ul>
Itax abatement       \$	stock or bringing it up to code, and assistance provided for designated historic preservation districts, when
□ preferential use of governmental facilities ↓ preferential use of governmental facilities ↓ land contribution □ other (Specify subsidy type.) ↓	50% or less of total cost
	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.)
X not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
redevelopment renewal and renovation	X No
<ul> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	Grantor(s) and value of the agreement(s):
	Grantor Value (\$)
	Grantor Value (\$)

 $\Big\} = \Big\} = \Big\} = \Big\} = \Big\}$ 

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

Enhancing economic div Creating high-quality job Job retention	growth	CO	■ Increasing tax base (car © Other (please specify)_ ntribute to fu			
Stabilizing the communit	у		rategic Plan f			ent
29. Indicate whether the ag at the time of this report			of goals, and whether the r late(s) for each goal.)	ecipient had atta	ined those goals	
A) Specific wage and job g B) Other job-creation and/o C) Other wage goals D) Other goals other than w Please attach descriptions attainment if not documente	r retention goals vage and job goa of goals and pro	s Ils ogress toward	established? dates Yes X No Yes X No Yes No X Yes No A Yes No	ion of m	All goals attained? Yes No Yes No Yes No Xyes No <b>inimum</b> e <b>industrial</b>	spa
agreement and the aver	age hourly value	e of any employer-pro	reation and/or retention goa ovided health insurance goa to separate goals by full- a	ls for those jobs		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					۶	
less than \$7.00					s	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99					s	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99				<del></del>	2	
\$15.00 and higher					s	
date and the actual ho	urly value of an	y employer-provided	ber of actual jobs created a health insurance for those j <i>tion into full- and part-time</i> FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	obs. <u>(Only</u> india		
Hourly Wage (excluding benefits)					s	
(excluding benefits)					s	
(excluding benefits) less than \$7.00					s s	
(excluding benefits) less than \$7.00 \$7.00 to \$8.99						
(excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99					s	

<ol> <li>During the period Januar report as required by Mini-</li> </ol>		mber 31, 2000, did your organization ha \$116J.994? <i>(Mark one.)</i>	ve any recipients who failed to
recipient. Attach addit		report and the value of subsidy or finan y.)	cial assistance awarded to tha
ENO 4/18/01 6.7.4.			
Name of recipient	Type of subsidy or ass	istance (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on or a		ailed to achieve any goals or fulfill any o at were required to be fulfilled by the tim <i>JiBiol 4:4</i> <i>is section.)</i> <b>D</b> No (Stop here and sub	ne of this report? (Mark one.)
		recipient failing to fulfill goals or any ot (Attach additional pages if necessary.)	her terms of an agreement that
35. Information on recipient	and agreement:		
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Ma	urk all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill</li> </ul>	vacant positions	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient	fulfilled its repayment	obligation? (Mark one.)	
□ Yes □ No, recipient <u>has</u>	begun to repay the assi	istance. 🛛 🗅 No, recipient <u>has not begu</u>	<u>n</u> to repay the assistance.
38. Has the agreement been a	mended to extend the r	ecipient's deadline for fulfilling its oblig	ations? (Mark one.)
		🗆 Yes 📮 No	
	taken to bring recipient	into compliance or recoup the subsidy:	
39. Describe the steps being			
39. Describe the steps being			
39. Describe the steps being			

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

Or fax to: (651) 215-3841

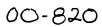
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## 1. original received 5/10/01 2009 Minnesota Business Assistance Form

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

#### 1. Name of grantor (funding entity) 2. Name of person completing this form CITY OF FARIBAULT SARA ANNE DAINES 4. City 5. ZIP code 3. Street address 208 NW First Avenue Faribault 55021 7. Phone number 6. County 8. Fax number 9. E-mail address RICE 507-333-0374 sdaines@ci.faribault.mn.us 507-333-0399 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

#### Section 1 Information About Grantor

<ol> <li>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.")</li> </ol>	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.)
为 City government	$\frac{3/28}{100}$ Yes (Indicate hearing date and attach criteria)
County government	D No
C Regional government	• We held a public hearing but have not yet adopted
State government	criteria (Indicate date of initial hearing)
Other (Please specify.)	□ 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.9947 (Mark one.)

□ Yes (Complete the remainder of the form.) □ No (Stop here, go to section 5 on page 4.)

#### Section 2 Information About Recipient

ロYes (Indicate name and address of parent corporation below. 私No	If more than one, indicate	e ultimate ovvn	er.)		
16. Does the recipient have a parent corporation? (Mark one.)					
	Street address	City	بھور بہ ہے۔ ا	ZIP code	
SAGE ELECTROCHROMICS, INC.	2150 Airport	Drive,	Fariba	ult MN	550
receiving subsidy or financial assistance	15. Address where busi will be used	ness subsidy o	or financial	Assistance	
14. Name of business or organization	<b></b>				

2000 Minnesota Business Assistance Form

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17. Industry of recipient's facility (Mark one.):	
A Manufacturing O Services Retail Trade O Wholesale Trade	C Finance, Insurance, Real Estate C Construction C Other (please specify)
18. Did the recipient relocate as a result of signing this agreemen	N? (Mark one.)
X Yes (Indicate city and state of previous address and reason rec No (Go to Question 19.)	cipient did not complete this project at that address.)
	ncentrated in MN/WI
City/State of previous address Reason project not completed at	previous address
19. Would the recipient have remained in previous location or re- financial assistance? (Mark one.)	located elsewhere if not awarded this business subsidy or
C Remained at previous location & Relocated to differe	ent Minnesota location & Relocated outside Minnesota
ection 3 General Information About the Agreement	
<ol> <li>Total dollar value of basiness subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</li> </ol>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$100,000	25 February 2000
indicate the date improvements were finished, equipment was p whichever is earlier.) 26 July 2000 23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)	
24. If the agreement provided a business subsidy, please indicate the type(s).	<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>
🗆 not applicable, agreement provided financial assistance	a not applicable, agreement provided a business subsidy
X a loan a grant (i.e., forgivable loan) a tax abatement TIF or other tax reduction or deferral a guarantee of payment a contribution of property or infrastructure a preferential use of governmental (acilities a land contribution b other (Specify subsidy type.)	<ul> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, when 50% or less of total cost</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TYF soils condition district</li> </ul>
26. If the assistance included tax increment financing, please inclicate 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.)
lpha not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
redevelopment     renewal and renovation     soils condition     conomic development     Project development	X No Grantor(s) and value of the agreement(s):
<ul> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	Grantor Value (S)

28. Minn, Stat, §116J.994 re	ouires that husi	ness subsidy and fina		te stata a public au	Think Which	
of the following public pur	poses were stat	ed in the agreement?	(Mark all that apply.)		ipose. Which	
<ul> <li>Enhancing economic diversity</li> <li>Creating high-quality job growth</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>			<ul> <li>Increasing lax base (ca</li> <li>Other (please specify)</li> <li>Other (please specify)</li> <li>Other (please specify)</li> </ul>		ose)	
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.)						
B) Other job creation and/or retention goals C) Other wage goals $ \begin{array}{c} \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ XO \ No \ N/\Lambda \\ \Box \ Yes \ Yes$					All goals attained? XD Yes C No D Yes D No D Yes D No C Yes D No	
(Incuse alloch descriptions o	y goais ana pro	gress loward aliunin	ient if not documented in (	uestion 30.)		
	ge hourly value	of any employer-pro	reation and/or retention gos wided health insurance gos o separate goals by full- a	ls for those jobs. (		
Honrly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonul/Femp. Job Creation	FTE ( <u>only</u> if guals not stated as FT/PT) Jub Creation	Job Retention	Hourly Value of Realth Insurance	
no hourly wage-level goal		······	<del></del>		\$	
less than \$7.00					\$	
\$7.00 10 \$8.99					۵	
\$9.00 to \$10.99	1				5. N/A	
\$11.00 to \$12.99					<u>۶</u>	
\$13.00 to \$14.99					s	
\$15.00 and higher	19				<u>s N/A</u>	
	rly value of any	employer-provided	ber of netual jobs created in health insurance for those ion into full- and part-time	jobs. ( <u>Only</u> Indica		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp, Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00	<u></u>		- 11 //		\$	
\$7.00 to \$8.99					\$	
\$9.00 to \$10.99					2	
\$11.00 to \$12.99					5	
\$13.00 to \$14.99	20				S	
\$15.00 and higher	20				<u>,1.18</u>	

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

KOYes DNo

2000 Minnesota Business Assistance Form

Department of Trade and Economic Development

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Section 5 Recipients Failing to Fulfill Obligation (Do not complete this section if you completed it of (Do not complete) it of (Do not complete) and (Do		bmitted to DTED.)
<ol> <li>During the period August 1 through December 31, 199 required by Minn. Stat. §116J.993 and §116J.9947 (Mark</li> </ol>	9, did your organization have an one.)	y recipients who failed to report as
Yes (Indicate the name of each recipient failing to report recipient. Attach udditional pages if necessary.)	t and the value of subsidy or fina	ncial assistance awarded to that
۵ No		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
<ul> <li>34. Did your organization have any recipients who failed to agreement signed on or after August 1, 1999, that were</li> <li>C Yes (Complete the remainder of this sector)</li> </ul>	required to be fulfilled by the tin	other obligations under an me of this report?(Mark one.) ubinit form to DTED .)
<ul> <li>35 39. Provide the following information for each recipic were to be attained by the time of reporting. (Attach</li> <li>35. Information on recipient and agreement:</li> </ul>	ent failing to fulfill gouls or any a additional pages if necessary.)	other terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a diff</li> <li>other (Specify reason.)</li> </ul>	
37. To date, has the recipient fulfilled its repayment obliga	lion? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistance	. O No, recipient has not bee	un to repay the assistance.
38. Has the agreement been amended to extend the recipier	nt's deadline for fulfilling its obl	ligalions?(Mark onc.)
	Yes ONO	
39. Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy	
		<b></b>
	<u> </u>	······
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Return your completed MBAF(s) by April J. 2000, to:

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

Or fax to: (651) 215-3841

2000 Minnesota Business Assistance Form

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Department of Trade and Economic Development

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

#### 1. Name of grantor (funding entity) 2. Name of person completing this form David Pederson City of Glyndon . ZIP code 56547 4. City 3. Street address 5 Glyndon 218 Parke Ave SE, PO Box 223 9. E-mail address glyndonc@loretel.net 6. County 7. Phone number 8. Fax number 218-498-2579 218-498-2578 Clay 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 12. Has your organization held a public hearing on and 11. Classification of grantor (Mark one. If grantor is entity adopted criteria for awarding business subsidies in created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") compliance with Minn. Stat. §116J 994? (Mark one. £.T.H. 6123/01 X Yes (Indicate hearing date - 412 00 and attach criteria) City government 🗆 No County government We held a public hearing but have not yet adopted Regional government criteria (Indicate date of initial hearing - _ □ State government □ Other (Please specify.) Other (Please attach explanation.) 13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000

Section 1 Information About Grantor

through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)

XYes (Complete the remainder of the form.) DNo (<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	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>					
Green Masonry	205 Foundation Ave Glyndon, MN 56547					
	Street address City S	State ZIP code				
16. Does the recipient have a parent corporation? (Mark one.)						
<ul> <li>Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)</li> <li>No</li> </ul>						
Name of parent corporation	Street address City S	tate ZIP code				

17. Industry of recipient's facility (Mark one.):	
Manufacturing     Services     Retail Trade     Wholesale	<ul> <li>Finance, Insurance, Real Estate</li> <li>Trade</li> <li>Construction</li> <li>Other (please specify)</li> </ul>
18. Did the recipient relocate as a result of signing this agree	
$\mathbf{Q}$ Yes (Indicate city and state of previous address and reaso $\Box$ No (Go to Question 19.)	on recipient did not complete this project at that address.)
Glyndon, MNNew location with Reason project not complete	hin Glyndon, was working out of his home ed at previous address
19. Would the recipient have remained in previous location financial assistance? (Mark one.)	or relocated elsewhere if not awarded this business subsidy or
□ Remained at previous location □ Relocated to di	fferent Minnesota location 🛛 Relocated outside Minnesota
Section 3 General Information About the Agree	ement
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 2	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
and 25.) \$335,000	March 22, 2000
	from the business subsidy or financial assistance. For example, t was placed into service, or the recipient occupied the property,
	f the four types of financial assistance (see Question 25) required to
be reported? (Mark one.)	
24. If the agreement provided a business subsidy, please indicate the <b>type(s) and total dollar value for each type</b>	<ul><li>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</li></ul>
not applicable, agreement provided financial assistance	Anot applicable, agreement provided a business subsidy
□ loan (only principal) □ grant (i.e., forgivable loan) \$\$	assistance for property polluted \$ by contaminants
□ tax abatement TIF or other tax reduction or deferral □ guarantee of payment \$	□ assistance for renovating building \$ stock or bringing it up to code, and assistance provided for designated
<ul> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> </ul>	historic preservation districts, when 50% or less of total cost
land contribution	abatement
□ other (Specify subsidy type.) \$	assistance for a TIF soils condition district \$
26. If the assistance included tax increment financing, pleas indicate the type of TIF district? (Mark one.)	e 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
$\square$ not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> </ul>	
<ul> <li>soils condition</li> <li>seconomic development</li> </ul>	Grantor(s) and value of the agreement(s):
<ul> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	
	Grantor Value (\$)
	Grantor Value (\$)

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 $\sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{j=1}^{n-1} \sum_{j=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{j=1}^{n-1} \sum_{j=1}^{n-1} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_{j=1}^{n-1} \sum_{j=1}^{n-1}$ 

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

of the following public					pose)	
29. Indicate whether the age at the time of this report				e recipient had atta	ined those goals	
<ul> <li>A) Specific wage and job gc</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> </ul>	retention goals	5	established? date	rget attainment s (month & year)	All goals attained? Yes No <b>f.1.</b> Yes No Yes No Yes No	67
(Please attach descriptions of attainment if not documented)	of goals and pr	ogress toward	_			
	age hourly valu	e of any employer-pr	creation and/or retention povided health insurance g to separate goals by full-	oals for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00					s	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99			<del></del>		s	
\$11.00 to \$12.99					s	
				·	s	
\$13.00 to \$14.99						
\$13.00 to \$14.99 \$15.00 and higher					s	
\$15.00 and higher 31. For each of the followi date and the <b>actual</b> how full-time equivalents if	urly value of an you are unable Full-time	y employer-provided <i>to separate job crea</i> <b>Part-time</b> /	l health insurance for thos <i>tion into full- and part-tin</i> FTE ( <u>only</u> if unable to	se jobs. ( <u>Only</u> indic me positions.)	ince the benefit sate job creation in	
\$15.00 and higher 31. For each of the followi date and the <b>actual</b> hou	urly value of an you are unable	y employer-provided to separate job crea	l health insurance for thos tion into full- and part-tin	se jobs. (Only indic	ince the benefit	
\$15.00 and higher 31. For each of the followi date and the <b>actual</b> hou full-time equivalents if <b>Hourly Wage</b>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided <i>to separate job crea</i> Part-time/ Seasonal/Temp.	l health insurance for thos tion into full- and part-ti FTE (only if unable to separate FT/PT)	se jobs. ( <u>Only</u> indic me positions.)	ince the benefit cate job creation in Hourly Value of	
<ul> <li>\$15.00 and higher</li> <li>31. For each of the following date and the actual hour full-time equivalents if</li> <li>Hourly Wage (excluding benefits)</li> </ul>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided <i>to separate job crea</i> Part-time/ Seasonal/Temp.	l health insurance for thos tion into full- and part-ti FTE (only if unable to separate FT/PT)	se jobs. ( <u>Only</u> indic me positions.)	ince the benefit sate job creation in Hourly Value of Health Insurance	
\$15.00 and higher 31. For each of the followi date and the actual hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	urly value of an <i>you are unable</i> Full-time Job	y employer-provided <i>to separate job crea</i> Part-time/ Seasonal/Temp.	l health insurance for thos tion into full- and part-ti FTE (only if unable to separate FT/PT)	se jobs. ( <u>Only</u> indic me positions.)	ince the benefit sate job creation in Hourly Value of Health Insurance S	
<ul> <li>\$15.00 and higher</li> <li>31. For each of the following date and the actual hour full-time equivalents if the second s</li></ul>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided <i>to separate job crea</i> Part-time/ Seasonal/Temp.	l health insurance for thos tion into full- and part-ti FTE (only if unable to separate FT/PT)	se jobs. ( <u>Only</u> indic me positions.)	ince the benefit sate job creation in Hourly Value of Health Insurance S	
<ul> <li>\$15.00 and higher</li> <li>31. For each of the following date and the actual hour full-time equivalents if the equivalents of the equivalents of the equivalents of the equivalent of t</li></ul>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided <i>to separate job crea</i> Part-time/ Seasonal/Temp.	l health insurance for thos tion into full- and part-ti FTE (only if unable to separate FT/PT)	se jobs. ( <u>Only</u> indic me positions.)	nce the benefit cate job creation in Hourly Value of Health Insurance S S S	

2001 Minnesota Business Assistance Form

### Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you completed i	it on another 2001 MBAF sub	omitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §11</li> </ol>		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to rep recipient. Attach additional pages if necessary.)	port and the value of subsidy or fina	ncial assistance awarded to that
<b>X</b> No		
Name of recipient Type of subsidy or assista	nce (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that w</li> </ol>		
Yes (Complete the remainder of this set)	ection.) 🛛 🗴 No (Stop here and su	ubmit form to DTED .)
35 39. Provide the following information for each reci were to be attained by the time of reporting. (A	ipient failing to fulfill goals or any o luach additional pages if necessary.	other terms of an agreement that .)
35. Information on recipient and agreement:		Ţ
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a diffe</li> <li>other (Specify reason.)</li> </ul>	erent community
37. To date, has the recipient fulfilled its repayment obl	igation? (Mark one.)	
Yes No, recipient <u>has begun</u> to repay the assistant	nce. D No, recipient <u>has not beg</u>	un to repay the assistance.
38. Has the agreement been amended to extend the recip	pient's deadline for fulfilling its obl	igations? (Mark one.)
	Yes No	
39. Describe the steps being taken to bring recipient into	o compliance or recoup the subsidy:	:

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

Or fax to: (651) 215-3841

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# 2001 Minnesota Business Assistance Form

00-0011

RECEIVED MAR 2 2 2001

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

#### Section 1 Information About Grantor

1. Name of grantor (funding en CITY OF t	2. Name of person completing this form JOHN GROSSMAN				
3. Street address 101 E 47	4. City HASTIN	);-S	5. ZIP code MN	55033	
6. County ODEOD	8. Fax mumber 651/437-	70.82	9. E-mail addr	යා	
10. Please indicate who in your	r organization should receive the				on 2.
Name/Title	Phone number	Street addr	223	City	ZIP ∞de
11. Classification of grantor (Mark one. If grantor is entry created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")			a for awardi	d a public hearing ng business subsi at §116J.994? (M	dies in
City government County government Regional government State government Other (Please specify.)		Erres (Indicate hearing date - 12/22)/99 and attach or No We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing Other (Please attack explanation.)			pted
through December 31, 200	ed any agreements to award a bus 0 that is required to be reported up plete the remainder of the form.	•	51.993 and §	§116J.9947 (Mar	
Section 2 Information At	out Recipient				
14. Name of business or organi receiving subsidy or finance		15. Address where will be used	business su	bsidy or financial	assistance
MILLER ELE	2620 In Street address	d.Ct. ; City	<u>Hastings</u> State	<u>5503</u> 3 ZIP code	
16. Does the recipient have a p	arent corporation? (Mark one.)				
D Yes (Indicate name and addr DNo	ress of parent corporation below.	lf more than one, in	dicare ultim	uate owner.)	
Name of parent corporation		Street address	City	State	ZIP code

I Manufacturing V Services I Retail Trade I Wholesale Tra	D Finance, Insurance, Real Estate de D Construction D Other (please specify)
8. Did the recipient relocate as a result of signing this agreement	int? (Mark one.)
) Yes (Indicate city and state of previous uddress and reason r TNo (Go to Quastion 19.)	ecipient did not complete this project at that address.)
ity/State of previous address Reason project not completed	at provious address
9. Would the recipient have remained in previous location or a financial assistance? (Mark one.)	elocated elsewhere if not awarded this business subsidy or
C Remained at previous location O'Relocated to differ	rent Minnesota location D Relocated outside Minnesota
ction 3 General Information About the Agreem	
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24	<ol> <li>Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</li> </ol>
and 25.) 29, 899.00	8-17-2000
2. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment w whichever is earlier.) $\mathcal{B} = 17 - 1$	as placed into service, or the recipient occupied the property.
be reported? (Mark one.) U business subsidy 4. If the agreement provided a business subsidy, please	<ul> <li>c four types of financial assistance (see Question 25) required to</li> <li>inancial assistance</li> <li>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ul>
indicate the type(s) and total dollar value for each type. ) not applicable, agreement provided financial assistance	Inot applicable, agreement provided a business subsidy
loan (only principal) S grant (i.e., forgivable loan) S	assistance for property polluted S by contaminants
grain (i.e., logivable logi)       3         1 tax abatement       \$         2 TIF or other tax reduction or deferral       \$         2 guarantee of payment       \$         2 contribution of property or infrastructure       \$         2 preferential use of governmental facilities       \$	assistance for renovating building \$ stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost
Land contribution 5 29, 199 1 other (Specify substidy type.) 5	assistance for pollution control or S abatement assistance for a TLF soils condition district
6. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark onc.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
Fnot applicable, assistance was not in the form of TIF	□ Ycs (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
l redevelopment   renewal and renovation   soils condition	<b>B</b> No
l economic development 1 mined underground space 1 hazardous substance subdistrict	Grantor(s) and value of the agreement(s):
	Grantor Value (S)

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

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<ol> <li>Minn. Stat. §116J.994         <ul> <li>af the following public</li> <li>Enhancing cconomic div</li> <li>Creating high-quality of</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul> </li> </ol>	purposes were easity growth L.4. U	stated in the agreeme	Mark all that apply., O Increasing tax base ( O Other (please specify)	cannot be only pur	
9. Indicate whether the ag	rezment include			e recipien had ans	ined those goals
<ul> <li>L) Specific wage and job get</li> <li>C) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>C) Other goals other than ways</li> </ul>	oals to be attain r retention goal rage and job goa	ed within 2 years s als	Goais Ta cstablisbed? date tarYes □No □Yes □No □Yes □No	rget arbinment es (month & year) - 17-2002 - 31-2001	All goals attained? I Yes I No I Yes I No I Yes I No I Yes I No
Please attach descriptions trainment if not documents 0. For each of the following	d in Questions	30 and 31.)	and/or recention	ouls stated in the	
agreement and the aver	age hourly valu	e of any employer-pro	ovided health insurance go to separate goals by full-	als for those jobs.	( <u>Only</u> Indicase
Hourly Wage (excluding benefits)	Fall-time Job Creation	Part-time/ Scasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Remation	Hourly Vaine of Health Insurance
to hourly wage-level goal	<del></del>				\$
iess than \$7.00					\$
\$7.00 to \$8.99					٤
\$9.00 to \$10.99					52
\$11.00 to \$12.99	2				٤
\$13.00 to \$14.99					٢٢
\$15.00 and higher	<u></u>				5
	urly value of an	y employer-provided	aber of actual jobs created health insurance for those tion into full- and part-tim FTE (only if unable to separate FT/PT) Job Creation	jobs. <u>(Only</u> indic	
ices than \$7.00				RELEMING	
\$7.00 to \$3.99					<u> </u>
\$9.00 to \$10.99					s
\$11.00 to \$12.99					٤
\$13.00 to \$14.99					S2
•					s
\$15.00 and higher					

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2001 Minnesora Business Assistance Form

Department of Trade and Economic Development

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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.

		RECEIVED JUN	
(Do not complete this section if you completed it a	on another 2001 MBAF sub		1 2001
<ol> <li>During the period January 1, 2000 through December 7 report as required by Minn. Stat. §116J.993 and §116J.</li> </ol>	31, 2000, did your organization bu		
<ul> <li>Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)</li> <li>No</li> </ul>	t and the value of subsidy or fina	ncial assistance awarded to that	
Name of recipicat Type of subsidy or assistance	t (See Questions 24 and 25.)	Value of subsidy or assistance	
34. Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were			
$\Box$ Yes (Complete the remainder of this sect	tion.) In No (Stop here and su	bmit form to DTED .)	
<ol> <li>35 39. Provide the following information for each recipi were to be attained by the time of reporting, (Atta</li> </ol>			
35. Information on recipient and agreement:			
Name of recipient in default	Type of subsidy or assistance	initial value of subsidy or assistance	-
Street address of recipicat	City/ZIP code of recipient	Outstanding value of subsidy or assistance	
36. Reason(s) for default (Mark all that apply.):			
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a diffe</li> <li>other (Specify reason.)</li> </ul>	reat community	
37. To date, has the recipient fulfilled its repayment obligs	ation? (Mark one.)		
Yes No, recipient has begun to repay the assistance	e. O No, recipient has not beg	un to repay the assistance.	
38. Has the agreement been amended to extend the recipie	at's deadline for fulfilling its obli	gations? (Mark one.)	
c	Yes QNo		
39. Describe the steps being taken to bring recipient into a	compliance or recoup the subsidy:		
			-
			-

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development



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# 2001 Minnesota Business Assistance Form

00-0012

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

1. Name of grantor (funding cnu CITYOF H	2. Name of person completing this form JOHN GROSSMAN			$\sim$	
3. Street address 101 E 47	4. City HASTING	75	5. ZIP code MN	55033	
6. County ODEOD				9. E-mail add	(C3)
10. Please indicate who in your				person in Quest	ion 2.
Name/Title	Phone number	Street address		City	ZIP code
11. Classification of grantor (M created by gov't agency, pla example, a city EDA would	<ol> <li>Has your organize adopted criteria for compliance with 1</li> </ol>	r awardin	ig business subs	idics in	
G City government County government Regional government State government Other (Please specify.)	<ul> <li>BY es (Indicate hearing date - ^[2-/22/9] and <u>attach criteria</u>)</li> <li>□ No</li> <li>□ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>□ Other (Please attach explanation.)</li> </ul>				
	ed any agreements to award a bus ) that is required to be reported us lete the remainder of the form.)	· ·	993 and §	116J.994? (Mar	
Section 2 Information Ab	out Recipient				
14. Name of business or organiz receiving subsidy or financi	al assistance	15. Address where bu will be used		2	
GREENLAWN SPRINKLER	2550 MILLA				
		Street address	City	State	ZIP code
16. Does the recipient have a pa	trent corporation? (Mark one.)				
Yes (Indicate name and address of parent corporation below. If more than one, indicute ultimate owner.) No					
Name of parent corporation		Street address	City	State	ZIP code

#### Section 1 Information About Grantor

2001 Minnesota Business Assistance Form

17. Industry of recipient's facility (Mark onc.):	
Manufacturing Services	G Finance, Insurance, Real Estate
C Retail Trade C Wholesale Trad	e Construction Other (please specify)
18. Did the recipient relocate as a result of sugning this agreement	m? (Mark one.)
□ Yes (Indicate city and state of previous address and reason re ■ No (Go to Question 19.)	cipient did not complete this project at that address.)
City/State of previous address Reason project not completed a	r previous address
<ol> <li>Would the recipient have remained in previous location or refinancial assistance? (Mark one.)</li> </ol>	elocated elsewhere if not awarded this business subsidy or
Remained at previous location Relocated to differ	ent Minnesota location 💿 🗖 Relocated outside Minnesota
Section 3 General Information About the Agreeme	ent
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
and 25.) 51,999.00	December 1, 2000
whichever is earlier.) December 1, 20	ns placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)	e four types of financial assistance (see Question 25) required to
	1
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).
I not applicable, agreement provided financial assistance	I not applicable, agreement provided a business subsidy
🗆 loan (only principal) S	assistance for property polluted S
grant (i.e., forgivable loan) S	by contaminants
□ tax abatement S S □ TIF or other tax reduction or deferral S	stock or bringing it up to code, and
guarantee of payment     S	assistance provided for designated
Contribution of property or infrastructure S	historic preservation districts, when
D preferential use of governmental facilities S	50% at less of total cost
Image: Stand contribution $s_{51}, 999$ $\Box$ other (Specify subsidy type.) $s_{51}$	assistance for pollution control or \$
O other (Specify subsidy type.) \$	□ assistance for a TIF soils condition district S
······	
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
I not applicable, assistance was not in the form of TLF	Yes (Specify each grantor and the value of their assistance below; aπach an additional sheet if necessary.)
C redevelopment	
crenewal and renovation	2 No
<b>C</b> soils condition	
conomic development     mined underground space	Grantor(s) and value of the agreement(s):
La hazardous substance subdistrict	
	Grantor Value (5)
	Grantor Value (S)

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

2001 Minneson Business Assistance Form

## 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 af the following public purposes were stated in the agreement? (Mark all that apply.)							
C Enhancing economic div Creating high-quality joi	•		Bincreasing tax base (ca Other (please specify)_	nnot be anly pur FACILIT	DOGE) DTE		
<ul> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	ty	EXP	ANSION OF	LOBL EU	SINESS.		
29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)							
A) Specific wage and job g			established? dates DrYes I No <u>/2</u>	et attainment (momh & year) - 1 - 2002			
<ul> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than t</li> </ul>	0		□Yes □No □Yes □No BYes □No <u>7</u> -	- 1 - 2002	]Yes]No Yes]No Yes]Yes]ANo		
(Please attach descriptions attainment if not document		•					
	rage hourly value	of any employer-pro	reation and/or retention go ovided health insurance gos to separate goals by full- a	ls for those jobs.			
Hourty Wage (excluding benefits)	Full-time Job Creation	Part-dine/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Honry Value of Health Insurance		
no hourly wage-level goal	<del></del>				S		
less than \$7.00			-		۲		
\$7.00 to \$8.99					٤		
\$9.00 to \$10.99			4		۲		
\$11.00 to \$12.99					2		
\$13.00 to \$14.99		· · · · · · · · · · · · · · · · · · ·			\$		
\$15.00 and higher					s		
	ourly value of any	y employa-provided	aber of <b>actual</b> jobs created s health insurance for those j tion into full- and part-time	obs. <u>(Only</u> indic			
Hourly Wage (excluding beachts)	Full-time Job Creation	Part-time Seasonal/Temp. Job Creation	FTE (only if anable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance		
less than \$7.00				<del></del> ,	٤		
\$7,00 to \$8.99					£		
\$9.00 to \$10.99					ــــــ		
\$11.00 to \$12.99					٢٢		
\$13.00 to \$14.99	<u> </u>				۲		
\$15.00 and higher					٤		
32. Has the recipient achi (Mark one.) Section 5 Recipients		] Yes	and 31) and fulfilled <u>all obli</u> No	gations stipulated	l in the agreement?		

2001 Minnesota Business Assistance Form

Page 3 of 4

#### Department of Trade and Economic Development

Do not complete this section if you completed	it on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through Decemb report as required by Minn. Stat. \$116J.993 and \$11</li> </ol>		ive any recipients who failed to
Yes (Indicate the name of each recipient failing to represent the recipient. Attach additional pages if necessary.)	vors and the value of subsidy or finan	icial assistance awarded to that
Щ No		
Name of recipient Type of subsidy or assist	ncc (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that w	were required to be fulfilled by the tim	ne of this report? (Mark one.)
Tes (Complete the remainder of this.	section.) In (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each reacher were to be attained by the time of reporting. (A		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient cased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	
I Yes I No. recipient has begun to repay the assistant	nce. I No, recipient has not begy	in to repay the assistance.
38. Has the agreement been amended to extend the reci	pient's deadline for fulfilling its oblig	gations? (Mark one.)
	QYes QNo	
39. Describe the steps being taken to bring recipient int	o compliance or recoup the subsidy:	
	· · · · · · · · · · · · · · · · · · ·	

Return your completed MBAF(6) by <u>April 1, 2001</u>, to: 2001 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-384]

2001 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development



### 00-0442 2001 Minnesota Business Assistance Form RECEIVED APR 0 2 2001

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

#### Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Haward Lake		2. Name of person completing this form Gene (Di) KDE KA		
3. Street address PO BXX 736		4. City Hanned Lake	5. ZIP code 55349	
6. County WRIGHT	7. Phone number 330-543-3670	8. Fax number 230-543-3206	9. E-mail address	
10. Please indicate who in your	r organization should receive the	2002 MBAF if different from the	e person in Question 2.	
Name/fitle	Phone number	Street address	City ZIP code	
	lark one. If grantor is entity ease indicate affiliation. For check "City government.")	1 .	ing business subsidies in at. §116J.994? (Mark one.) - <u>8/3/99</u> and <u>attach criteria</u> ) ut have not yet adopted aitial hearing	
through December 31, 200	ed any agreements to award a bu 0 that is required to be reported u	under Minn. Stat. §116J.993 and	§116J.994? (Mark onc.)	
Erycs (Comp	olete the remainder of the form.)	🗅 No <u>(Stop here,</u> go to secti	on 5 on page 4.)	
Section 2 Information A	bout Recipient		······································	
14. Name of business or organ receiving subsidy or finance		15. Address where business s will be used	ubsidy or financial assistance	

Dura Sapreme	300 Dura Dr. Street address	Hanared City	Lato M State	<u>Kn 553</u> 99 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
ロYes (Indicate name and address of parent corporation below. 室内o	If more than one, indic	ate ultimate ow	ner.)	
Name of parcet corporation	Street address	City	State	ZIP code

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17. Industry of recipient's facility (Mark one	e.);	
I Manufacturing	□ Services	C Finance, Insurance, Real Estate
	U Wholesale Trade	
18. Did the recipient relocate as a result of s	igning this agreement	t? (Mark onc.)
<ul> <li>Yes (Indicate city and state of previous ad No (Go to Question 19.)</li> </ul>	ldress and reason rec	ípient did not complete this project at that address.)
City/State of previous address Reason pro	jcct not completed at	previous address
19. Would the recipient have remained in pr financial assistance? (Mark one.)	revious location or rel	located elsewhere if not awarded this business subsidy or
Gremained at previous location	Relocated to differen	nt Minnesota location 🛛 Relocated outside Minnesota
Section 3 General Information Abo	out the Agreeme	at
20. Total dollar value of business subsidy o assistance (Please separate value by typ and 25.) P.A.Y.G. TI-F		21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
# 150,000		July 13, 2000
indicate the date improvements were fin whichever is earlier.)		the business subsidy or financial assistance. For example, s placed into service, or the recipient occupied the property,
be reported? (Mark one.)	subsidy or one of the business subsidy	four types of financial assistance (see Question 25) required to financial assistance
<ul><li>24. If the agreement provided a business sub indicate the type(s) and total dollar val</li><li>I not applicable, agreement provided finance</li></ul>	ue for each type.	<ul> <li>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> <li>27.46127101</li> <li>27.016127101</li> <li>27.01623</li> <li>27.01633</li> <li>27.01623</li> <li>27.01633</li> <li>27.01633</li></ul>
<ul> <li>loan (only principal)</li> <li>grant (i.c., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>		<ul> <li>assistance for property polluted</li> <li>by contaminants</li> <li>assistance for renovating building</li> <li>stock or bringing it up to code, and</li> <li>assistance provided for designated</li> <li>historic preservation districts, when</li> <li>50% or less of total cost</li> <li>assistance for pollution control or</li> <li>abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
26. If the assistance included tax increment indicate the type of TIF district? (Mark		<ol> <li>Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> </ol>
not applicable, assistance was not in the f	form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>rcdcvclopment</li> <li>Prenewal and renovation</li> <li>soils condition</li> </ul>		PN0
<ul> <li>economic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>		Grantor(s) and value of the agreement(s):
		Grantor Value (\$)
		Grantor Value (\$)

<ol> <li>Minn. Stat. §116J.994 n of the following public:</li> </ol>	equires that bus purposes were a	iness subsidy and fin tated in the agreeme	ancial assistance agreemen nt? (Mark all that apply.)	ts state a public pu	rpose. Which
Enhancing economic dive			D Increasing tax base (ca		
Creating high-quality job growth			Other (please specify)	redevelopme.	<u>nt</u>
YJob retention I Stabilizing the community				Dignated a	req
<ol><li>Indicate whether the agr at the time of this report</li></ol>	ecment include . (Fill in the be	d the following types oxes and attainment a	s of goals, and whether the late(s) for each goal.)	recipient had attair	icd those goals
				get attainment	All goals
			established? dates	(month & ycar)	attained?
.) Specific wage and job go				3/02 15.47	VZYes DNo DYcs DNo
<ul> <li>Other job-creation and/or</li> <li>Other wage goals</li> </ul>	Tetention goals	•	□ Yes □ No □ Yes □ No		Q Yes Q No
) Other goals other than wa	age and job goa	ls	Q Yes Q No		Q Yes Q No
Please attach descriptions					
	ig wage categoi age hourly valu	ies, indicate the job of any employer-pr	ovided health insurance go	als for those jobs.	
job creation goals in fu	ll•time equivale	nis if you are unable	to separate goals by full- o	and part-time posit	ions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Scasonal/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					\$
\$9.00 to \$10.99			- <u></u> -	. <u> </u>	s
\$11.00 to \$12.99					\$
\$13.00 to \$14.99			<u> </u>		2
\$15.00 and higher		·			3
date and the actual ho	urly value of ar	y cmployer-provided	nber of actual jobs created thealth insurance for those ation into full- and part-time	e jobs. <u>(Only</u> indic	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Scasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insuranc
less than \$7.00	_/_				s
\$7.00 to \$8.99				<b></b>	s
\$9.00 to \$10.99					s
\$11.00 to \$12.99	<del></del>				\$
\$13.00 to \$14.99					\$
\$15.00 and higher					2
32. Has the recipient achi	eved <u>all goals</u> (	see Questions 29, 30	and 31) and fulfilled all of	bligations stipulate	d in the agreement

2001 Minnesota Business Assistance Form

### 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.



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### Section 5 Recipients Failing to Fulfill Obligations

o not complete this section if you completed	it on another 2001 MBAF subm	nitted to DTED.)
<ol> <li>During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §1</li> </ol>		ve any recipients who failed to
Yes (Indicate the name of each recipient failing to re recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	cial assistance awarded to that
a No		
Name of recipient Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that</li> </ol>		
Q Yes (Complete the remainder of this	section.) Two (Stop here and sub	bmit form to DTED .)
<ol> <li>35 39. Provide the following information for each rewere to be attained by the time of reporting.</li> </ol>		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of
		subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	
37. To date, has the recipient fulfilled its repayment of	bligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assist	ance. 🛛 No, recipient <u>has not beg</u> u	un to repay the assistance.
38. Has the agreement been amended to extend the rec	cipient's deadline for fulfilling its obli	gations? (Mark one.)
	🛛 Ycs 🗖 No	
39. Describe the steps being taken to bring recipient in	nto compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development



### 00-0444 2001 Minnesota Business Assistance Form RECEIVED APR 0 2 2001

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

2. Name of person completing this form 1. Name of grantor (funding entity) JHYOF Doug TON Baralin 4. City 3. Street addre 5. ZIP Q 0 HOWARD 6. County 7. Phone number 8. Fax number 9. E-mail address 201-577-3610 720-5 く30ら MICIO 10. Please iddicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. 547-3670 POBON736 Handrolall 553 ZIP code Phone number Street address City Name Title 11. Classification of grantor (Mark one. If grantor is entity 12. Has your organization held a public hearing on and created by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) WYes (Indicate hearing date - 215 00 and attach criteria) City government 🗋 No County government U We held a public hearing but have not yet adopted Regional government □ State government criteria (Indicate date of initial hearing - ____ Other (Please attach explanation.) 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.) Yes (Complete the remainder of the form.) □ No (Stop here, go to section 5 on page 4.)

### Section 1 Information About Grantor

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance SHENOR HEATTH CORE INC.	15. Address when will be used	the business subside	y or financi: Hom F	al assistance and Laken 55349
	Street address	Ciry	State	ZIP code
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>C) Yes (Indicate name and address of parent corporation below.</li> <li>D) No</li> </ul>	If more than one, i	indicate ultimate c	owner.)	
Name of parent corporation	Street address	City	Starc	ZIP code

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<u>}</u>_____

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17. Industry of recipient's facility (Mark one.):	
□ Manufacturing I Services □ Retail Trade □ Wholesale Trade	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please specify)</li> </ul>
18. Did the recipient relocate as a result of signing this agreement	(Mark one.)
Ves (Indicate city and state of previous address and reason rec No (Go to Question 19.)	ipient did not complete this project at that address.)
City/State of previous address Reason project not completed at	previous address
19. Would the recipient have remained in previous location or rel financial assistance? (Mark one.)	located elsewhere if not awarded this business subsidy or nsiness stort up)
C Remained at previous location If Relocated to differen	nt Minnesola location 🛛 Relocated outside Minnesola
Section 3 General Information About the Agreeme	nt
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) Developer P.A. 76. TLF	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) $\neg -13 \rightarrow 000$
up to a max. of \$99,000	/=13 0000
22. Benchit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.) $\$ - 1\$ - 00$	
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)	four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy
D loan (only principal) S	assistance for property polluted     s by contaminants
□ grant (i.e., forgivable loan) S □ tay abatement S	□ assistance for renovating building \$
BTIF or other tax reduction or deferral 40/0 \$ 99,000 guarantee of payment	stock or bringing it up to code, and assistance provided for designated
contribution of property or infrastructure     s     preferential use of governmental facilities     S	historic preservation districts, when 50% or less of total cost
Iand contribution     S     Other (Specify subsidy type.)     S	assistance for pollution control or \$
G other (Specify Subsidy type.)	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.)
Inot applicable, assistance was not in the form of TIF	Ycs (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
Deredevelopment renewal and renovation	DNo
□ soils condition	Grantor(s) and value of the agreement(s):
<ul> <li>conomic development</li> <li>mined underground space</li> </ul>	Granor(s) and value of the agreement(s).
hazardous substance subdistrict	Grantor Value (\$)
	Grantor Value (S)

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			nancial assistance agreemen nt? (Mark all that apply.)	ts state a public pu	rpose. Which
Enhancing economic dive Creating high-quality job			<ul> <li>Increasing tax base (can be determined on the second second</li></ul>	unnot be only purp	sc)
I Job retention Stabilizing the community	у			/	
9. Indicate whether the ag	reement include	d the following type.	s of goals, and whether the	recipient had attai	ned those goals
at the time of this report	t. (Put in the ba	ixes and atlainmight (	aale(s) for each goal.)		
				get attainment (month & year)	All goals attained?
() Specific wage and job go	als to be attaind	d within 2 years	The Yes I No 7.	-13-02	Yes ONO
3) Other job-creation and/or			🛛 Yes 🖓 No 🔄		🗅 Yes 🛛 No
C) Other wage goals			🛛 Yes 🗆 No 🔜	<del></del>	OYes ONo
)) Other goals other than w	age and job goa	ls	OYes ONo		Ves No
Please attach descriptions attainment if not documente					
agreement and the aver	age hourly valu Il-time equivale	e of any employer-pr nts if you are unable	creation and/or retention go rovided health insurance go to separate goals by full- o	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seatonal/Temp. Job Creation	FTE <u>(only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insuranc
no hourly wage-level goal				Labor and the second	\$
less than \$7.00	2				\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.99	·····				s
\$11.00 to \$12.99					\$
513.00 to \$14.99				<u></u>	\$
\$15.00 and higher				<del>~~~~~~</del>	\$
	ing weap catego	pries, indicate the nu	mber of actual jobs created	and/or retained si	ince the benefit ate job creation in
date and the actual ho	urly value of an		d health insurance for those allon into full- and part-tim		
date and the actual ho	urly value of an				Hourly Value o Health Insuran
date and the actual ho full-time equivalents ly Hourly Wage	ourly value of an <i>fyou are unable</i> Full-time Job	e to separale job crea Part-time/ Seasonal/Temp.	tilon into full- and part-tim FTE (only if unable to separate FT/PT)	e positions.)	•
date and the actual ho full-time equivalents ly Hourly Wage (excluding benefits)	ourly value of an <i>fyou are unable</i> Full-time Job	e to separale job crea Part-time/ Seasonal/Temp.	tilon into full- and part-tim FTE (only if unable to separate FT/PT)	e positions.)	Health Insuran
date and the actual ho full-time equivalents ly Hourly Wage (excluding benefits) less than \$7.00	ourly value of an <i>fyou are unable</i> Full-time Job	e to separale job crea Part-time/ Seasonal/Temp.	tilon into full- and part-tim FTE (only if unable to separate FT/PT)	e positions.)	Health Insuran s
date and the actual ho full-time equivalents ly Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ourly value of an <i>fyou are unable</i> Full-time Job	e to separale job crea Part-time/ Seasonal/Temp.	tilon into full- and part-tim FTE (only if unable to separate FT/PT)	e positions.)	Health Insuran s
date and the actual ho full-time equivalents ly Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ourly value of an <i>fyou are unable</i> Full-time Job	e to separale job crea Part-time/ Seasonal/Temp.	tilon into full- and part-tim FTE (only if unable to separate FT/PT)	e positions.)	Health Insuran s
date and the actual ho full-time equivalents ly Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	ourly value of an <i>fyou are unable</i> Full-time Job	e to separale job crea Part-time/ Seasonal/Temp.	tilon into full- and part-tim FTE (only if unable to separate FT/PT)	e positions.)	Health Insuran s

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development

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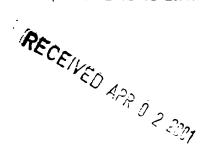
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### EXHIBIT A

### 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

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### Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you completed	it on another 2001 MBAF subm	nitted to DTED.)
<ol> <li>During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §1</li> </ol>	per 31, 2000, did your organization ha 16J.994? (Mark one.)	ve any recipients who failed to
<ul> <li>Yes (Indicate the name of each recipient failing to represent to repre</li></ul>	port and the value of subsidy or financ	cial assistance awarded to that
Name of recipient Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that</li> </ol>	ed to achieve any goals or fulfill any c were required to be fulfilled by the tim	other obligations under an ne of this report? (Mark one.)
Yes (Complete the remainder of this.	section.) QNO (Stop here and sub	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each requirements of the statistical by the time of reporting. (</li> <li>35. Information on recipient and agreement:</li> </ul>		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	rccipient relocated to a differ other (Specify reason.)	rent community
37. To date, has the recipient fulfilled its repayment ob	oligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assist:	ance. D No, recipient has not begi	un to repay the assistance.
38. Has the agreement been amended to extend the rec	ipient's deadline for fulfilling its obli	gations? (Mark one.)
	🗅 Ycs 🗆 No	
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

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Department of Trade and Economic Development

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### 2001 Minnesota Business Assistance Form RECEIVED NAT to 2001

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

#### Section 1 Information About Grantor

<ol> <li>Name of grantor (fundir City of Hugo</li> </ol>	. Name of grantor (funding entity) City of Hugo		ting this form
3. Street address	6th Street N	4. City	5. ZIP code
5524 Upper 14		Hugo	55038
6. County	7. Phone number	8. Fax number	9. E-mail address
Washington	651 429-6676	651 426-2859	rotkin@ci.hugo.mn.u

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title	Phone number	Street address	City	ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		<ol> <li>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</li> </ol>		
City government	к	Yes (Indicate hearing da	te and	d attach criteria)
County government		No		
C Regional government		□ We held a public hearing	but have not yet	adopted
State government		criteria (Indicate date of	initial hearing -	
Other (Please specify.)		Other (Please attach expl	anation.)	

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.)

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where bu will be used</li> <li>5441</li> </ol>		y or financ	ial assistance
KR Lindstrom, LLC	140th Street Street address	<u>Hugo</u> City	<u>MN</u> State	55038 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
□ Yes (Indicate name and address of parent corporation below xixNo	If more than one, indic	ate ultimate o	owner.)	
Name of parent corporation	Street address	City	State	ZIP code

7. Industry of recipient's facility (Mark o	ne.):			
☐ Manufacturing X3 Retail Trade	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please specijis)</li> </ul>	fw)	
8. Did the recipient relocate as a result of	signing this agreement	? (Mark one.)		
<b>)</b> Yes (Indicate city and state of previous a KNo (Go to Question 19.)	address and reason rec	ipient did not complete this project at that addre	ss.)	
City/State of previous address Reason pr	roject not completed at	previous address		
9. Would the recipient have remained in financial assistance? (Mark one.)	previous location or rel	ocated elsewhere if not awarded this business su	bsidy or	
Remained at previous location x	Relocated to differen	nt Minnesota location 🛛 Relocated outside M	linnesota	
ection 3 General Information Al	pout the Agreeme	nt		
20. Total dollar value of business subsidy assistance (Please separate value by ty and 25.)	or financial ope in Questions 24	21. Date agreement signed (In addition to the agreemendate, indicate any dates the agreement was amended		
\$66,538		04/10/00		
indicate the date improvements were f whichever is earlier.) 04/10/00	inished, equipment was	the business subsidy or financial assistance. Fo placed into service, or the recipient occupied th	e property,	
be reported? (Mark one.)	s subsidy or one of the A business subsidy	four types of financial assistance (see Question 2	5) required to	
24. If the agreement provided a business su indicate the type(s) and total dollar variables		25. If the assistance was one of the four types of assistance, please indicate the type(s).	of financial	
not applicable, agreement provided final	ncial assistance	x not applicable, agreement provided a business subsidy		
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> </ul>	\$	assistance for property polluted by contaminants	\$	
<ul> <li>grant (i.e., torgreate toan)</li> <li>tax abatement</li> <li>TTIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilitie</li> </ul>		<ul> <li>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</li> </ul>	\$	
<ul> <li>preferential use of governmental facilitie</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	es \$ \$ \$	<ul> <li>assistance for pollution control or abatement</li> </ul>	\$	
		assistance for a TIF soils condition district	\$	
26. If the assistance included tax increment indicate the type of TIF district? (Mar.		27. Are any other grantors providing a busines financial assistance to the same project? (A		
not applicable, assistance was not in the	form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)		
Tredevelopment renewal and renovation		xII No		
<ul> <li>⊐ soils condition</li> <li>⊐ economic development</li> <li>⊐ mined underground space</li> <li>⊐ hazardous substance subdistrict</li> </ul>		Grantor(s) and value of the agreement(s):		
		Grantor Value (\$)		
		Grantor Value (\$)		

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of the following public y	equires that bus purposes were s	iness subsidy and fina stated in the agreemen	ancial assistance agreements t? (Mark all that apply.)	s state a public p	urpose. Which	
Enhancing economic diversity Creating high-quality job growth Job retention Stabilizing the community			□ Increasing tax base (cannot be only purpose) XC Other (please specify) Construction of public improvements & develop retail facilit in the city			
<ol> <li>Indicate whether the agr at the time of this report</li> </ol>	reement include t. (Fill in the bo	d the following types oxes and attainment d	of goals, and whether the re late(s) for each goal.)	cipient had atta	ined those goals	
) Specific wage and job goals to be attained within 2 years ) Other job-creation and/or retention goals ) Other wage goals ) Other goals other than wage and job goals		established? dates (	et attainment month & year) 04/02	All goals attained? XXX Yes \(D) No Yes \(D) No Yes \(D) No Yes \(D) No		
Please attach descriptions of the sector of	of goals and pro d in Questions .	ogress toward 30 and 31.)				
	age hourly value	e of any employer-pro	reation and/or retention goa wided health insurance goal to separate goals by full- ar	s for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00					\$	
\$7.00 to \$8.99	_1				S	
\$9.00 to \$10.99					\$	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99					s	
\$15.00 and higher					s	
date and the actual how	urly value of an <i>you are unable</i>	y employer-provided e to separate job creat	aber of <b>actual</b> jobs created a health insurance for those ju- tion into full- and part-time	obs. <u>(Only</u> india		
	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
Hourly Wage (excluding benefits)			oob citadaa			
					s	
(excluding benefits)		5			s s	
(excluding benefits) less than \$7.00		 1				
(excluding benefits) less than \$7.00 \$7.00 to \$8.99					s	
(excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99		1			S S	

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Page 3 of 4

Section	5	Recipients	Failing	to	Fulfill	Obligations
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<ol> <li>During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §11</li> </ol>	er 31, 2000, did your organization ha 6J.994? (Mark one.)	ve any recipients who failed to
Yes (Indicate the name of each recipient failing to represent the recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	cial assistance awarded to that
<b>3</b> No		
Name of recipient Type of subsidy or assista	ance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that v	were required to be fulfilled by the tim	ne of this report? (Mark one.)
Yes (Complete the remainder of this s	section.) $\mathbf{x}\mathbf{x}$ No (Stop here and sub-	bmit form to DTED .)
35 39. Provide the following information for each rec were to be attained by the time of reporting. (A	ipient failing to fulfill goals or any ot tach additional pages if necessary.)	ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	
Yes ONO, recipient <u>has begun</u> to repay the assista	nce. O No, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the reci	pient's deadline for fulfilling its oblig	gations? (Mark one.)
	🗅 Yes 🗆 No	
39. Describe the steps being taken to bring recipient int	to compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

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### 2001 Minnesota Business Assistance Form RECEIVED MAY 1 3 2001 2001 Minnesota Business Assistance Form

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

#### Section 1 Information About Grantor

<ol> <li>Name of grantor (fund City of Hugo</li> </ol>	ing entity)	2. Name of person completing this form Ronald J. Otkin	
3. Street address	46th Street N	4. City	5. ZIP code
5524 Upper 14		Hugo	55038
6. County	7. Phone number	8. Fax number	9. E-mail address
Washington	651 429-6676	651 426-2859	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
created by gov't agency,	Mark one. If grantor is entity please indicate affiliation. For ld check "City government.")	<ol> <li>Has your organization h adopted criteria for awa compliance with Minn.</li> </ol>	rding business su	ıbsidies in
X City government	ж	XYes (Indicate hearing da	10/04/99 te and	l <u>attach criteria</u> )
County government		No		
Regional government		We held a public hearing	but have not yet	adopted
□ State government		criteria (Indicate date of	initial hearing -	
Other (Please specify.)		Other (Please attach expl	anation.)	

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.)

XXX Yes (Complete the remainder of the form.) INO (Stop here, go to section 5 on page 4.)

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address whe will be used 13575	re business sub	osidy or financi	al assistance
Como Lube & Supply, Inc.	Fenway Bly Street address	v <u>d Hugo</u> City	<u>MN</u> State	55038 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)		·		
x Star Yes (Indicate name and address of parent corporation below	. 17 more inan one, 1107 Port'			
Como Lube & Supply, Inc.		Duluth	MN	55816
Name of parent corporation	Street address	City	State	ZIP code

2001 Minnesota Business Assistance Form

	Manufacturing	<b>X</b> KServices	🖸 Finance, Insura		
	C Retail Trade	Wholesale Trade		Other (please speci	[v]
18. Did the recipi	ent relocate as a result of	signing this agreement?	' (Mark one.)		
□ Yes (Indicate ci ⊠ No (Go to Ques		address and reason recij	pient did not complete i	this project at that addre	255.)
City/State of previ	ous address Reason p	roject not completed at p	revious address		
	ipient have remained in nce? (Mark one.)	previous location or relo	cated elsewhere if not	awarded this business su	ibsidy or
🗅 Remaine	d at previous location	Relocated to different	Minnesota location	C Relocated outside N	linnesota
ection 3 Gene	ral Information A	bout the Agreemen	t	· <u>····································</u>	
20. Total dollar v assistance (Pla and 25.)	alue of business subsidy ease separate value by ty	or financial ope in Questions 24		ned (In addition to the d dates the agreement was	
	\$167,850		03	/21/00	
	ate improvements were f	ipient will benefit from t inished, equipment was j			
23. Does the agree be reported?	(Mark one.)	s subsidy or one of the fo Dusiness subsidy	our types of financial as I financial assistance	ssistance (see Question 2	25) required to
•	nt provided a business su pe(s) and total dollar va			as one of the four types on the type of type of type of the type of the type of the type of type o	of financial
not applicable, a	agreement provided fina	ncial assistance X	🖾 not applicable, agree	ment provided a busine	ss subsidy
<ul> <li>loan (only princ</li> <li>grant (i.e., forgi</li> </ul>		s	assistance for proper by contaminants		\$
<ul> <li>guarantee of pay</li> <li>contribution of pay</li> </ul>	reduction or deferral yment property or infrastructur of governmental facilitie	\$ <u>167,850</u> \$ \$	assistance for renova stock or bringing it u assistance provided historic preservation 50% or less of total of	up to code, and for designated a districts, when	\$
land contributio		\$ \$	assistance for polluti abatement	on control or	\$
			assistance for a TIF	soils condition district	\$
	ce included tax increment pe of TIF district? (Mar			tors providing a busines to the same project? (A	
🗅 not applicable, a	assistance was not in the	form of TIF		rantor and the value of t tach an additional sheet	
redevelopment renewal and ren	oution				
<ul> <li>renewal and ren</li> <li>soils condition</li> <li>economic devel</li> <li>mined undergro</li> </ul>	opment		A No Grantor(s) and value o	f the agreement(s):	
	ana space				
hazardous subst	ance subdistrict		Grantor	Value (\$)	

2001 Minnesota Business Assistance Form

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ection 4 Goals and P 28. Minn. Stat. §116J.994 r	equires that bus	iness subsidy and fin	ancial assistance agreement	s state a public p	ourpose. Which
of the following public	purposes were s	tated in the agreemen	t? (Mark all that apply.)		
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> </ul>			□ Increasing tax base (car x Other (please specify) (		
<ul> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	y	improvement	s & develop com	nercial fa	acilities
29. Indicate whether the ag at the time of this repor	reement include t. (Fill in the bo	d the following types exes and attainment d	of goals, and whether the n late(s) for each goal.)	ecipient had atta	ined those goals
A) Specific wage and job go	oals to be attaine	ed within 2 years	established? dates 2044Yes D No	et attainment (month & year) 03/02	All goals attained? x 🖾 Yes 🖸 No
<ul><li>B) Other job-creation and/o</li><li>C) Other wage goals</li></ul>	r retention goals	1			□Yes □No □Yes □No
D) Other goals other than w	age and job goa	ls	Q Yes Q No		Q Yes Q No
(Please attach descriptions attainment if not documente	of goals and pro ed in Questions .	ogress toward 30 and 31.)			
30. For each of the followin agreement and the aver job creation goals in fu	age hourly value	e of any employer-pro	reation and/or retention goa wided health insurance goa to separate goals by full- an	Is for those jobs.	. ( <u>Only</u> indicate ritions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					\$
\$7.00 to \$8.99					s
\$9.00 to \$10.99					s
\$11.00 to \$12.99	3				s
\$13.00 to \$14.99					s
\$15.00 and higher					s
	urly value of an	y employer-provided	aber of actual jobs created a health insurance for those j tion into full- and part-time	obs. <u>(Only</u> india	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					s
\$7.00 to \$8.99			<u></u>		s
\$9.00 to \$10.99					5
\$11.00 to \$12.99	_2				\$
\$13.00 to \$14.99	_1				\$
\$15.00 and higher					S
32. Has the recipient achie (Mark one.)	eved <u>all goals</u> (s	ee Questions 29, 30 a	and 31) and fulfilled <u>all obli</u>	gations stipulate	ed in the agreement?
		X 🖾 Yes 🕻	⊐ No		

2001 Minnesota Business Assistance Form

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Page 3 of 4

Section 5	Recipients	Failing	to Fulfill	Obligations
-----------	------------	---------	------------	-------------

Do not complete this section if you completed it of		
<ol> <li>During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.9</li> </ol>	1, 2000, did your organization ha 194? <i>(Mark one.)</i>	ve any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or finan	cial assistance awarded to that
80 No		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were</li> </ol>	achieve any goals or fulfill any o required to be fulfilled by the tim	other obligations under an ne of this report? (Mark one.)
Yes (Complete the remainder of this section)	ion.) <b>SKN</b> o (Stop here and sul	bmit form to DTED .)
<ol> <li>35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Attac</li> </ol>	nt failing to fulfill goals or any ot additional pages if necessary.)	ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	-
37. To date, has the recipient fulfilled its repayment obligat	tion? (Mark one.)	
Q Yes Q No, recipient <u>has begun</u> to repay the assistance.	. O No, recipient <u>has not begu</u>	in to repay the assistance.
38. Has the agreement been amended to extend the recipien	it's deadline for fulfilling its oblig	gations? (Mark one.)
ם	Yes 🖸 No	
39. Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development

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### 2001 Minnesota Business Assistance Form RECEIVED MAY 1.3 2007

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

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

#### Section 1 Information About Grantor

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.)

**D** Yes (Complete the remainder of the form.) DNo (Stop here, go to section 5 on page 4.)

#### Section 2 Information About Recipient

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where by will be used 13875	isiness subsidy	y or financi	ial assistance
Schwieters Properties	Fenway Blvd Street address	Hugo City	MN State	55038 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	<b>1</b>			
<ul> <li>Yes (Indicate name and address of parent corporation below.</li> <li>No</li> </ul>	If more than one, indi	cate ultimate c	wner.)	
Name of parent corporation	Street address	City	State	ZIP code

	☑ Manufacturing □ Retail Trade	Services Wholesale Trade	<ul> <li>Finance, Insurate</li> <li>Construction</li> </ul>	nce, Real Estate Other (please speci)	fy)
18. Did the recipie	ent relocate as a result of	signing this agreemen	t? (Mark one.)		
	ty and state of previous a		cipient did not complete i	this project at that addre	255.)
City/State of previo	ous address Reason pr	oject not completed at	previous address		
	ipient have remained in j nce? (Mark one.)	previous location or re	located elsewhere if not a	awarded this business su	bsidy or
x D Remained	d at previous location	Relocated to differe	ent Minnesota location	C Relocated outside M	finnesota
ection 3 Gene	ral Information Ab	out the Agreeme	nt		
	alue of business subsidy case separate value by ty			med (In addition to the a dates the agreement was	
	\$261,000		10	/02/00	
	ite improvements were fi		the business subsidy or j s placed into service, or t		
23. Does the agree be reported? (	Mark one.)	subsidy or one of the Dusiness subsidy	four types of financial as	ssistance (see Question 2	5) required to
indicate the typ	nt provided a business su be(s) and total dollar va	lue for each type.	assistance, please i	as one of the four types of ndicate the type(s).	
not applicable, a	greement provided finar	ncial assistance	😡 not applicable, agree	ment provided a busines	ss subsidy
<ul> <li>guarantee of pay</li> <li>contribution of p</li> <li>preferential use</li> <li>land contribution</li> </ul>	vable loan) reduction or deferral rment property or infrastructure of governmental facilitie	s \$ \$	<ul> <li>assistance for proper by contaminants</li> <li>assistance for renova stock or bringing it u assistance provided thistoric preservation 50% or less of total of assistance for polluti abatement</li> <li>assistance for a TIF store</li> </ul>	ating building up to code, and for designated a districts, when cost fon control or	\$ \$ \$ \$
	ce included tax incremen pe of TIF district? (Mari	- · ·		tors providing a busines to the same project? (M	
	ssistance was not in the	form of TIF		rantor and the value of th tach an additional sheet	
<ul> <li>redevelopment</li> <li>renewal and rend</li> <li>soils condition</li> <li>economic develo</li> <li>mined undergrow</li> </ul>	opment und space		No     Grantor(s) and value of	f the agreement(s):	
🗅 hazardous subst			Grantor	Value (\$)	
			Grantor	Value (\$)	

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<ol> <li>Minn. Stat. §116J.994 r of the following public</li> </ol>	requires that bus purposes were s	iness subsidy and fin tated in the agreemen	ancial assistance agreement at? (Mark all that apply.)	s state a public p	urpose. Which
Enhancing economic dive Creating high-quality job			□ Increasing tax base (car x Other (please specify)	nnot be only pun Construct	xose) public imps
Job retention Stabilizing the communit	у	and deve	lop manufacturi	ng facilit	ies in city
9. Indicate whether the agat the time of this report	reement include t. (Fill in the bo	d the following types oxes and attainment a	of goals, and whether the n late(s) for each goal.)	ecipient had atta	ined those goals
				et attainment (month & year)	All goals attained?
) Specific wage and job go	oals to be attaine	ed within 2 years	Yes No	10/02	🛛 Yes X 🖬 No
) Other job-creation and/or ) Other wage goals	r retention goals	<b>6</b>			□Yes □No □Yes □No
)) Other goals other than w	age and job goa	ls	Yes No		Yes No
Please attach descriptions ttainment if not documente	of goals and pro ed in Questions .	ogress toward 30 and 31.)			
agreement and the aver	age hourly value	e of any employer-pro	reation and/or retention goa ovided health insurance goa to separate goals by full- an	ls for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Vaiue of Health Insurance
no hourly wage-level goal					s
less than \$7.00					\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.99					s
\$11.00 to \$12.99	_1				\$
\$13.00 to \$14.99					s
\$15.00 and higher					s
date and the actual ho	urly value of an	y employer-provided	the of actual jobs created a health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indic	
Hourly Wage		•	Job Creation	Retention	Health Insurance
Hourly Wage (excluding benefits)	Creation	Job Creation	JUD CIELLON		,
(excluding benefits) less than \$7.00	Creation	Job Creation			s
(excluding benefits) less than \$7.00 \$7.00 to \$8.99	Creation	Job Creation			\$
(excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Creation	Job Creation 			s s
(excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	Creation	Job Creation 			s s s
(excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Creation	Job Creation			s s

2001 Minnesota Business Assistance Form

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Department of Trade and Economic Development

Do not complete this section if you comple		
<ol> <li>During the period January 1, 2000 through De report as required by Minn. Stat. §116J.993 an</li> </ol>	cember 31, 2000, did your organization hav d §116J.994? (Mark one.)	ve any recipients who failed to
Yes (Indicate the name of each recipient failing recipient. Attach additional pages if necessary)	to report and the value of subsidy or finan ary.)	cial assistance awarded to that
5 80 No		
Name of recipient Type of subsidy or a	assistance (See Questions 24 and 25.)	Value of subsidy or assistance
<ul> <li>34. Did your organization have any recipients who agreement signed on or after January 1, 2000,</li> <li>□ Yes (Complete the remainder of the second secon</li></ul>	to failed to achieve any goals or fulfill any o that were required to be fulfilled by the time f this section.) $x = No$ (Stop here and sub	e of this report? (Mark one.)
<ul> <li>35 39. Provide the following information for ea were to be attained by the time of reportir</li> <li>35. Information on recipient and agreement:</li> </ul>	ch recipient failing to fulfill goals or any ot ng. (Attach additional pages if necessary.)	her terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayme	ent obligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the a	assistance. D No, recipient has not begu	<u>n</u> to repay the assistance.
38. Has the agreement been amended to extend th	e recipient's deadline for fulfilling its oblig	rations? (Mark one.)
	🗅 Yes 🗖 No	
39. Describe the steps being taken to bring recipion	ent into compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

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Department of Trade and Economic Development

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# 2001 Minnesota Business Assistance Form RECEIVED APR 0 5 2001

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

<ol> <li>Name of grantor (funding entity)</li> <li>Hutchinson Community Development</li> <li>Street address</li> <li>III HUSSUN St. SE</li> </ol>		2. Name of person completin Christie Rock	g this form		
		4. City Hutchinson			
6. County Mcleod	5. County 7. Phone number		9. E-mail add Crock@Ci	ress huthinson.m	
10. Please indicate who	in your organization should receive the	2002 MBAF if different from the	ne person in Ques	tion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
created by gov't age example, a city EDA	ntor (Mark one. If grantor is entity ncy, please indicate affiliation. For would check "City government.")	<ul> <li>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.)</li> <li>Dres (Indicate hearing date 7125 loo and attach criteria)</li> </ul>			
City government County government			e ana <u>a</u>	inach criteria)	
<ul> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>	Regional government   Image: We held a public hearing but have not yet adopted				
	on signed any agreements to award a built of the second seco				
Pres	(Complete the remainder of the form.)	□ No ( <u>Stop here,</u> go to sect	tion 5 on page 4.)		
Section 2 Information	on About Recipient				

#### Section 1 Information About Grantor

14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business subsidy or financial assist will be used</li> </ol>			assistance
Allied Mechanical Systems	340 Michigan Street address	Hutchins	<u>n MN</u> State	55350 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
□ Yes (Indicate name and address of parent corporation below. ■¶o	If more than one, indic	ate ultimate ow	vner.)	
Name of parent corporation	Street address	City	State	ZIP code

	cipient's facility (Mark of	ne.):	
	<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please specify)</li> </ul>
18. Did the recipi	ent relocate as a result of	signing this agreemen	t? (Mark one.)
□ Yes (Indicate ci ♫秫o (Go to Ques		ddress and reason rec	ipient did not complete this project at that address.)
City/State of previ	ous address Reason pr	oject not completed at	previous address
	ipient have remained in p nce? (Mark one.)	previous location or re	ocated elsewhere if not awarded this business subsidy or
Remaine	d at previous location	Relocated to differe	nt Minnesota location 🛛 🖸 Relocated outside Minnesota
Section 3 Gene	eral Information Ab	out the Agreeme	nt
20. Total dollar v assistance (Pla and 25.)	value of business subsidy ease separate value by ty	or financial pe in Questions 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$ 80,000	.00		Sept. 27, 2000
22. Benefit date ( indicate the da whichever is e	ate improvements were fi	nished, equipment was	the business subsidy or financial assistance. For example, placed into service, or the recipient occupied the property,
23. Does the agree be reported?	(Mark one.)		four types of financial assistance (see Question 25) required to
	nt provided a business su pe(s) and total dollar va		25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
🗅 not applicable, a	agreement provided finan	cial assistance	□ not applicable, agreement provided a business subsidy
<ul> <li>guarantee of pay</li> <li>contribution of pay</li> </ul>	vable loan) reduction or deferral yment property or infrastructure of governmental facilitie n		<ul> <li>assistance for property polluted \$</li></ul>
	ce included tax increment ope of TIF district? (Mark		27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
	assistance was not in the		<ul> <li>Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</li> </ul>
<ul> <li>redevelopment</li> <li>renewal and ren</li> <li>soils condition</li> </ul>			
🗅 economic devel			Grantor(s) and value of the agreement(s):
<ul> <li>mined undergro</li> <li>hazardous subst</li> </ul>	ance subdistrict	1	
mined undergro	ance subdistrict		Grantor Value (\$)

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

Enhancing economic dive Creating high-quality job Job retention Stabilizing the community	growth		<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>		
<ol> <li>Indicate whether the agr at the time of this report</li> </ol>				recipient had attair	ned those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than wage</li> </ul>	retention goals	5	established? dates	get attainment (month & year) 	All goals attained? Yes No Yes No Yes No Yes No
Please attach descriptions of ttainment if not documented					
	age hourly valu	e of any employer-pr	creation and/or retention go ovided health insurance go to separate goals by full- o	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					\$
less than \$7.00			<u> </u>		\$
\$7.00 to \$8.99	. <u> </u>				\$
\$9.00 to \$10.99	·····				s
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					s
\$15.00 and higher	4			·	,9.00
	urly value of an	y employer-provided	nber of <b>actual</b> jobs created I health insurance for those <i>tion into full- and part-time</i> FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	jobs. (Only indice	
less than \$7.00					\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.99					\$
					s
\$11.00 to \$12.99					
\$11.00 to \$12.99 \$13.00 to \$14.99		<u></u>		·	<u>s</u>

2001 Minnesota Business Assistance Form

		ed it on another 2001 MBAF subm	
<ol> <li>During the period J report as required b</li> </ol>	anuary 1, 2000 through Decen y Minn. Stat. §116J.993 and	mber 31, 2000, did your organization hav §116J.994? <i>(Mark one.)</i>	ve any recipients who failed to
	ne of each recipient failing to additional pages if necessary	report and the value of subsidy or finance.)	cial assistance awarded to that
Name of recipient	Type of subsidy or ass	istance (See Questions 24 and 25.)	Value of subsidy or assistance
		ailed to achieve any goals or fulfill any o at were required to be fulfilled by the tim	
🗅 Yes (	Complete the remainder of th	is section.) DNO (Stop here and sub	mit form to DTED .)
		recipient failing to fulfill goals or any ot (Attach additional pages if necessary.)	her terms of an agreement that
35. Information on reci	pient and agreement:		
Name of recipient in de	fault	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipie	nt	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defau	ult (Mark all that apply.):		
<ul> <li>recipient ceased oper</li> <li>recipient was unable</li> </ul>		<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	
37. To date, has the rec	cipient fulfilled its repayment	obligation? (Mark one.)	
		stance.	n to repay the assistance.
🗆 Yes 🛛 🗆 No, recipie	ent has begun to repay the assi		
		ecipient's deadline for fulfilling its oblig	ations? (Mark one.)
			ations? (Mark one.)
38. Has the agreement	been amended to extend the r	ecipient's deadline for fulfilling its oblig	ations? (Mark one.)
38. Has the agreement	been amended to extend the r	ecipient's deadline for fulfilling its oblig	ations? (Mark one.)
38. Has the agreement	been amended to extend the r	ecipient's deadline for fulfilling its oblig	ations? (Mark one.)

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

Or fax to: (651) 215-3841

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- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

1. Name of grantor (funding entity) I Dow Range Resources & Rehabil tation Board	2. Name of person completing Rick Anderson	
3. Street address 1006 Highway 53 South	4. City Eveleth	5. ZIP code 55734
6. County 7. Phone number St. Louis (218) 744-7400	8. Fax number (219) 744-7402	9. E-mail address richard. anderson @ ittrb. c
10. Please indicate who in your organization should receive the         Phil       Bakken         Name/Title       Phone number	2002 MBAF if different from the 1006 Highway Street address	person in Question 2. <u>53 S. Eveleth, MN</u> 55734 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 adopted criteria for awardi compliance with Minn. Sta	
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>	<ul> <li>Yes (Indicate hearing date</li> <li>No</li> <li>We held a public hearing bu criteria (Indicate date of in X Other (Please attach explan)</li> </ul>	it have not yet adopted itial hearing)
<ol> <li>Has your organization signed any agreements to award a but through December 31, 2000 that is required to be reported up</li> </ol>		

#### Section 1 Information About Grantor

XYes (Complete the remainder of the form.) DNo (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 bu will be used <u>1101 NW 3Bd</u> Street address			assistance SST21 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)		_		
<ul> <li>Yes (Indicate name and address of parent corporation below.</li> <li>No</li> </ul>	If more than one, indic	ate ultimate ow	ner.)	
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	e.):	
A.Manufacturing	Services     Wholesale Trade	Construction Cons
8. Did the recipient relocate as a result of si	gning this agreemer	nt? (Mark one.)
□ Yes (Indicate city and state of previous ad A No (Go to Question 19.)— Z	dress and reason rea	cipient did not complete this project at that address.)
City/State of previous address Reason proj	ect not completed at	t previous address
19. Would the recipient have remained in pr financial assistance? (Mark one.) $N$	evious location or re	elocated elsewhere if not awarded this business subsidy or
Remained at previous location	Relocated to differe	ent Minnesota location
ection 3 General Information Abo	ut the Agreeme	ent
20. Total dollar value of business subsidy of assistance (Please separate value by type and 25.)		21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$ 350,000.00		March 22, 2000
	ished, equipment was advanced in	the business subsidy or financial assistance. For example, as placed into service, or the recipient occupied the property of wcRements from MaRch 22, 2000 until -5 of December 31, 2000.
be reported? (Mark one.)	ubsidy or one of the business subsidy	e four types of financial assistance (see Question 25) required to
24. If the agreement provided a business sub indicate the type(s) and total dollar value		25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
ont applicable, agreement provided financ	ial assistance	A not applicable, agreement provided a business subsidy
ấ loan (only principal) □ grant (i.e., forgivable loan)	\$ <u>350,000.</u> \$	assistance for property polluted by contaminants
TIF or other tax reduction or deferral	\$ \$	<pre>assistance for renovating building \$stock or bringing it up to code, and</pre>
<ul> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> </ul>	s	assistance provided for designated historic preservation districts, when
preferential use of governmental facilities	\$	50% or less of total cost
land contribution	s	assistance for pollution control or
□ other (Specify subsidy type.)	S	abatement assistance for a TIF soils condition district
26. If the assistance included tax increment indicate the type of TIF district? (Mark		<ul><li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li></ul>
not applicable, assistance was not in the fo	orm of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>		A No
<ul> <li>economic development</li> <li>mined underground space</li> </ul>		Grantor(s) and value of the agreement(s):
hazardous substance subdistrict		Grantor Value (\$)
		Grantor Value (\$)

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

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<ol> <li>Minn. Stat. §116J.994 r of the following public</li> </ol>	equires that bus purposes were	siness subsidy and fir stated in the agreeme	nancial assistance agreement nt? (Mark all that apply.)	nts state a public p	urpose. Which
<ul> <li>Enhancing economic diversity</li> <li>Increasing tax base (cannot be only purpose)</li> <li>Creating high-quality job growth</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>					
29. Indicate whether the again at the time of this report				e recipient had attai	ned those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than way</li> <li>(Please attach descriptions of attainment if not documented)</li> </ul>	retention goals age and job goa of goals and pro	s Ils ogress toward	established? date	rget attainment s (month & year) <u>greh 2002</u>	All goals attained? Yes Se No Yes No Yes No Yes No
30. For each of the followin agreement and the avera job creation goals in ful	age hourly valu	e of any employer-pr	creation and/or retention g ovided health insurance g to separate goals by full- FTE (only if goals not	oals for those jobs.	( <u>Only</u> indicate tions.)
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Houriy Value of Health Insurance
no hourly wage-level goal				·	S
less than \$7.00				<del></del>	\$
\$7.00 to \$8.99	. <u></u>			<del>_,</del>	s
\$9.00 to \$10.99					s
\$11.00 to \$12.99					s
\$13.00 to \$14.99	10				s set
\$15.00 and higher					\$
	urly value of an	y employer-provided	nber of actual jobs created thealth insurance for thos tion into full- and part-tin FTE (only if unable to	e jobs. ( <u>Only</u> indic	
Houriy Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					\$
\$7.00 to \$8.99	·		<u> </u>		\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99	0				\$
\$15.00 and higher		<u></u>		·····	s
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (s	ee Questions 29, 30		bligations stipulated	in the agreement?

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 $\left\{ \begin{array}{c} \\ \\ \end{array} \right\}$ 

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	u completed it on another 2001 MBAF sub	
	hrough December 31, 2000, did your organization h 16J.993 and §116J.994? (Mark one.)	ave any recipients who failed to
Yes (Indicate the name of each recipied recipient. Attach additional pages	ent failing to report and the value of subsidy or fina s if necessary.)	ncial assistance awarded to that
1 No		
	ubsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
	ipients who failed to achieve any goals or fulfill any y 1, 2000, that were required to be fulfilled by the ti	
• Yes (Complete the ren	nainder of this section.) 🛛 🖄 No (Stop here and s	ubmit form to DTED .)
	tion for each recipient failing to fulfill goals or any of reporting. (Attach additional pages if necessary	
35. Information on recipient and agreen	nent:	
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that	apply.):	
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant post</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>sitions</li> <li>other (Specify reason.)</li> </ul>	erent community
37. To date, has the recipient fulfilled it	ts repayment obligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to a	repay the assistance. D No, recipient has not be	gun to repay the assistance.
38. Has the agreement been amended to	o extend the recipient's deadline for fulfilling its ob	ligations? (Mark one.)
	🗆 Yes 🔍 No	
39. Describe the steps being taken to br	ring recipient into compliance or recoup the subsidy	/:

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

Or fax to: (651) 215-3841



### 00-0582 2001 Minnesota Business Assistance Form

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

1. Name of grantor (funding en ILON Range Resource		2. Name of person completing Rick Anderson			
3. Street address 1006 Highway 53	South	4. City Eveleth	5. ZIP code 55734		
6. County St. Louis	7. Phone number (218) 744-7400	8. Fax number 210) 744-7402	9. E-mail address Hichard. anderson @ itt b.		
10. Please indicate who in you Phil Rokkep Name/Title	r organization should receive the (2/8)744-7460 Phone number		e person in Question 2. <u>Eventh</u> 55734 City ZIP code		
	Mark one. If grantor is entity lease indicate affiliation. For I check "City government.")	<ol> <li>Has your organization hele adopted criteria for awardi compliance with Minn. St</li> </ol>			
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>Yes (Indicate hearing date</li> <li>No</li> <li>We held a public hearing bu criteria (Indicate date of in Xa Other (Please attach explan)</li> </ul>	it have not yet adopted itial hearing)		
<ol> <li>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.)</li> </ol>					

#### Section 1 Information About Grantor

XYcs (Complete the remainder of the form.) DNo (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 Accelerated Payments, Inc.	15. Address wher will be used <u>320</u> 7 th Au Street address		idy or financia bobs MN State	
16. Does the recipient have a parent corporation? (Mark one U Yes (Indicate name and address of parent corporation bell No		ndicate ultimate	e owner.)	
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.

	Manufacturing	Services	🗆 Finance, Insura	nce. Real Estate	
	C Retail Trade	U Wholesale Trade		Other (please specify	v)
18. Did the recipient	relocate as a result of	signing this agreemen	t? (Mark one.)		
Yes (Indicate city of No (Go to Question		ddress and reason rec	cipient did not complete	this project at that addres	rs.)
City/State of previous	s address Reason pr	oject not completed at	previous address		
19. Would the recipi financial assistance		previous location or re	located elsewhere if not	awarded this business sul	osidy or
C Remained a	t previous location	Relocated to differe	nt Minnesota location	C Relocated outside M	innesota
ection 3 Genera	l Information Ab	out the Agreeme	nt		
assistance (Pleas and 25.)	e of business subsidy e separate value by ty	pe in Questions 24		gned (In addition to the a dates the agreement was	
	\$550,000.°°		march	, 2000	
22. Benefit date (Ind indicate the date whichever is earl	improvements were fi	nished. eauipment was	s placed into service, or	financial assistance. For the recipient occupied the Balance to be a	e nronertv
23. Does the agreem be reported? (Ma	ent provide a business ark one.)	subsidy or one of the	four types of financial a	ssistance (see Question 2	5) required to
	·····				
	provided a business su (s) and total dollar va			as one of the four types c indicate the type(s).	of financial
	eement provided finar		a not applicable, agree	ement provided a busines	s subsidy
🛿 loan (only principa 🖾 grant (i.e., forgival	1)-Convertible Del	\$ 300,000	assistance for proper by contaminants	rty polluted	\$
□ tax abatement □ TIF or other tax re □ guarantee of paym	duction or deferral	\$ \$	<ul> <li>assistance for renovative stock or bringing it assistance provided</li> </ul>	up to code, and	\$
Contribution of pro	perty or infrastructure		historic preservatio 50% or less of total	n districts, when	
land contribution	governmental facilitie	\$	assistance for pollut		\$
□ other <i>(Specify subs</i>	idy type.)	\$	abatement assistance for a TIF	soils condition district	\$
	included tax incremen of TIF district? (Mark			ntors providing a busines the to the same project? (A	
E.T.H7/W/01 Q not applicable, ass	istance was not in the	form of TIF		rantor and the value of th ttach an additional sheet	
redevelopment renewal and renov	ation		S No		
<ul> <li>soils condition</li> <li>economic develops</li> </ul>			Grantor(s) and value of	the agreement(s).	
I mined undergroun	d space			n me agreement(s).	
hazardous substant	ce subdistrict		Grantor	Value (\$)	
			1		

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

<ol> <li>Minn. Stat. §116J.994 r of the following public</li> </ol>	requires that busin purposes were st	ness subsidy and fin ated in the agreeme	nancial assistance agreemen ent? (Mark all that apply.)	nts state a public pu	rpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	growth		<ul> <li>Increasing tax base (c.</li> <li>Other (please specify)</li> </ul>	annot be only purp	ose)
29. Indicate whether the ag at the time of this report				recipient had attain	ned those goals
A) Specific wage and job go B) Other job-creation and/o C) Other wage goals D) Other goals other than w	r retention goals		established? date: ØYes DNo DYes DNo	get attainment s (month & year) <u>3//07.</u>	All goals attained? Ves Mo Yes No Yes No Yes No
(Please attach descriptions attainment if not documente					
job creation goals in fu Hourly Wage	age hourly value ill-time equivalen Full-time Job	of any employer-p ts if you are unable Part-time/ Seasonal/Temp.	rovided health insurance ge to separate goals by full- FTE (only if goals not stated as FT/PT)	als for those jobs.	ions.) Hourly Value of
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance
no hourly wage-level goal					\$
less than \$7.00 \$7.00 to \$8.99	40 23	3/1/02 3/1/05			s Not s Set
\$9.00 to \$10.99					S
\$11.00 to \$12.99					S
\$13.00 to \$14.99		,			s
\$15.00 and higher					s
	ourly value of any	employer-provide	mber of actual jobs created d health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	jobs. <u>(Only</u> indic	
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance
less than \$7.00					s
\$7.00 to \$8.99	25	3			s 1 43
\$9.00 to \$10.99	_6_				s <u>1.43</u>
\$11.00 to \$12.99	<u></u>			<u> </u>	<u>s 1.43</u>
\$13.00 to \$14.99	_0				\$
\$15.00 and higher	_3	<u> </u>			s_1.43
32. Has the recipient achie (Mark one.)	eved <u>all goals</u> (se	-	and 31) and fulfilled <u>all ob</u>	ligations stipulated	in the agreement?

2001 Minnesota Business Assistance Form

Do not complete this section if you complete	d it on another 2001 MBAF subn	nitted to DIED.)
<ol> <li>During the period January 1, 2000 through Decer report as required by Minn. Stat. §116J.993 and §</li> </ol>		ve any recipients who failed to
☐ Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary		cial assistance awarded to that
<b>Z</b> No		
Name of recipient Type of subsidy or assi	istance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who fa agreement signed on or after January 1, 2000, that</li> </ol>		
<b>Yes</b> (Complete the remainder of thi	is section.) 🛛 🕱 No (Stop here and sub	omit form to DTED .)
<ul> <li>35 39. Provide the following information for each were to be attained by the time of reporting.</li> <li>35. Information on recipient and agreement:</li> </ul>		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
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 sector of the sector	ent community
recipient was unable to fill vacant positions	other (Specify reason.)	
37. To date, has the recipient fulfilled its repayment	obligation? (Mark one.)	<u>n</u> to repay the assistance.
37. To date, has the recipient fulfilled its repayment □ Yes □ No, recipient <u>has begun</u> to repay the assi	obligation? <i>(Mark one.)</i> stance.	
37. To date, has the recipient fulfilled its repayment □ Yes □ No, recipient <u>has begun</u> to repay the assi	obligation? <i>(Mark one.)</i> stance.	
<ul> <li>37. To date, has the recipient fulfilled its repayment of Yes ONO, recipient <u>has begun</u> to repay the assi</li> <li>38. Has the agreement been amended to extend the residuent of the re</li></ul>	obligation? <i>(Mark one.)</i> stance. INO, recipient <u>has not begu</u> ecipient's deadline for fulfilling its oblig Yes INO	
<ul> <li>37. To date, has the recipient fulfilled its repayment of Yes ONO, recipient <u>has begun</u> to repay the assi</li> <li>38. Has the agreement been amended to extend the residuent of the re</li></ul>	obligation? <i>(Mark one.)</i> stance. INO, recipient <u>has not begu</u> ecipient's deadline for fulfilling its oblig Yes INO	
<ul> <li>recipient was unable to fill vacant positions</li> <li>37. To date, has the recipient fulfilled its repayment of Yes <ul> <li>No, recipient has begun to repay the assi</li> </ul> </li> <li>38. Has the agreement been amended to extend the residuence of the steps being taken to bring recipient</li> </ul>	obligation? <i>(Mark one.)</i> stance. INO, recipient <u>has not begu</u> ecipient's deadline for fulfilling its oblig Yes INO	

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

Or fax to: (651) 215-3841

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### 2001 Minnesota Business Assistance Form

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

#### Section 1 Information About Grantor

<ol> <li>Name of grantor (funding er City of Jackson</li> </ol>	ntity)	2. Name of person completing Joe Vrchota, Economi		ordinator		
3. Street address 80 West Ashley Str	eet	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 add edc@rconi			
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Ques	stion 2.		
Name/Title	Phone number	Street address	City	ZIP code		
created by gov't agency, p	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.)			
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (<i>Please specify.</i>)</li> </ul>		<ul> <li>Yes (Indicate hearing date -9/21/99 and attach criteria)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>				
, , ,	ed any agreements to award a bu 0 that is required to be reported u	•				

X Yes (Complete the remainder of the form.) 🛛 🗅 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	<ol> <li>Address where bus will be used</li> </ol>	siness subsidy o	or financia	al assistance
Erickson Truck Sales & Salvage, Inc.	R.R.2 Box 351 Street address	Jackson, City	MN State	56143 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
☐ Yes (Indicate name and address of parent corporation below. Ž No	If more than one, indica	ate ultimate ow	ner.)	
Name of parent corporation	Street address	City	State	ZIP code

	Manufacturing Marcal Trade	<ul> <li>Services</li> <li>Wholesale Trad</li> </ul>	Finance, Insurate     Construction	nce, Real Estate	fy)
18. Did the recip	pient relocate as a result of	f signing this agreemer	nt? (Mark one.)		
□ Yes (Indicate o X No (Go to Que	city and state of previous estion 19.)	address and reason re	cipient did not complete t	his project at that addre	255.)
City/State of prev	vious address Reason p	roject not completed a	t previous address		
	ecipient have remained in tance? (Mark one.)	previous location or re	elocated elsewhere if not a	awarded this business su	ıbsidy or
🛛 Remain	ed at previous location	Relocated to differe	ent Minnesota location	C Relocated outside N	linnesota
Section 3 Gen	eral Information Al	bout the Agreeme	ent		
	value of business subsidy Please separate value by ty		21. Date agreement sig date, indicate any c	ned (In addition to the d lates the agreement was	
	\$80,000		8/3	3/2000	
22. Benefit date indicate the o whichever is	(Indicate the date the reco date improvements were f earlier.) 10/27/2	inished, equipment wa	the business subsidy or j s placed into service, or t	financial assistance. Fo he recipient occupied th	r example, ae property,
	eement provide a busines (Mark one.)	s subsidy or one of the business subsidy	four types of financial as	sistance (see Question 2	25) required t
	ent provided a business su ype(s) and total dollar v		25. If the assistance wa assistance, please in	s one of the four types and the type solution of the type (s).	of financial
🗅 not applicable,	agreement provided fina	ncial assistance	🗅 not applicable, agree	ment provided a busine	ss subsidy
a loan (only prin grant (i.e., forg	ncipal) vivable loan)	<u>\$ 80,000</u>	assistance for propert by contaminants	y polluted	\$
tax abatement		\$	assistance for renova		\$
u TIF or other ta guarantee of pa	x reduction or deferral	\$ \$	stock or bringing it u assistance provided f		
Contribution of	f property or infrastructur		historic preservation	districts, when	
preferential use land contributi	e of governmental facilitie	es \$	50% or less of total of assistance for pollution		\$
• other (Specify		\$	abatement		Ψ
			□ assistance for a TIF s	soils condition district	\$
	nce included tax increments type of TIF district? (Mar			tors providing a busines to the same project? (1	
not applicable,	, assistance was not in the	form of TIF		antor and the value of the tack an additional sheet	
<ul> <li>redevelopment</li> <li>renewal and re</li> </ul>	novation		Ži No		
soils condition conomic deve			Grantor(s) and value of	the agreement(s)	
				and agreement(3).	
🗅 mined undergr					
			Grantor	Value (\$)	

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Parts

<ol> <li>Minn. Stat. §116J.994 re of the following public p</li> </ol>	equires that bus purposes were s	iness subsidy and fir tated in the agreeme	nancial assistance agreemen ent? (Mark all that apply.)	ts state a public pu	rpose. Which
<ul> <li>Énhancing economic diver</li> <li>Creating high-quality job g</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		Increasing tax base (ca Other (please specify)_	nnot be only purpo	ose)
29. Indicate whether the agree at the time of this report.	eement include	d the following type	s of goals, and whether the	recipient had attain	ed those goals
at the time of this report.	(Fill in the bo	exes and attainment	date(s) for each goal.)	recipient nau attait	led mose goals
A) Specific wage and job gos 3) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals		established? dates	et attainment (month & year) 0/00	All goals attained? Q Yes Q No X Yes Q No Q Yes Q No Q Yes Q No
Please attach descriptions o attainment if not documented					
30. For each of the following agreement and the avera job creation goals in full	ge hourly value	e of any employer-p	creation and/or retention generation and/or retention generated health insurance generate goals by full-	als for those jobs.	( <u>Only</u> indicate tions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s Company pay
less than \$7.00					60% of pren
\$7.00 to \$8.99			·		s
\$9.00 to \$10.99	<u></u>		<i>.</i>		s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher					s
date and the <b>actual</b> hou	rly value of an	y employer-provide	mber of <b>actual</b> jobs created d health insurance for those ation into full- and part-tim FTE (only if unable to	jobs. <u>(Only</u> indic	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					s
\$7.00 to \$8.99			. <u></u>		s
\$9.00 to \$10.99	6			8	<u>,Comp</u> any pa 60% of p <del>r</del> e
\$11.00 to \$12.99					s hie
\$13.00 to \$14.99					s
\$15.00 and higher				<u></u>	s
32. Has the recipient achiev	ved <u>all goals</u> (s	ee Questions 29, 30	and 31) and fulfilled all ob	ligations stipulate	d in the agreement?

Do not complete this section if you completed i	it on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §11</li> </ol>		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to represent recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	ncial assistance awarded to that
X No		
Name of recipient Type of subsidy or assista	nce (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that w		
Yes (Complete the remainder of this set)	ection.) 🛛 🖄 No (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each rec were to be attained by the time of reporting. (A		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	rent community
37. To date, has the recipient fulfilled its repayment obl	igation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistant	nce. D No, recipient <u>has not begu</u>	<u>in</u> to repay the assistance.
38. Has the agreement been amended to extend the recip	pient's deadline for fulfilling its oblig	gations? (Mark one.)
	🗅 Yes 🗅 No	
39. Describe the steps being taken to bring recipient into	o compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

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### 2001 Minnesota Business Assistance Form

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00-0379

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

#### Section 1 Information About Grantor

1. Name of grantor (funding en	ntity)	2. Name of person completing this form			
City of Jackson		<u>Joe Vrchota, Economi</u>	e Dev. Coordinator		
3. Street address		4. City	5. ZIP code		
80 West Ashley Stre	eet	Jackson, MN	56143		
6. County	7. Phone number	8. Fax number	9. E-mail address		
Jackson	son (507) 847-4423		edc@rconnect.com		
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Question 2.		
Name/Title	Phone number	Street address	City ZIP code		
	Mark one. If grantor is entity lease indicate affiliation. For d check "City government.")	12. Has your organization held adopted criteria for awardin compliance with Minn. Sta	ng business subsidies in		
City government		$\overset{\bullet}{\boxtimes}$ Yes (Indicate hearing date $-9/21/99$ and <u>attach criteria</u> )			
<ul> <li>County government</li> <li>Regional government</li> </ul>		We held a public hearing but	have not yet adopted		
State government		criteria (Indicate date of ini			
Other (Please specify.)		Other (Please attach explana			
		siness subsidy or financial assistander Minn. Stat. §116J.993 and §			

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Jackson Development Corporation for:	15. Address where bus will be used	siness subsidy	or financ	ial assista	ance
Accent Insurance Recovery Solutions	160 Industrial	Park, Ja	ackson	, MN	56143
	Street address	City	State	ZIP	code
16. Does the recipient have a parent corporation? (Mark one.)					
$\overset{\bullet}{\Delta}$ Yes (Indicate name and address of parent corporation below. $\Box$ No	If more than one, indice	ite ultimate o	wner.)		
Omnium Worldwide, Inc.	7171 Mercy Rd.	Omaha,	NE	69004	
Name of parent corporation	Street address	City	State	ZIP	code

	30 Medical Insurance Claims processing
Manufacturing     As Services     Retail Trade     Wholesale Trade	Finance, Insurance, Real Estate     Gonstruction Other (please specify)
18. Did the recipient relocate as a result of signing this agreem	ient? (Mark one.)
Yes (Indicate city and state of previous address and reason r No (Go to Question 19.) Shared space in the 1	Industrial Park. Jackson Development
Corporation built a new facility for A	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 financial assistance? (Mark one.) N/A	relocated elsewhere if not awarded this business subsidy or
□ Remained at previous location □ Relocated to diffe	erent Minnesota location 🛛 Relocated outside Minnesota
ection 3 General Information About the Agreem	aent
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.)
\$85,000	1/1/2000
22. Benefit date (Indicate the date the recipient will benefit fro indicate the date improvements were finished, equipment w whichever is earlier.) 6/2000	om the business subsidy or financial assistance. For example, was placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.) A business subsidy	he four types of financial assistance (see Question 25) required to
	······································
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy
<b>s</b> loan (only principal) <b>s</b> 85,000	assistance for property polluted  s
grant (i.e., forgivable loan)   \$     tax abatement   \$	by contaminants  assistance for renovating building  \$
	stock or bringing it up to code, and
TIF or other tax reduction or deferral       \$         guarantee of payment       \$	assistance provided for designated
TIF or other tax reduction or deferral       \$         guarantee of payment       \$         contribution of property or infrastructure       \$	assistance provided for designated historic preservation districts, when
TIF or other tax reduction or deferral       \$         guarantee of payment       \$	assistance provided for designated
TIF or other tax reduction or deferral       \$         guarantee of payment       \$         contribution of property or infrastructure       \$         preferential use of governmental facilities       \$	assistance provided for designated historic preservation districts, when 50% or less of total cost assistance for pollution control or abatement
TIF or other tax reduction or deferral       \$         guarantee of payment       \$         contribution of property or infrastructure       \$         preferential use of governmental facilities       \$         land contribution       \$	assistance provided for designated historic preservation districts, when 50% or less of total cost assistance for pollution control or \$
TIF or other tax reduction or deferral       \$         guarantee of payment       \$         contribution of property or infrastructure       \$         preferential use of governmental facilities       \$         land contribution       \$	assistance provided for designated historic preservation districts, when 50% or less of total cost assistance for pollution control or abatement
TIF or other tax reduction or deferral       \$	<ul> <li>assistance provided for designated historic preservation districts, when 50% or less of total cost</li> <li>assistance for pollution control or \$</li></ul>
TIF or other tax reduction or deferral       \$	<ul> <li>assistance provided for designated historic preservation districts, when 50% or less of total cost</li> <li>assistance for pollution control or \$</li></ul>
TIF or other tax reduction or deferral       \$	<ul> <li>assistance provided for designated historic preservation districts, when 50% or less of total cost</li> <li>assistance for pollution control or \$</li></ul>
TIF or other tax reduction or deferral       \$	<ul> <li>assistance provided for designated historic preservation districts, when 50% or less of total cost</li> <li>assistance for pollution control or \$</li></ul>



JACKSON Visit us at www.jacksonmn.com

# 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

<ul> <li>Enhancing economic diversity</li> <li>Creating high-quality job growth</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>			☐ Increasing tax base (cannot be only purpose) □ Other ( <i>please specify</i> )		
<ol> <li>Indicate whether the again at the time of this report</li> </ol>	reement include t. (Fill in the bo	ed the following type oxes and attainment	s of goals, and whether the date(s) for each goal.)	recipient had atta	ined those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>C) Other goals other than w</li> </ul>	r retention goals	5	established? dates	get attainment (month & year) 0/00 0/00	All goals attained? D Yes D No D Yes D No D Yes D No D Yes D No
Please attach descriptions ttainment if not documente					
agreement and the avera	age hourly value ll-time equivale	e of any employer-pr nts if you are unable	creation and/or retention go rovided health insurance go to separate goals by full- a	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal				- <u></u>	<u>s_28%</u> of w
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					s
\$11.00 to \$12.99					s
\$13.00 to \$14.99				<del></del>	s
\$15.00 and higher	<del></del>				s
date and the actual hou	urly value of an	y employer-provided	nber of <b>actual</b> jobs created i health insurance for those <i>tion into full- and part-time</i> FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	jobs. <u>(Only</u> indic	
less than \$7.00	CI CALIUII	VUD CI CALIVII	UUD CICALIUII		S
\$7.00 to \$8.99					s
\$9.00 to \$10.99	27				, 28% of wa
\$11.00 to \$12.99					S
Ø11.00 (0 Ø12.77	<u>24</u> 5				s
\$13.00 to \$14.99					

2001 Minnesota Business Assistance Form

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		on another 2001 MBAF su			
	y 1, 2000 through December in. Stat. §116J.993 and §116.		have any recipients who failed to		
	each recipient failing to repo ional pages if necessary.)	rt and the value of subsidy or find	ancial assistance awarded to that		
Ž No					
Name of recipient	Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance		
		to achieve any goals or fulfill any re required to be fulfilled by the t			
□ Yes (Comp	lete the remainder of this sec	tion.) 🛛 🖄 No (Stop here and s	ubmit form to DTED .)		
	by the time of reporting. (Att	ent failing to fulfill goals or any ach additional pages if necessary	other terms of an agreement that		
Name of recipient in default	<u></u>	Type of subsidy or assistance	Initial value of subsidy or assistance		
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance		
36. Reason(s) for default (Ma	ark all that apply.):				
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill</li> </ul>	Precipient ceased operation <ul> <li>recipient relocated to a different community</li> <li>recipient was unable to fill vacant positions</li> <li>other (Specify reason.)</li> </ul>				
37. To date, has the recipient	fulfilled its repayment obligation	ation? (Mark one.)			
□ Yes □ No, recipient <u>has</u>	begun to repay the assistance	e. • No, recipient <u>has not be</u>	gun to repay the assistance.		
38. Has the agreement been a	mended to extend the recipie	nt's deadline for fulfilling its ob	ligations? (Mark one.)		
	C	Yes ONo			
39. Describe the steps being t	aken to bring recipient into c	compliance or recoup the subsidy	:		

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

Or fax to: (651) 215-3841

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### 00-0409 2001 Minnesota Business Assistance Form RECEIVED APR 0 2 2001

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- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
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- Questions? Call (651) 296-0580. Information on where to mail or fax your the pleted MBAF(s) is on page 4.

1. Name of grantor (funding entity) <u>City</u> of Kimball 3. Street address 1. Dain) St N - P.O. Box 238		2. Name of person completing this form Dia NNE Rebinson		
		4. City Kimball	5. ZIP code 5535 <b>3</b>	
6. County.	7. Phone number 320 - 398 - 2725	8. Fax number 320-398-2720	9. E-mail address	
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
	Aark one. If grantor is entity lease indicate affiliation. For l check "City government.")	12. Has your organization held adopted criteria for awardin compliance with Minn. Sta	ng business subsidies in	
City government County government Regional government State government Other (Please specify.)		Yes (Indicate hearing date - <b>6-19-20</b> and <u>attach criteria</u> ) No We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) Other (Please attach explanation.)		
		siness subsidy or financial assistan Inder Minn. Stat. §116J.993 and §		
¥Yes (Comp	plete the remainder of the form.)	No ( <u>Stop here</u> , go to section	n 5 on page 4.)	
Section 2 Information Al	hout Recinient			

#### Section 1 Information About Grantor

14. Name of business or organization receiving subsidy or financial assistance	15. Address wher will be used		-	
Schmidt C-Stores, INC.	115 State H Street address	hwy 15 -K;m City	ball, Mr State	J 55353 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
Pres (Indicate name and address of parent corporation below.	lf more than one, i	ndicate ultimate	owner.)	
Name of parent corporation	Street address	City	State	ZIP code

	Manufacturing Retail Trade	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	□ Finance, Insurance, Real Estate □ Construction □ Other (plee	e ase specify)
8. Did the recipien	nt relocate as a result of	signing this agreement	? (Mark one.)	
Yes (Indicate city No (Go to Questic		address and reason rec	pient did not complete this project at th	hat address.)
City/State of previou	us address Reason pr	oject not completed at	previous address	
9. Would the recip financial assistance	bient have remained in the ce? (Mark one.)	previous location or rel	ocated elsewhere if not awarded this bu	usiness subsidy or
Remained	at previous location	Relocated to differer	t Minnesota location	outside Minnesota
ction 3 Genera	al Information At	oout the Agreemer	t	
20. Total dollar val assistance (Plea and 25.)	ue of business subsidy use separate value by ty	or financial ppe in Questions 24	21. Date agreement signed (In addition date, indicate any dates the agreed	e
82	000.00		Qua 25 2000	
indicate the data whichever is ear powed for	e improvements were fi rlier.) bus.'wess Dec	inished, equipment was <del>2000 - Cepet.</del>	he business subsidy or financial assisted placed into service, or the recipient oc <u>of Occupancy</u> issued	Scupied the property, $3 - 30 - 0/$
<ol> <li>Does the agreen be reported? (N</li> </ol>	(ark one.)	•	our types of financial assistance (see Q I financial assistance	(uestion 25) required to
4. If the agreement indicate the type	provided a business su e(s) and total dollar va	ibsidy, please alue for each type.	25. If the assistance was one of the fo assistance, please indicate the typ	••
□ not applicable, ag	reement provided finar	ncial assistance	not applicable, agreement provided	a business subsidy
guarantee of payn contribution of pr	able loan) eduction or deferral nent roperty or infrastructure f governmental facilitie		<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition</li> </ul>	\$
	included tax incremer e of TIF district? (Mar		27. Are any other grantors providing financial assistance to the same p	
	not applicable, assistance was not in the form of TIF		Yes (Specify each grantor and the assistance below; attach an additio	value of their
redevelopment renewal and renov soils condition	vation		No	,
<ul> <li>conomic develop</li> <li>mined undergroup</li> <li>hazardous substar</li> </ul>	nd space		Grantor(s) and value of the agreement	t(s):
			Grantor Value	e (\$)
			Grantor Value	e (\$)

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<ol> <li>Minn. Stat. §116J.994 r of the following public</li> </ol>	requires that bus purposes were s	siness subsidy and fin stated in the agreemer	ancial assistance agreemen nt? (Mark all that apply.)	ts state a public pu	rpose. Which
Enhancing economic dive Creating high-quality job Job retention Stabilizing the communit	growth		<ul> <li>Increasing tax base (ca</li> <li>Other (please specify)_</li> </ul>		
<ol><li>Indicate whether the ag at the time of this report</li></ol>			of goals, and whether the r ate(s) for each goal.)	recipient had attair	ned those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> </ul>	r retention goals	S		et attainment (month & year) 	All goals attained? Yes No Yes No Yes No Yes No
Please attach descriptions ttainment if not documente					
agreement and the aver	age hourly valu Il-time equivale	e of any employer-pro	reation and/or retention <b>go</b> ovided health insurance <b>go</b> to separate goals by full- a	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					\$
less than \$7.00		3		yes	\$
\$7.00 to \$8.99				yes yes	\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99				yes	\$
\$13.00 to \$14.99				<b>U</b>	\$
\$15.00 and higher		<del></del>			s
date and the <b>actual</b> ho <i>full-time equivalents if</i>	urly value of an <i>you are unable</i> Full-time	y employer-provided to separate job creat Part-time/	ther of actual jobs created health insurance for those ion into full- and part-time FTE (only if unable to	jobs. ( <u>Only</u> indice positions.)	ate job creation in
Hourly Wage	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
(excluding benefits)		3		yes	\$
(excluding benefits) less than \$7.00	<u></u>				
	·			y es	\$
less than \$7.00				yes_	s s
less than \$7.00 \$7.00 to \$8.99					s s s
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99				yes yes	s s s s

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2001 Minnesota Business Assistance Form

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<ol> <li>During the period Januar report as required by Mir</li> </ol>	y 1, 2000 through Decem nn. Stat. §116J.993 and §1	ber 31, 2000, did your organization h. 116J.994? <i>(Mark one.)</i>	ave any recipients who failed to
	each recipient failing to r ional pages if necessary.)	eport and the value of subsidy or final	ncial assistance awarded to that
<b>P</b> No			
Name of recipient	Type of subsidy or assis	tance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization ha agreement signed on or a	ive any recipients who fai fter January 1, 2000, that	led to achieve any goals or fulfill any were required to be fulfilled by the time	other obligations under an me of this report? (Mark one.)
□ Yes (Comp	lete the remainder of this	section.) IPNo (Stop here and su	bmit form to DTED .)
were to be attained	by the time of reporting.	ccipient failing to fulfill goals or any o (Attach additional pages if necessary.)	
35. Information on recipient	and agreement:		
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (M	ark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill</li> </ul>	vacant positions	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	rent community
37. To date, has the recipien	t fulfilled its repayment of	bligation? (Mark one.)	
□ Yes □ No, recipient <u>ha</u>	s begun to repay the assist	tance. DNo, recipient has not begin	un to repay the assistance.
38. Has the agreement been	amended to extend the red	cipient's deadline for fulfilling its obli	gations? (Mark one.)
		🗅 Yes 🗆 No	
39. Describe the steps being	taken to bring recipient in	nto compliance or recoup the subsidy:	

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

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

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# 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 <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

### Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Lake City		2. Name of person completing this form Ron Zeigler		
3. Street address 205 West Center	Street	4. City Lake City	5. ZIP code 55041	
6. County Wabasha/Goodhue	ounty 7. Phone number basha/Goodhue 651-345-5383		9. E-mail address lakecity@mr.net	
10. Please indicate who in you <u>Ron Zeigler</u> Name/Title		2002 MBAF if different from the 212 S. Washington Street address	-	
11. Classification of grantor (M created by gov't agency, pl example, a city EDA would	ease indicate affiliation. For	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)		
City government County government Regional government State government Other (Please specify.)		<ul> <li>Yes (Indicate hearing date 12/28/and attach criteria)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>		
		siness subsidy or financial assistar nder Minn. Stat. §116J.993 and §		
Direct Yes (Complete the remainder of the form.)		No ( <u>Stop here</u> , go to section	n 5 on page 4.)	

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>					
Hearth Technologies Inc.	Wabasha Cty #5 Lake City MN5504Street addressCityStateStreet addressCity					
16. Does the recipient have a parent corporation? (Mark one.)						
<b>XX</b> Yes (Indicate name and address of parent corporation	below. If more than one, indicate ultimate owner.)					
HON Industries Inc.	414 E. 3rd St. Muscatine IA 52761 Street address City State ZIP code					

17. Industry of recipient's facility (Mark one.):	
Image: ServicesImage: Serv	□ Finance, Insurance, Real Estate de □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreem	ent? (Mark one.)
□ Yes (Indicate city and state of previous address and reason r ☑ No (Go to Question 19.)	ecipient did not complete this project at that address.)
City/State of previous address Reason project not completed	at previous address
<ul> <li>19. Would the recipient have remained in previous location or financial assistance? (Mark one.)</li> <li>X expansion would have happened</li> <li>Remained at previous location          <ul> <li>Relocated to diffe</li> </ul> </li> </ul>	d in different state
Section 3 General Information About the Agreem	ent
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.)
\$483,075	9/12/2000
<ol> <li>Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment w whichever is earlier.)</li> <li>pay-as-go, 1st payment estimated</li> </ol>	as placed into service, or the recipient occupied the property,
<ul><li>23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li><li>X business subsidy</li></ul>	e four types of financial assistance (see Question 25) required to  financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>
not applicable, agreement provided financial assistance	🗅 not applicable, agreement provided a business subsidy
I loan (only principal)\$	assistance provided for designated
□ contribution of property or infrastructure       \$         □ preferential use of governmental facilities       \$         □ land contribution       \$         □ other (Specify subsidy type.)       \$	historic preservation districts, when         50% or less of total cost         assistance for pollution control or         abatement         assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
□ not applicable, assistance was not in the form of TIF	Y es (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	
Seconomic development Imined underground space	Grantor(s) and value of the agreement(s):
hazardous substance subdistrict	Minnesota Investment Fund/City Grantor Value (\$)
	\$500,000           Grantor         Value (\$)

<ol> <li>Minn. Stat. §116J.994 n of the following public</li> </ol>	requires that bu purposes were	siness subsidy and fin stated in the agreeme	nancial assistance agreem ent? (Mark all that apply.)	ents state a public p )	ourpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> </ul>	ersity growth		<ul> <li>Increasing tax base (</li> <li>Other (please specify)</li> </ul>		
<ul> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>					
29. Indicate whether the ag at the time of this repor	reement include	ed the following type oxes and attainment	s of goals, and whether th date(s) for each goal.)	e recipient had atta	ined those goals
				rget attainment	All goals
			established? date	es (month & year)	attained?
() Specific wage and job go	oals to be attain	ed within 2 years		/30/03	Yes 🗹 No
B) Other job-creation and/o	r retention goal	S			Yes No
C) Other wage goals D) Other goals other than w	age and job go	als	□ Yes □ No □ Yes □ No	······	□Yes □No □Yes □No
Please attach descriptions ttainment if not documente	of goals and pr d in Questions	ogress toward 30 and 31.)			
60. For each of the following agreement and the avera- job creation goals in full	age hourly valu	e of any employer-pr	creation and/or retention g ovided health insurance g to separate goals by full-	oals for those jobs.	( <u>Only</u> indicate tions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					S
less than \$7.00					\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99	50	N/A		<u>N/A</u>	<u>s_N/A</u>
\$13.00 to \$14.99					\$
\$15.00 and higher	· '				s
full-time equivalents if Hourly Wage	urly value of an	y employer-provided	nber of <b>actual</b> jobs created health insurance for those tion into full- and part-tin FTE (only if unable to separate FT/PT) Job Creation	e jobs. <u>(Only</u> indica	
(excluding benefits)	Creation	500 Creation	JOU CIEACION		s
less than \$7.00 \$7.00 to \$8.99					s
					s
\$9.00 to \$10.99 \$11.00 to \$12.99	0				s
\$11.00 IO \$12.99					s
\$13.00 to \$14.00				<del></del>	*
\$13.00 to \$14.99 \$15.00 and higher					s

2001 Minnesota Business Assistance Form

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# Section 5 Recipients Failing to Fulfill Obligations

<ul> <li>Do not complete this section if you complete</li> <li>33. During the period January 1, 2000 through Decer report as required by Minn. Stat. §116J.993 and §</li> </ul>	nber 31, 2000, did your organization ha	
<ul> <li>Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary.</li> </ul>	report and the value of subsidy or finan	icial assistance awarded to that
Q No		
Name of recipient Type of subsidy or assi	stance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who fa agreement signed on or after January 1, 2000, that</li> </ol>		
Yes (Complete the remainder of this	s section.) $\mathbf{Q}$ No (Stop here and sub	bmit form to DTED .)
<ul><li>35 39. Provide the following information for each r were to be attained by the time of reporting.</li></ul>		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment of	bligation? (Mark one.)	
Yes No, recipient <u>has begun</u> to repay the assis	tance. D No, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the re	cipient's deadline for fulfilling its oblig	gations? (Mark one.)
	Q Yes Q No	
39. Describe the steps being taken to bring recipient i	nto compliance or recoup the subsidy:	
	· · · · · · · · · · · · · · · · · · ·	
	pleted MBAF(s) by <u>April 1, 2001</u> , esota Business Assistance Form	το:
Minnesota Department	of Trade and Economic Developme	ent - AEO

500 Metro Square, 121 East 7th Place

St. Paul, MN 55101-2146

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

2001 Minnesota Business Assistance Form

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00-1056 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 <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

## 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 Ave	nue	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 ac àfiIad@	ldress cillakeville	.mn.us
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from t	he person in Que	estion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
	Mark one. If grantor is entity lease indicate affiliation. For I check "City government.")	<ol> <li>Has your organization he adopted criteria for awar compliance with Minn. S</li> </ol>	ding business su	bsidies in	
City government County government Regional government State government		<ul> <li>Yes (Indicate hearing date -9/18/0@nd attach criteria)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> </ul>			
□ Other (Please specify.)		Other (Please attach explanation.)			
	ed any agreements to award a bu				

PYes (Complete the remainder of the form.) DNo (Stop here, go to section 5 on page 4.)

## Section 2 Information About Recipient

<ul> <li>14. Name of business or organization receiving subsidy or financial assistance</li> <li>DR Horton, Inc Minnesota</li> </ul>	<ul> <li>15. Address where business subsidy or financial assistanc will be used</li> <li>20860 Kenbridge Ct., Lakeville, MN 5 Street address City State ZIP code</li> </ul>			
16. Does the recipient have a parent corporation? (Mark one.) Yes (Indicate name and address of parent corporation below. No	If more than one, indic	ate ultimate ow	vner.)	
Name of parent corporation	Street address	City	State	ZIP code

13:52	6129854429				
17. Industry of rec	ipient's facility (Mark one	ы):			
	<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>		surance, Real Estate on DOther (please specij	61)
18. Did the recipier	nt relocate as a result of si	gning this agreement	:? (Mark one.)		
Q Yes (Indicate city	and state of previous ad	dress and reason rec	ipient did not compl	ere this project at that addre	55.)
D No (Go to Questi	on 19.)				
Eagan, MN City/State of previo	No room us address Reason proj	for expansion ect not completed at	previous address	ed to own rather t	<u>han le</u>
19. Would the recip financial assistance		vious location or rel	ocated els <del>c</del> where if	not awarded this business su	bsidy or
C Remained	at previous location D	Relocated to differen	t Minnesota locatio	n ord Relocated outside M	innesota
Section 3 Generation	al Information Abo	ut the Agreemer	it		
	ue of business subsidy or se separate value by type		21. Date agreemen date, indicate d	t signed (In addition to the a any dates the agreement was	greement amended.
\$336,288.0	00		9/18/00		
23. Does the agreen be reported? (N	nent provide a business su	ibsidy or one of the f	our types of financi	al assistance (see Question 2	5) require
be reported? [W		usiness subsidy	🗅 financial assistant	ce	
	provided a business subs e(s) and total dollar valu			e was one of the four types o use indicate the type(s).	f financia
🗅 not applicable, ag	reement provided financia	al assistance	🗆 not applicable, ag	greement provided a busines	s subsidy
<ul> <li>loan (only princip</li> <li>grant (i.e., forgiva</li> </ul>		s s	assistance for proby contaminants		s
🗆 tax abatement		s	assistance for ren	iovating building	S
TIF or other tax m guarantee of payn		\$ <u>336_228</u>		; it up to code, and led for designated	
	operty or infrastructure	\$		ation districts, when	
D preferential use of	f governmental facilities	s	50% or less of to	tal cost	
<ul> <li>land contribution</li> <li>other (Specify sub</li> </ul>		\$	assistance for po abatement	llution control or	5
G Bine( (Specify Sub	Silly 1908.7	· · ·		NF soils condition district	\$
26. If the assistance	included tax increment f	inancing, please	27. Are any other	grantors providing a business	subsidy
indicate the type	e of TIF district? (Mark o	ne.)	financial assist	ance to the same project? (A	lark one.)
_	sistance was not in the for	m of TIF		h grantor and the value of th v; attach an additional sheet	
redevelopment	votion		X No		
<ul> <li>renewal and reno</li> <li>soils condition</li> </ul>	VALION				
C economic develo			Grantor(s) and valu	ue of the agreement(s):	
<ul> <li>mined undergrou</li> <li>hazardous substat</li> </ul>					
יו מבפועטעא געטאנא	ice outvallater		Grantor	Value (\$)	
			Grantor	Value (\$)	

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<ol> <li>Minn. Stat. §116J.994</li> <li>of the following public</li> </ol>	requires that bus purposes were s	iness subsidy and fin stated in the agreeme	nancial assistance agreemen ent? (Mark all that apply.)	its state a public p	urpose. Which
<ul> <li>Enhancing economic div</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax base (care)</li> <li>Other (please specify)</li> </ul>	innot be only purp	005c)
29. Indicate whether the ag at the time of this repor	preement include a. (Fill in the bo	d the following type exes and attainment	s of goals, and whether the date(s) for each goal.)	recipient had attai	ined those goals
<ul> <li>A) Specific wage and job get</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> </ul>	r retention goals		established? dates Ves No Yes No Yes No	get attainment (month & year)	All goals attained? Yes No Yes No Yes No Yes No
Please attach descriptions attainment if not documente	of goals and pro ed in Questions 2	pgress loward 10 and 31.)			
agreement and the aver	age hourly value Il-time equivale	e of any employer-pr nts if you are unable	creation and/or retention go ovided health insurance go to separate goals by full- a	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	<u>N/A</u>				٤
less than \$7.00					\$
\$7.00 to \$8.99	<del></del>				s
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					۶
\$13.00 to \$14.99	<del></del>				s
\$15.00 and higher					S
date and the <b>actual</b> ho full-time equivalents if Hourly Wage	urly value of an <i>'you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	nber of actual jobs created I health insurance for those tion into full- and part-time FTE (only If unable to separate FT/PT) Ut Creater	jobs. <u>(Only</u> indic	ate job creation in Hourly Velue of
(excluding benefits)	Creation <u>N/A</u>	Job Creation	Job Creation		Health Insurance
less than \$7.00	11/11				s
\$7.00 to \$8.99 \$9.00 to \$10.99					۰ <u>ــــ</u>
511.00 to \$12.99					s
\$13.00 to \$14.99		~	-		 }
\$15.00 and higher					••
2. Has the recipient achie (Mark one.)	eved <u>all goals</u> (se		and 31) and fulfilled <u>all obl</u> (As project is No ^c funds have no	not vet co	molete, all

<ol> <li>During the period Ja report as required by</li> </ol>	nuary 1, 2000 through Dece Minn. Stat. §116J.993 and	ember 31, 2000, did your organization h §116J.994? (Mark one.)	ave any recipients who failed to
	e of each recipient failing to additional pages if necessar,	o report and the value of subsidy or finat y.)	ncial assistance awarded to that
A No			
Name of recipient	Type of subsidy or ass	sistance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization agreement signed on</li> </ol>	n have any recipients who f or after January 1, 2000, th	failed to achieve any goals or fulfill any at were required to be fulfilled by the tir	other obligations under an me of this report? (Mark one.)
🗅 Yes (C	omplete the remainder of th	is section.) IN (Stop here and su	bmit form to DTED .)
were to be attain	ned by the time of reporting	recipient failing to fulfill goals or any o . (Attach additional pages if necessary.)	
35. Information on recip	ient and agreement:		
Name of recipient in defa	ult	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipier	lt	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defaul	t (Mark all that apply.):		
□ recipient ceased opera □ recipient was unable to		recipient relocated to a difference of the second secon	rent community
37. To date, has the reci	pient fulfilled its repayment	obligation? (Mark one.)	
🗅 Yes 🗆 No, recipien	t <u>has begun</u> to repay the ass	istance. D No, recipient has not begin	un to repay the assistance.
38. Has the agreement b	cen amended to extend the	recipient's deadline for fulfilling its obli	gations? (Mark one.)
		Yes No	
	eing taken to bring recipient	t into compliance or recoup the subsidy:	
39. Describe the steps b	• • •		
39. Describe the steps b			

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

Or fax to: (651) 215-3841

Department of Trade and Economic Development



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

#### 1. Name of grantor (funding entity). 2. Name of person completing this form ENTER OF LEC 4-V 1/)SK Strect address Cin ZIP code Phone number 9. E-mail address County Fax number б. 07-357-4450 31 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 12. Has your organization held a public hearing on and created by govt agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.9947 (Mark one.) Yes (Indicate hearing date - _____ and attach criteria) Ciry government County government We held a public hearing but have not yet adopted Regional government criteria (Indicate date of initial hearing - _ State government Other (Please specify.) 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.) Yes (Complete the remainder of the form.) □ No (Stop here, go to section 5 on page 4.) Section 2 Information About Recipient 15. Address where business subsidy or financial assistance 14. Name of business or organization LECENTER. receiving subsidy or financial assistance will be used SNZINT SCHOENECKER PRUPERTIES ROYAL AMERICAN FOODS 5605 Street address ZIP code City 16. Does the recipient have a parent corporation? (Murk one.) 🖉 Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) DNo/ THERICAN Name of parent corporation Street address City State ZIP code

### Section 1 Information About Grantor

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17. Industry of recipient's facility (Mark one.):	
Manufacturing     Services     O Retail Trade     Wholesale Trade	Finance, Insurance, Real Estate     Generation      Other (please specify)
18. Did the recipient relocate as a result of signing this agreeme	nt? (Mark one.)
P Yes (Indicate city and state of previous address and reason $reason$ No (Go to Question 19.)	ecipient did not complete this project at that address.)
City/State of previous address Reason project not completed a	at previous address
19. Would the recipient have remained in previous location or r financial assistance? (Mark one.)	clocated elsewhere if not awarded this business subsidy or
Remained at previous location D Relocated to different Mi	nnesota location DRelocated outside Minnesota
Section 3 General Information About the Agre	eement
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, Indicate any dates the agreement was amended.)
400,000 TORNADO LOAN	12/29/2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.) $2 - \dot{l} - \dot{O}l$	
<ul> <li>23. Does the agreement provide a business subsidy or one of the be reported? (Mark onc.)</li> <li>Dusiness subsidy</li> </ul>	e four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy
<ul> <li>Ioan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, when 50% or less of total cost</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
<ul> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	K No
economic development     mined underground space     hazardous substance subdistrict	Grantor(s) and value of the agreement(s):
	Granter Value (\$)
	Grantor Value (\$)

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### MN DTED

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Section 4 Goals and	l Public Pu	rpose Identified	d in the Agreeme	ent	
28. Minn, Stat. §116J.994 r of the following public pu					rpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> </ul>			Other (please spec	e (cannot be only purp	·
<ul> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	Y		Other (please spec Other (please spec	cify) TORNADO	> 635_
29. Indicate whether the aga at the time of this report				the recipient had attain	ed those goals
		NIA	Goals estublished? (	Target attainment lates (month & year)	All goals attained?
A) Specific wage and job go	als to be attaine	d within 2 years	□Ycs □No		🗆 Yes 🖸 No
B) Other job-creation and/or	r retention goals		Yes No		OYes ONo
C) Other wage goals D) Other goals other than w	age and job goal	le	□Ycs □No □Yes □No		□Y⇔ □No □Yes □No
D) Olici Eonis onioi mun +	ago ana joo Roa		· ·		
(Please attach descriptions attainment if not documente			······································	-	
30. For each of the followin agreement and the avera job creation goals in fut	ige hourly value	of any employer-pro	wided health insurance	goals for those jobs. (	
Hourly Wage (cxcluding benefits)	Full-time Job Creation	Part-time/ Scasonal/Temp. Job Creation	FTE (only if goals a stated as FT/PT) Jub Creation	ot Job Retention	Hourly Value of Health Lusurance
no hourly wage-level goal		N	)  -		s
icss than \$7.00					\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.99					s
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					\$
\$15.00 and higher					s
31. For each of the followin date and the actual hou full-time equivalents if	uly value of any you are unable i	employer-provided l to separate job creat	health insurance for the ion into full- and part-ti	sc jobs. <u>(Only</u> indicat ime positions.)	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-lime/ Scasonal/Temp. Job Creation	FTE (only if unable scparate FT/PT)	to Job Retention	Nourly Value of Health Insurance
less than \$7.00		N	)[A	<b>.</b>	\$
\$7.00 to \$8.99			(		5
\$9.00 to \$10.99			·		s
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					۲
\$15.00 and higher					<u>د</u>
32. Has the recipient achiev (Mark one.)	ved all goals (see			obligations stipulated in	n the agreement?
			No		

.

## Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this s	ection if you completed it o	n another 2000 MBAF submitted t	o DTED.)
	gust 1 through December 31, §116J.993 and §116J.9947 <i>(h</i>	1999, did your organization have any s lark one.)	recipients who failed to report as
	of each recipient failing to rej Altional pages if necessary.)	port and the value of subsidy or finance	cial assistance awarded to that
the			
Name of recipient	Type of subsidy or assis	tunce (See Questions 24 and 25.)	Value of subsidy or assistance
		ed to achieve any goals or fulfill any of ere required to be fulfilled by the time	
	complete the remainder of this	section.)	bmit form to DTED .)
		ipient failing to fulfill goals or any oth attach additional pages if necessary.)	per terms of an agreement that
35. Information on recipi	ent and agreement:		
Name of recipient in defau	alt	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default	(Mark all that apply.):		
I recipient ceased operati		<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recip	ient fulfilled its repayment obl	igation? (Mark one )	
Yes 🗆 No, recipient	has begun to repay the assista	ncc. DNo, recipient has not begur	to repay the assistance.
38. Has the agreement be	en smended to extend the recip	pient's deadline for fulfilling its obliga	tions? (Murk one.)
<u> </u>	es 🗆 No		
39. Describe the steps bei	ng taken to bring recipient into	o compliance or recoup the subsidy:	

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

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



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

### Section 1 Information About Grantor

1. Name of grantor (funding entiry)	-5R	2. Name of person completing DON HAYDSA	/
3. Street address 10 W. TYRONS SE	7	4. City LECENTER	S. ZIP code_ 57057
6. country Sur 40	2-357-4450	8. Fax number 507-757-6888	9. E-mail address
10. Please indicate who in your organ	nization should receive the	2002 MBAF if different from the	person in Question 2.
Name/Title	Phone number	Street address	City ZTP code
<ol> <li>Classification of grantor (Mark or created by gov't agency, please in example, a city EDA would check</li> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> <li>Has your organization signed any through December 31, 2000 that is</li> </ol>	ndicate affiliation. For k "City government.") y agreements to award a bus		ng business subsidies in t. §116J.994? (Mark one.) and <u>attach criteria</u> ) have not yet adopted tial hearing) tion.) the from January 1, 2000
Yes (Complete th	he remainder of the form.)	DNo (Stop here, go to section	15 on page 4.)
Section 2 Information About 1			
14. Name of business or organization receiving subsidy or financial assi FBERCLAS FABR 315 W, FNDWSTRI	istance 21CATO/25	15. Address where business sub will be used <u><u><u>JI5</u> W <u>ZNDUSTRE</u> Street address City</u></u>	sidy or financial assistance SCOS <u>FIST LE(ENTER</u> State ZIP code
16. Does the recipient have a parent of U Yes (Indicate name and address of No	• • •	If more than one, indicate ultima	ite owner.)

Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
Retail Trade D Services U Retail Trade	Finance, Insurance, Real Estate     G Construction     Other (please specify)
18. Did the recipient relocate as a result of signing this agreemen	(? (Mark one.)
Tes (Indicate city and state of previous address and reason rec No (Go to Question 19.)	sipiens did not complete this project at that uddress.)
City/State of previous address Reason project not completed at	previous address
<ol> <li>Would the recipient have remained in previous location or refinancial assistance? (Mark one.)</li> </ol>	located elsewhere if not awarded this business subsidy or
Remathed at previous location	nt Minnesota location 🛛 Relocated outside Minnesota
Section 3 General Information About the Agreeme	at
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 clase, indicate any dates the agreement was amended.)
\$100,000 TOPNADO LOAN	1/6/00
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment way whichever is earlier.) $3/1/07$	
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)	four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy
Lian (only principal) Grant (i.e., forgivable loan)	assistance for property polluted S by contaminants
□ tax abarement       \$	assistance for renovating building     stock or bringing it up to code, and     assistance provided for designated     historic preservation districts, when
preferential use of governmental facilities     S     land contribution     S	50% or less of total cost assistance for pollution control or
□ other (Specify subsidy type.) \$	abatement assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	<ol> <li>Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> </ol>
A not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
redevelopment     renewal and renovation	No No
I soils condition	$\wedge$
conomic development     mined underground space	Grantor(s) and value of the agreement(s):
☐ hazærdous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

/

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

MN DTED

28. Minn. Stat. §116J.994 n of the following public			ancial assistance agreemen at? (Mark ull that apply.)	ts state a public	purpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	growth		□ Increasing tax base (ca Other (please specify)]	unot be only pur Torthe AAC	Ptutue
29. Indicate whether the ag at the time of this repor				recipient had atta	ained those goals
<ul> <li>A) Specific wage and job ge</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> <li>(Please attach descriptions attainment if not documented)</li> </ul>	r retention goals rage and job goa of goals and pro	s uls ogress toward h	established7 dates Q Yes Q No Q Yes Q No	get attainment (month & year)	All goals attained? JYes DNo Yes DNo Yes DNo Yes DNo
	age hourly value	e of any employer-pro	reation and/or retention go wided health insurance goa to separate goals by full- a	Is for those jobs	
Hourly Wage (arcluding benefits)	Full-timc Job Creation	Part-time/ Sezsonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Cr <del>ea</del> tion	Job Recention	Hourly Value of Health Insurance
no bourly wage-level goal					\$
less than \$7.00		,	)/		<u>s</u>
\$7.00 to \$8.99		^	pt		\$
\$9.00 to \$10.99			/		\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					\$
\$15.00 and higher					\$
	urly value of any	y employer-provided	ber of actual jobs created : health insurance for those j ion into full- and part-time FTE (only if unable to	iobs. <u>(Only</u> indic	
Houriy Wage (excluding benefits)	Job Creation	Scasonal/Temp. Job Creation	scparate FT/PT) Job Creation	Job Retention	Hourty Value of Health Insurance
less than \$7.00		1	1/2	<del></del>	\$
\$7.00 to \$8.99		<i>k</i>	///T		\$
\$9.00 to \$10.99					۶
\$11.00 to \$12,99					s
\$13.00 to \$14.99					\$
\$15.00 and higher					\$ <u></u>
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (se	e Questions 29, 30 as	nd 31) and fulfilled all obli	gations stipulated	d in the agreement?

Q Yes Q No

2001 Minnesota Business Assistance Form

Page 3 of 4

Department of Trade and Economic Development

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<ol> <li>During the period January 1, 2000 through Decem report as required by Minn. Stat. §116J.993 and §1</li> </ol>		ve any recipients who failed to
Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary.)		cial assistance awarded to that
No		
Name of recipient Type of subsidy or assist	tance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that</li> </ol>	•••	5
Yes (Complete the remainder of this	section.) No (Stop here and sul	bmit form to DTED .)
<ol> <li>35 39. Provide the following information for each rewere to be attained by the time of reporting. (</li> </ol>	,	her terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
recipient ceased operation recipient was unable to fill vacant positions	recipient relocated to a difference of the contract of the	-
37. To date, has the recipient fulfilled its repayment of	bligation? (Mark one.)	
• Yes • • No, recipient has begun to repay the assist	ance. I No, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the rec	ipient's deadline for fulfilling its oblig	ations? (Mark one.)
	Yes No	
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	
		·

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

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

2001 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development

Resubritted form 6/15/01 to incluse total loan amount's date (17:12 6/19/01 agreement sequed

00-0858



# 2001 Minnesota Business Assistance Form

- RECEIVED MAY 1 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 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
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- 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)	2. Name of person completing this form		
Lino Lakes EDA	Mary alice Durne		
3. Street address	4. City 5. ZIP code		
6000 Town Center Pkwy	Line Laker 55014		
6. County 7. Phone number	8. Fax number 9. E-mail address 6-51/982-2499 Hidspine Cune - Paker. MA.4		
10. Please indicate who in your organization should receive the	e 2002 MBAF it 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.")	<ol> <li>Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)</li> </ol>		
City government County government Regional government State government Other (Please specify.)	Yes (Indicate hearing date - <u>118/99</u> and <u>attach criteria</u> ) No We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) Other (Please attach explanation.)		
	under Minn. Stat. §116J.993 and §116J.994? (Mark one.)		
Yes (Complete the remainder of the form.)	)		
Section 2 Information About Recipient			
14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>		
CJN duvestments, LCP	295 apollo Deine Lino Laker, MN 550 14 Street address City State ZIP code		
16. Does the recipient have a parent corporation? (Mark one.)			
D Yes (Indicate name and address of parent corporation below No			
Name of parent corporation	Street address City State ZIP code		

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	P
17. Industry of recipient's facility (Mark one.):	NECEIVED
Manufacturing 🛛 Servic	ES Finance, Insurance, Real Estate Estate Construction Other (please specify)
18. Did the recipient relocate as a result of signing this	agreement? (Mark one.)
XY es (Indicate city and state of previous address and DNo (Go to Question 19.)	reason recipient did not complete this project at that address.)
Blaine, Mal no avo	clappe Land
City/State of previous address Reason project not co.	mpleted at previous address
19. Would the recipient have remained in previous loc financial assistance? (Mark one.)	ation or relocated elsewhere if not awarded this business subsidy or
C Remained at previous location Relocated	d to different Minnesota location 🛛 Relocated outside Minnesota
Section 3 General Information About the A	\greement
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Quest and 25.)	tions 24 date, indicate any dates the agreement was amended.)
77,185	8/24/00
	smefit from the business subsidy or financial assistance. For example, ipment was placed into service, or the recipient occupied the property, $2/00$
<ul> <li>23. Does the agreement provide a business subsidy or be reported? (Mark one.)</li> <li>business s</li> </ul>	one of the four types of financial assistance (see Question 25) required to subsidy
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for eac	
O not applicable, agreement provided financial assistant	nce A not applicable, agreement provided a business subsidy
□ loan (only principal) S	assistance for property polluted     S
Image: Constraint of the second state of the second sta	by contaminants assistance for renovating building 2/85 stock or bringing it up to code, and
guarantee of payment     s      contribution of property or infrastructure     s	assistance provided for designated historic preservation districts, when
preferential use of governmental facilities	50% or less of total cost
Dester (Secret public trans)	assistance for pollution control or \$
O other (Specify subsidy type.) S	assistance for a TIF soils condition district \$
26. If the assistance included tax increment financing,	, please 27. Are any other grantors providing a business subsidy or
indicate the type of TIF district? (Mark one.)	financial assistance to the same project? (Mark one.)
not applicable, assistance was not in the form of TIM	F
redevelopment renewal and renovation	2(No
<ul> <li>soils condition</li> <li>soils condition</li> <li>conomic development</li> <li>mined underground space</li> </ul>	Grantor(s) and value of the agreement(s):
🗘 hazardous substance subdistrict	Grantor Value (\$)
· · · · ·	
l	Grantor Value (S)

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28. Minn. Stat. §116J.994 r of the following public	equires that bus purposes were s	iness subsidy and fin stated in the agreemen	ancial assistance agreeme at? (Mark all that apply.)	nts state a public pu	urpose. Which
Enhancing economic dive Creating high-quality job Job retention Stabilizing the communit	growth		<ul> <li>Increasing tax base (c</li> <li>Other (please specify)</li> </ul>	annot be only purp <u>using</u> und infrastruch	use utilized
29. Indicate whether the ag at the time of this repor	reement include	d the following types	of goals, and whether the late(s) for each goal.)	e recipient had attai	ned those goals
A) Specific wage and job ge B) Other job-creation and/o C) Other wage goals D) Other goals other than w	oals to be attaine r retention goals	ed within 2 years	Goals Ta established? data AYes DNo 22 DYes DNo	rget attainment (month & year)	All goals attained? & 1 // 6/ U Yes & No U Yes D No U Yes D No U Yes D No
(Please attach descriptions attainment if not documente	of goals and pri d in Questions :	ogress toward 30 and 31.)		·	
30. For each of the followin agreement and the aver job creation goals in fu	age hourly value	e of any employer-pr	creation and/or retention g ovided health insurance g to separate goals by full-	oals for those jobs.	( <u>Only</u> indicate tions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Sessonal/Temp. Job Crestion	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 m \$10.99				<u></u>	3
\$11.00 to \$12.99	5				,1.85
\$13.00 to \$14.99				<u></u>	<u>, 1.8</u> 5
\$15.00 and higher		· ·			s
date and the actual ho	urly value of an	y employer-provided	nber of actual jobs create health insurance for thos tion into full- and part-tin FTE (only if unable to acparate FT/PT) Job Creation	e jobs. <u>(Only</u> Indic	
less than \$7.00					\$
\$7.00 to \$8.99					5
\$9.00 to \$10.99					5
\$11.00 to \$12.99					5
\$13.00 to \$14.99	**************************************				5
\$15.00 and higher	1	.5	· · · · · · · · · · · · · · · · · · ·		,1.85
	eved all goals (s	ce Questions 29. 30	and 31) and fulfilled all of	bligations stipulated	in the agreement?
			· · · · · · · · · · · · · · · · · · ·	TALLAR WEIGHT AND THE PARTY OF	

<ol> <li>Do not complete this section if you completed</li> <li>During the period January 1, 2000 through Decembra report as required by Minn. Stat. §116J.993 and §1</li> </ol>	ber 31, 2000, did your organization has	
Yes (Indicate the name of each recipient failing to re recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	cial assistance awarded to that
X No	· · · ·	
Name of recipient Type of subsidy or assis	tance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that	were required to be fulfilled by the un	ne of this report! (Mark one.)
Yes (Complete the remainder of this	section.) 🗙 No (Stop here and sul	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each rewret to be attained by the time of reporting.</li> <li>35. Information on recipient and agreement:</li> </ul>	cipient failing to fulfill goals or any o (Attach additional pages if necessary.)	ther terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
D recipient ceased operation	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
I recipient was unable to till vacant positions		
	bligation? (Mark one.)	
37. To date, has the recipient fulfilled its repayment o		<u>in</u> to repay the assistance.
37. To date, has the recipient fulfilled its repayment o	tance. O No, recipient has not begu	
37. To date, has the recipient fulfilled its repayment o	tance. O No, recipient has not begu	
<ul> <li>37. To date, has the recipient fulfilled its repayment o</li> <li>Yes O No, recipient has begun to repay the assis</li> <li>38. Has the agreement been amended to extend the re</li> </ul>	tance. INO, recipient <u>has not begu</u> cipient's deadline for fulfilling its oblig Yes No	
<ul> <li>recipient was unable to fill vacant positions</li> <li>37. To date, has the recipient fulfilled its repayment o</li> <li>Yes ONO, recipient has begun to repay the assis</li> <li>38. Has the agreement been amended to extend the re</li> <li>39. Describe the steps being taken to bring recipient i</li> </ul>	tance. INO, recipient <u>has not begu</u> cipient's deadline for fulfilling its oblig Yes No	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development



# 2001 Minnesota Business Assistance Form RECEIVED MAY 3 0 2001

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

#### 1. Name of grantor (funding entity) 2. Name of person completing this form City of Litchfield Bruce Miller 5. ZIP code 3. Street address 4. City 126 Marshall Avenue North Litchfield 55355 6. County 7. Phone number 8. Fax number 9. E-mail address Meeker 320-693-7201 320-693-9134 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 12. Has your organization held a public hearing on and created by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) Amended Dity government 2 Yes (Indicate hearing date 7/05/0 and attach criteria) County government O No C Regional government • We held a public hearing but have not yet adopted □ State government criteria (Indicate date of initial hearing - _ Other (Please specify.) 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.)

## Section 1 Information About Grantor

**Q** Yes (Complete the remainder of the form.) D No (Stop here, go to section 5 on page 4)

Section 2 Information About Recipient				
<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15 Address where t will be used	business sub:	sidy or financi	al assistance
AmericInn I	1525 E. Hwy	12 Lit	chfield,	MN 55355
	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
Solution State State Number and address of parent corporation below. □ No	If more than one, ind 110 So. 2nd	licate ultima. St .	te owner.)	
ETC Enterprises, Inc.	Suite 132	Waite	Park MN	56387
Name of parent corporation	Street address	City	State	ZIP code

Manufacturing Retail Trade	Services ❑ Wholesale Trade	<ul> <li>Finance, Insurance,</li> <li>Construction</li> </ul>	Real Estate Other <i>(please specif)</i>	ŵ
8. Did the recipient relocate as a result of	signing this agreement	? (Mark one )		
Yes (Indicate city and state of previous of			project at that uddre	xx )
No (Go to Question 19.)		F		
City/State of previous address Reason pr	oject not completed at	previous address		
9. Would the recipient have remained in financial assistance? (Mark one.)	previous location or rel	ocated elsewhere if not awai	rded this business sub	osidy or
C Remained at previous location	B Relocated to differe	nt Minnesota location	Relocated outside M	innesota
ection 3 General Information Al				
20. Total dollar value of business subsidy assistance (Please separate value by ty and 25.)	or financial ope in Questions 24	21. Date agreement signed date, indicate any date		
\$100,000		Novembe	r 15, 2000	
22. Benefit date (Indicate the date the rec indicate the date improvements were f whichever is earlier.) Jui				
23. Does the agreement provide a busines be reported? (Mark one.)	s subsidy or one of the D business subsidy	four types of financial assist	ance (see Question 2	5) required t
24. If the agreement provided a business so indicate the type(s) and total dollar va	ubsidy, please	25 If the assistance was o assistance, please indic		f financial
□ not applicable, agreement provided fina	ncial assistance	🗅 not applicable, agreemer	nt provided a busines	s subsidy
□ loan (only principal) □ grant (i.e., forgivable loan)	\$	assistance for property p by contaminants	olluted	\$
a tax abatement	\$ <u>100,00</u> 0	assistance for renovating		\$
☐ TIF or other tax reduction or deferral ☐ guarantee of payment	\$ \$	stock or bringing it up to assistance provided for o		
contribution of property or infrastructur	e \$	historic preservation dis	stricts, when	
<ul> <li>preferential use of governmental facilities</li> <li>land contribution</li> </ul>	es \$ \$	50% or less of total cost assistance for pollution		\$
other (Specify subsidy type.)		abatement		
		assistance for a TIF soil	s condition district	\$
26. If the assistance included tax increme indicate the type of TIF district? (Mar	0/1	27. Are any other grantors financial assistance to		,
not applicable, assistance was not in the	form of TIF	Yes (Specify each grant assistance below; attack		
🗅 redevelopment				
□ redevelopment □ renewal and renovation		D No		
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> </ul>		No Grantor(s) and value of the	e agreement(s):	
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>		Grantor(s) and value of the		
<ul> <li>Instruction</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>			e agreement(s): \$100,000 Value (\$)	

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job creation goals in full-t Hourly Wage (excluding benefits)	ment include (Fill in the bo s to be attaine etention goals e and job goa goals and pro n Questions wage categor e hourly value	oxes and attainment of ed within 2 years s ils ogress toward 30 and 31 ) ries, indicate the job of e of any employer-pro	Iare(s) for each goal.)         Goals       Targ         established?       dates         32 Yes       No       May         Q Yes       No	ecipient had attai et attainment (month & year) y, 2001 als stated in the ets for those jobs.	All goals All goals attained? Yes No Yes No Yes No Yes No Yes No
at the time of this report. ( A) Specific wage and job goals B) Other job-creation and/or re C) Other wage goals D) Other goals other than wage (Please attach descriptions of p attainment if not documented i 30. For each of the following agreement and the average job creation goals in full-t Hourly Wage (excluding benefits)	(Fill in the bo s to be attained etention goals e and job goals and pro- n Questions wage categor hourly value time equivale Full-time Job	oxes and attainment of ed within 2 years s als ogress toward 30 and 31 ) ries, indicate the job of e of any employer-pro- mts if you are unable Part-time/ Seasonal/Temp.	Goals Targ established? dates Sa Yes D No May D Yes Sa No D Yes So No D Yes Sa	als stated in the state of those jobs. Job	All goals attained? Yes No Yes No Yes No Yes No (Only indicate itions.) Hourly Value of
<ul> <li>a) Other job-creation and/or reprint to the problem of th</li></ul>	etention goals e and job goa goals and pro n Questions wage categor e hourly value time equivale Full-time Job	s ogress toward 30 and 31 ) ries, indicate the job o e of any employer-pro ents if you are unable Part-time/ Seasonal/Temp.	established? dates Sa Yes D No May D Yes Sa No D Yes Sa No Ves Sa No Ves Sa No retation and/or retention go sounded health insurance go to separate goals by full- a FTE (only if goals not stated as FT/PT)	(month & year) y, 2001 alls stated in the stated in the state for those jobs. and part-time post	attained? Yes No Yes No Yes No Yes No Yes No (Only indicate itions.) Hourly Value of
Please attach descriptions of f attainment if not documented i 30. For each of the following agreement and the average job creation goals in full-t Hourly Wage (excluding benefits)	goals and pro n Questions wage categor e hourly value time equivale Full-time Job	ogress toward 30 and 31 ) ries, indicate the job o e of any employer-pro ents if you are unable Part-time/ Seasonal/Temp.	ovided health insurance goa to separate goals by full- a FTE ( <u>only</u> if goals not stated as FT/PT)	als for those jobs. Ind part-time post Job	Hourly Value of
<ol> <li>For each of the following agreement and the average job creation goals in full-t</li> <li>Hourly Wage (excluding benefits)</li> </ol>	wage categor hourly value time equivale Full-time Job	ries, indicate the job o e of any employer-pro ents if you are unable Part-time/ Seasonal/Temp.	ovided health insurance goa to separate goals by full- a FTE ( <u>only</u> if goals not stated as FT/PT)	als for those jobs. Ind part-time post Job	Hourly Value of
(excluding benefits)					
no hourly ware loust cost					
no hourly wage-level goal			· · · · · · · · · · · · · · · · · · ·		٢٢
icss than \$7.00			<u></u>		s
\$7.00 to \$8.99	6_				<u>s1.75</u>
\$9.00 to \$10.99					s
\$11.00 to \$12.99					۶
\$13.00 to \$14.99					S
\$15.00 and higher					s
	y value of an	y employer-provided	ber of actual jobs created a health insurance for those j tion into full- and pari-time FTE (only if unable to separate FT/PT)	obs. <u>(Onlv</u> indic	
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
less than \$7.00			·		s
\$7.00 to \$8.99	6_				<u>1.85</u>
\$9.00 to \$10.99					٢٢
\$11.00 to \$12.99					S
\$13.00 to \$14.99					S2
\$15.00 and higher					S

2001 Minnesota Business Assistance Form

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Page 3 of 4

Department of Trade and Economic Development

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## Section 5 Recipients Failing to Fulfill Obligations

		<u>ed it on another 2001 MBAF subm</u> mber 31, 2000, did your organization hav	
report as required by	Minn. Stat. $\S116J993$ and $\S$	116J 994 ² (Mark one )	
	e of each recipient failing to additional pages if necessary	report and the value of subsidy or finants; ; )	cial assistance awarded to that
80 No			
Name of recipient	Type of subsidy or ass	istance (See Questions 24 and 25.)	Value of subsidy or assistance
		ailed to achieve any goals or fulfill any o at were required to be fulfilled by the tim	
🗅 Yes (C	Complete the remainder of th	is section ) 🛛 🛛 No (Stop here and sub	omit form to DTED )
		recipient failing to fulfill goals or any ot (Attach additional pages if necessary.)	her terms of an agreement that
35. Information on recip	ent and agreement:		
Name of recipient in def	ault	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipier	nt	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defaul	t (Mark all that apply.)		
<ul> <li>recipient ceased opera</li> <li>recipient was unable t</li> </ul>		<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the reci	pient fulfilled its repayment	obligation? (Mark one )	
🗆 Yes 🗆 No, recipier	nt <u>has begun</u> to repay the ass	istance DNo, recipient has not begu	in to repay the assistance.
38. Has the agreement b	een amended to extend the	recipient's deadline for fulfilling its oblig	gations? (Mark one )
		🗆 Yes 🗆 No	
39. Describe the steps b	eing taken to bring recipient	into compliance or recoup the subsidy:	
		· · · · · · · · · · · · · · · · · · ·	

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

Or fax to: (651) 215-3841

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# 2001 Minnesota Business Assistance Form RECEIVED

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

### Section 1 Information About Grantor

<ol> <li>Name of grantor (funding entity) City of Litchfield</li> </ol>		2. Name of person completing this form Bruce Miller		
3. Street address 126 Marshall Avenue North		4. City Litchfield	5. ZIP code 55355	
. County 7. Phone number Meeker 320-693-7201		8. Fax number 320-693-9134	9. E-mail addre	ess
10. Please indicate who in your	r organization should receive the	2002 MBAF if different from the	person in Questio	on 2.
Name/Title	Phone number	Street address	City	ZIP code
<ol> <li>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.")</li> </ol>		<ol> <li>Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)</li> </ol>		
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		Amended 23 Yes (Indicate hearing date = No We held a public hearing but criteria (Indicate date of ini Other (Please attach expland	have not yet ado tial hearing	pted
		siness subsidy or financial assista nder Minn. Stat. §116J.993 and §	•	
🛛 Yes (Comp	lete the remainder of the form.)	DNO (Stop here, go to sectio	n 5 on page 4.)	

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where b will be used	ousiness sub	osidy or financia	l assistance
Innovex, Inc.	1 Precision	Dr. Li	tchfield N	MN 55355
	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
Yes (Indicate name and address of parent corporation below.	· ·		ite owner.)	
□N₀ Innovex, Inc	5540 Pioneer Creek Drive	Maple	Plain MN	55359-900
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
⊠ Manufacturing □ Services □ Retail Trade □ Wholesale Tra	Finance, Insurance, Real Estate Construction Other (please specify)
18. Did the recipient relocate as a result of signing this agreement	ent? (Mark one.)
□ Yes (Indicate city and state of previous address and reason r ☑ No (Go to Question 19.)	ecipient did not complete this project at that address.)
City/State of previous address Reason project not completed	at previous address
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
Remained at previous location     D Relocated to diffe	erent Minnesota location
Section 3 General Information About the Agreen	ient
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.)
\$329,251	March 1, 2000
22. Benefit date (Indicate the date the recipient will benefit fro indicate the date improvements were finished, equipment w whichever is earlier.) March 1, 2000	om the business subsidy or financial assistance. For example, was placed into service, or the recipient occupied the property,
<ul><li>23. Does the agreement provide a business subsidy or one of the reported? (Mark one.)</li><li>Business subsidy</li></ul>	he four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	D not applicable, agreement provided a business subsidy
□ loan (only principal)       \$	assistance provided for designated historic preservation districts, when
□ preferential use of governmental facilities \$ □ land contribution \$ □ other (Specify subsidy type.) \$	50% or less of total cost         assistance for pollution control or         abatement         assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
D not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>conomic development</li> </ul>	Solution Notes and Value of the agreement(s):
<ul> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	Grantor Value (\$)
	Grantor Value (\$)

Section 4 Goals and Public Purpose Identified in the Agreement	Section 4	Goals and P	ublic Purpose	Identified in	the Agreement
----------------------------------------------------------------	-----------	-------------	---------------	---------------	---------------

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Enhancing economic diversity Creating high-quality job growth Job retention Stabilizing the community		<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>			
29. Indicate whether the agr at the time of this report	eement include	d the following types oxes and attainment a	of goals, and whether the r late(s) for each goal.)	ecipient had atta	ined those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than way</li> <li>(Please attach descriptions of attainment if not documented)</li> </ul>	retention goals age and job goa of goals and pro	s Is ogress toward	established? dates	et attainment (month & year) ember, 200	All goals attained? O 30 Yes O No O Yes No Yes No Yes No
30. For each of the followin agreement and the avera	ng wage categor age hourly value	ies, indicate the job c e of any employer-pro	creation and/or retention go ovided health insurance goa to separate goals by full- a	Is for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					\$
less than \$7.00					s
\$7.00 to \$8.99	75	<u>-</u>			<u>s</u> 2.00
\$9.00 to \$10.99					S
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
			<u></u>		s
\$15.00 and higher					
31. For each of the following date and the actual hour	arly value of an	y employer-provided	ther of actual jobs created a health insurance for those j tion into full- and part-time FTE (only if unable to	obs. <u>(Only</u> indic	
31. For each of the following date and the actual hour full-time equivalents if the Hourly Wage	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job crea. Part-time/ Seasonal/Temp.	health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indic positions.) Job	ate job creation in Hourly Value of
31. For each of the following date and the <b>actual</b> hou full-time equivalents if	urly value of an you are unable Full-time	y employer-provided to separate job crea. Part-time/	health insurance for those j tion into full- and part-time FTE (only if unable to	obs. <u>(Only</u> indic positions.)	ate job creation in

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development

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# Section 5 Recipients Failing to Fulfill Obligations

33. During the period January 1, 2000 through Decem report as required by Minn. Stat. §116J.993 and §1	iber 31, 2000, did your organization ha 116J.994? <i>(Mark one.)</i>	ve any recipients who failed to
Sec. (Indicate the name of each recipient failing to r recipient. Attach additional pages if necessary.	report and the value of subsidy or finan )	icial assistance awarded to that
D No		
Name of recipient Type of subsidy or assis	stance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who fai agreement signed on or after January 1, 2000, that</li> </ol>	iled to achieve any goals or fulfill any c t were required to be fulfilled by the tin	other obligations under an ne of this report? (Mark one.)
<b>Q</b> Yes (Complete the remainder of this	s section.) 🛛 🛛 No (Stop here and su	bmit form to DTED .)
<ol> <li>35 39. Provide the following information for each r were to be attained by the time of reporting.</li> </ol>		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	
37. To date, has the recipient fulfilled its repayment of	bbligation? (Mark one.)	
Yes No, recipient has begun to repay the assis	stance. O No, recipient has not begu	<u>in</u> to repay the assistance.
38. Has the agreement been amended to extend the re	cipient's deadline for fulfilling its oblig	gations? (Mark one.)
	□ Yes □ No	
39. Describe the steps being taken to bring recipient i	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 7th 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 <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

## Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Little Falls		2. Name of person completing Lori Kasella/Finance		
3. Street address 100 NE 7th Ave., P. O. Box 244		4. City Little Falls	5. ZIP code 56345	
6. County Morrison			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	
<ul> <li>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.")</li> <li>2 City government</li> <li>2 County government</li> </ul>		<ul> <li>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.)</li> <li>Was (Indicate hearing date 12-20-9and attach criteria)</li> <li>No</li> </ul>		
<ul> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>		
through December 31, 2000		siness subsidy or financial assistan nder Minn. Stat. §116J.993 and § No ( <u>Stop here, go</u> to section	116J.994? (Mark one.)	
Section 2 Information Ab	out Recipient			
<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>		15. Address where business subsidy or financial assistance will be used		
DJ Holding LLC		1009 NW 4th St. Litt Street address City	le Falls MN 56345 State ZIP code	
16. Does the recipient have a p. □ Yes (Indicate name and addr	•	If more than one, indicate ultima	ate owner.)	

🛛 Manufacturing	Services	Finance, Insurance, Real Estate	
🗅 Retail Trade	Wholesale Trade	Construction Other (please speci	fy)
8. Did the recipient relocate as a result of s	signing this agreemen	t? (Mark one.)	
) Yes (Indicate city and state of previous aa No (Go to Question 19.)	ddress and reason rec	ipient did not complete this project at that addre	255.)
City/State of previous address Reason pro	ject not completed at	previous address	
9. Would the recipient have remained in pr financial assistance? (Mark one.)	revious location or rel	located elsewhere if not awarded this business su	bsidy or
Remained at previous location	Relocated to differen	nt Minnesota location	linnesota
ection 3 General Information Abo	out the Agreeme	nt	
20. Total dollar value of business subsidy o assistance (Please separate value by typ and 25.)		21. Date agreement signed (In addition to the a date, indicate any dates the agreement was	÷
J37,500		Jan 10,2000	
	ished, equipment was	the business subsidy or financial assistance. Fo placed into service, or the recipient occupied th	
be reported? (Mark one.)		four types of financial assistance (see Question 2	25) required to
4. If the agreement provided a business sub indicate the type(s) and total dollar val		25. If the assistance was one of the four types of assistance, please indicate the type(s).	of financial
not applicable, agreement provided financ	cial assistance	D not applicable, agreement provided a busines	ss subsidy
l loan (only principal) grant (i.e., forgivable loan)	s s	assistance for property polluted by contaminants	\$
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> </ul>	\$ \$ <u>.37.500</u> \$ \$	assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost	\$
a preferential use of governmental facilities a land contribution a other (Specify subsidy type.)	s	assistance for pollution control or abatement	\$
		assistance for a TIF soils condition district	\$
6. If the assistance included tax increment indicate the type of TIF district? (Mark		27. Are any other grantors providing a busines financial assistance to the same project? (1	
) not applicable, assistance was not in the f	orm of TIF	Yes (Specify each grantor and the value of the assistance below; attach an additional sheet	
) redevelopment ) renewal and renovation ) soils condition		22 No	
economic development mined underground space hazardous substance subdistrict		Grantor(s) and value of the agreement(s):	
		Grantor Value (\$)	

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28. Minn. Stat. §116J.994 r of the following public			nancial assistance agree int? (Mark all that appl		urpose. Which
D Enhancing economic dive Creating high-quality job			Increasing tax base Other (please speci		905C)
Job retention Stabilizing the community					
29. Indicate whether the aga at the time of this report				the recipient had atta	ined those goals
· · ·				larget attainment ates (month & year)	All goals attained?
A) Specific wage and job go	als to be attain	ed within 2 years		03-01-03	CIYES DANO
B) Other job-creation and/or	r retention goal	S	Q Yes Q No		Q Yes Q No
C) Other wage goals			D Yes D No		O Yes O No
D) Other goals other than we	age and job gos	els	O Yes Q No		QYes QNo
(Please assach descriptions of attainment if not documenter					
30. For each of the followin agreement and the avera job creation goals in fui	age hourly valu	e of any employer-pr	ovided health insurance	goals for those jobs.	( <u>Only</u> indicate tions.)
Havrly Wzg <del>v</del> (excluding benefita)	Full-time Job Creation	Part-time/ Seasonal/Temp. Jeb Creation	FTE ( <u>only</u> if gaals no stated as FT/PT) Jab Creation	t Job Retention	Hourly Value of Health Insurance
				•	_
no hourly wage-level goal	$\leq$	- oel o	* _	_	<u>,                                     </u>
no hourly wage-level goal less than \$7.00	_	1× PERO	TEO		s
	1	1XX PERO	TEO		
less than \$7.00	1		řeo		
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	1	IN PERO	120 <u>-</u>   		ſ, ľ, ľ,
less than \$7.00 \$7.00 to \$8.99		1/20 PERO 	řeo		s s
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 ΡΙΥΣΤΣ	1	1/20 PEROP	120 <u>-</u>   		
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$(1.00 to \$12.99 ₽\√€7£ \$13.00 to \$14.99 \$15.00 and higher	Are a set of an you are unable	ries, indicate the nurr y employer-provided to separate Job creat	health insurance for the tion into full- and part-to	red and/or retained sit bisc jobs. (Only indications)	s s s s s s nce the benefit
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$(1.00 to \$12.99 Pivers \$13.00 to \$14.99 \$15.00 and higher \$1. For each of the followind the actual hour	arly value of an	ries, indicate the num y employer-provided to separate Job creat Part-time/ ScasoneVTemp. Job Creation	health insurance for the	ed and/or retained sit bisc jobs. (Only indications)	s s s s s s nce the benefit
less than \$7.00 \$7.00 to \$3.99 \$9.00 to \$10.99 \$11.00 to \$12.99 PVCTS \$13.00 to \$14.99 \$15.00 and higher \$1. For each of the followind date and the actual hour full-time equivalents (f) Hourly Wage	Are and are unable Pull-time Job	ries, indicate the nurr y employer-provided to separate /ob creat Part-time/ SeasoneVT emp. Job Creation	health insurance for the line full- and part-in FTE (only if usable to separate FT/PT) Job Creation	inced and/or retained site see jobs. (Only indications) Job Retention	s s s s s s s s s s s s s s
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 PVC \$13.00 to \$14.99 \$15.00 and higher \$1. For each of the followind date and the actual how full-time equivalents if y Hourly Wage (excluding benefits)	Are and are unable Pull-time Job	ries, indicate the nurr y employer-provided to separate /ob creat Part-time/ SeasoneVT emp. Job Creation	nber of actual jobs creat health insurance for the lion into full- and part-it FTE (only if usable to separate FT/PT) Job Creation	inced and/or retained site see jobs. (Only indications) Job Retention	ss s s s s 
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 PVC \$13.00 to \$14.99 \$15.00 and higher \$1. For each of the followind date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00	Are and are unable Pull-time Job	ries, indicate the nurr y employer-provided to separate /ob creat Part-time/ SeasoneVT emp. Job Creation	health insurance for the line full and part-in FTE (only if unable to separate FT/PT) Job Creation	inced and/or retained site see jobs. (Only indications) Job Retention	ss sss sssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssss _
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 Pive \$13.00 to \$14.99 \$15.00 and higher \$1. For each of the followind date and the actual hour full-time equivalents (f) Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	Are and are unable Pull-time Job	ries, indicate the nurr y employer-provided to separate /ob creat Part-time/ SeasoneVT emp. Job Creation	health insurance for the line full and part-in FTE (only if unable to separate FT/PT) Job Creation	ad and/or retained sit bisc jobs. (Only indications.) Job Retention	s s s s s s s s s s Hourity Value of Health Insurance s s s s s s s s s s s s Hourity Value of Health Insurance s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 PVC \$13.00 to \$14.99 \$15.00 and higher \$1. For each of the followin date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Are and are unable Pull-time Job	ries, indicate the num y employer-provided to separate Job creat Part-time/ ScasoneVTemp. Job Creation	nber of actual jobs creat health insurance for the lion into full- and part-it FTE (only if usable to separate FT/PT) Job Creation	inced and/or retained site see jobs. (Only indications) Job Retention	ss sss sssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssss _

Department of Trade and Economic Development

# Section 5 Recipients Failing to Fulfill Obligations

<ol> <li>During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §1</li> </ol>	per 31, 2000, did your organization ha 16J.994? <i>(Mark one.)</i>	ave any recipients who failed to
Yes (Indicate the name of each recipient failing to re recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	ncial assistance awarded to that
a No		
Name of recipient Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that</li> </ol>	were required to be fulfilled by the tir	ne of this report? (Mark one.)
<b>Q</b> Yes (Complete the remainder of this)	section.) 🛛 🙇 No (Stop here and su	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each rewere to be attained by the time of reporting. (</li> <li>35. Information on recipient and agreement:</li> </ul>		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	-
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	
Yes No, recipient <u>has begun</u> to repay the assista	ance. 🛛 No, recipient <u>has not begu</u>	un to repay the assistance.
38. Has the agreement been amended to extend the rec	ipient's deadline for fulfilling its oblig	gations? (Mark one.)
	🗆 Yes 🛛 No	
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841



# 2001 Minnesota Business Assistance Form

# RECEIVED MAY 2 9 200

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial . assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period 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

<ol> <li>Name of grantor (funding entity)</li> <li>City of Little Falls</li> </ol>		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 you	r organization should receive the	2002 MBAF if different from the	ne person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
	Aark one. If grantor is entity lease indicate affiliation. For l check "City government.")	compliance with Minn. S	ling business subsidies in tat. §116J.994? <i>(Mark one.)</i>	
<ul> <li>2 City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>12-20-99 and attach criteria</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>		
through December 31, 200	ed any agreements to award a bus 0 that is required to be reported u plete the remainder of the form.)		§116J.994? (Mark one.)	
Section 2 Information A	bout Recipient		· · · · · ·	
14. Name of business or organ receiving subsidy or finance		<ol> <li>Address where business s will be used</li> </ol>	ubsidy or financial assistance	
Fallsburg Wood	working	609 NW 9th Ave Litt Street address City	tle Falls MN 56345 State ZIP code	
16. Does the recipient have a p 그 Yes (Indicate name and add. 회 No	varent corporation? (Mark one.) ress of parent corporation below.	If more than one, indicate ultir	nate owner.)	

Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
⊠ Manufacturing □ Services □ Retail Trade □ Wholesale Trad	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please specify)</li> </ul>
18. Did the recipient relocate as a result of signing this agreeme	nt? (Mark one.)
Yes (Indicate city and state of previous address and reason re No (Go to Question 19.) Belle Prairie Tournship Little Falls mon City/State of previous address Reason project not completed a	
19. Would the recipient have remained in previous location or refinancial assistance? (Mark one.)	elocated elsewhere if not awarded this business subsidy or
Remained at previous location Relocated to differentiation	ent Minnesota location 🛛 Relocated outside Minnesota
Section 3 General Information About the Agreeme	ent
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.)
and 25.) \$ 53,500°	1-36-00
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment wa whichever is earlier.) December 15, 19	s placed into service, or the recipient occupied the property,
<ul><li>23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li><li>M business subsidy</li></ul>	four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy
□ loan (only principal)       \$	<ul> <li>assistance for property polluted</li> <li>by contaminants</li> <li>assistance for renovating building</li> <li>stock or bringing it up to code, and</li> <li>assistance provided for designated</li> </ul>
□ contribution of property or infrastructure       \$         □ preferential use of governmental facilities       \$         □ land contribution       \$         □ other (Specify subsidy type.)       \$	historic preservation districts, when 50% or less of total cost assistance for pollution control or abatement
	assistance for a TIF soils condition district \$
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
$\Box$ not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	No
<ul> <li>Sons condition</li> <li>Seconomic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	Grantor(s) and value of the agreement(s):
	Grantor Value (\$)
	Grantor Value (\$)

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# Section 4 Goals and Public Purpose Identified in the Agreement

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<ul> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communi</li> </ul>	o growth		<ul> <li>Increasing tax base (</li> <li>Other (please specify)</li> </ul>		
29. Indicate whether the ag at the time of this repo	greement include rt. (Fill in the b	ed the following type oxes and attainment of	s of goals, and whether the date(s) for each goal.)	e recipient had attai	ned those goals
<ul> <li>A) Specific wage and job g</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> <li>(Please attach descriptions)</li> </ul>	or retention goal wage and job goal of goals and pr	s als ogress toward	established? date Yes No () Yes No () Yes No () Yes No () Yes No ()	rget attainment is (month & year) i- <u>A (p · () A</u>	All goals attained? Yes No Yes No Yes No Yes No
	ng wage catego rage hourly valu	ries, indicate the job ( e of any employer-pr	creation and/or retention g ovided health insurance g to separate goals by full-	oals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					\$
less than \$7.00					\$
\$7.00 to \$8.99		<del>_,,</del>			\$
\$9.00 to \$10.99	. <u></u>				\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99	·				\$
\$15.00 and higher					\$
	ourly value of an	y employer-provided	ther of actual jobs created health insurance for those tion into full- and part-time FTE (only if unable to	jobs. <u>(Only</u> indica	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					s
	1			<del></del> ,	s
\$7.00 to \$8.99				da	~
\$7.00 to \$8.99 \$9.00 to \$10.99	5			- <u>n</u> -10,	s
	5	⊥		TU B	s
\$9.00 to \$10.99	5			TUBE CALLER IN	

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# Section 5 Recipients Failing to Fulfill Obligations

33. During the period Jar	uary 1, 2000 through Decen Minn. Stat. §116J.993 and §	d it on another 2001 MBAF subm nber 31, 2000, did your organization ha 116J.994? (Mark one.)	ve any recipients who failed to
□ Yes (Indicate the name recipient. Attach a	of each recipient failing to r dditional pages if necessary.	eport and the value of subsidy or finance)	cial assistance awarded to that
X No			
Name of recipient		stance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization agreement signed on</li> </ol>	n have any recipients who fa or after January 1, 2000, tha	iled to achieve any goals or fulfill any c t were required to be fulfilled by the tin	other obligations under an ne of this report? (Mark one.)
🗅 Yes (Co	omplete the remainder of this	s section.) 🛛 🙀 No (Stop here and suc	bmit form to DTED .)
were to be attain	ed by the time of reporting.	ecipient failing to fulfill goals or any o (Attach additional pages if necessary.)	ther terms of an agreement that
35. Information on recipi	ent and agreement:		
Name of recipient in defa	ult	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default	(Mark all that apply.):		
<ul> <li>recipient ceased operat</li> <li>recipient was unable to</li> </ul>		<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recip	ient fulfilled its repayment of	bligation? (Mark one.)	
🗅 Yes 🛛 No, recipient	has begun to repay the assis	stance. D No, recipient <u>has not begu</u>	un to repay the assistance.
38. Has the agreement be	en amended to extend the re	cipient's deadline for fulfilling its oblig	gations? (Mark one.)
		🗆 Yes 🗆 No	
39. Describe the steps be	ing taken to bring recipient i	nto compliance or recoup the subsidy:	
		<u></u>	· · · · · · · · · · · · · · · · · · ·

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

Or fax to: (651) 215-3841

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

#### Section 1 Information About Grantor

1. Name of grantor (funding er City of Little Fall		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         9. E-mail address           (320)         632-2344		
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	
<ul> <li>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.")</li> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> </ul>		<ol> <li>Has your organization held adopted criteria for awardin compliance with Minn. Sta</li> <li>Yes (Indicate hearing date - No</li> <li>We held a public hearing but criteria (Indicate date of inii)</li> <li>Other (Please attach explanation)</li> </ol>	have not yet adopted tial hearing -	
Other (Please specify.) 13. Has your organization sign	ed any agreements to award a bus	siness subsidy or financial assistant	· · · · · · · · · · · · · · · · · · ·	
through December 31, 200	0 that is required to be reported u	nder Minn. Stat. §116J.993 and §	116J.994? (Mark one.)	

#### Section 2 Information About Recipient

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where bus will be used	iness subsidy	y or financ	ial assistance
Goldeneye Solutions, Inc.	502 NW 13th Ave Street address	Little City	Falls State	MN 56345 ZIP code
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>Yes (Indicate name and address of parent corporation below.</li> <li>No</li> </ul>	If more than one, indica	te ultimate o	wner.)	
Name of parent corporation	Street address	City	State	ZIP code

🐱 Manufacturing	Services	G Finance, Insurance, Real Estate
🗅 Retail Trade	U Wholesale Trade	Construction Other (please specify)
18. Did the recipient relocate as a result of si	gning this agreement?	? (Mark one.)
No (Co to Quartian 10)	_ `	pient did not complete this project at that address.)
Custom	er base for	this expansion
	ect not completed at p	
		ocated elsewhere if not awarded this business subsidy or
financial assistance? (Mark one.)		,
Remained at previous location	Relocated to different	t Minnesota location 🛛 Relocated outside Minnesota
ection 3 General Information Abo	ut the Agreemen	it
20. Total dollar value of business subsidy of assistance (Please separate value by type and 25.)	1	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.
\$ 84.000		5-15-00
		he business subsidy or financial assistance. For example, placed into service, or the recipient occupied the property
10-15-(	X	
23. Does the agreement provide a business s	ubsidy or one of the f	our types of financial assistance (see Question 25) require
be reported? (Mark one.)	business subsidy	D financial assistance
24. If the agreement provided a business sub- indicate the type(s) and total dollar value		25. If the assistance was one of the four types of financia assistance, please indicate the type(s).
not applicable, agreement provided financ	al assistance	not applicable, agreement provided a business subsidy
loan (only principal)	S	assistance for property polluted \$
grant (i.e., forgivable loan)	s	by contaminants
TIF or other tax reduction or deferral	\$ \$ <u>_46.000</u>	assistance for renovating building stock or bringing it up to code, and
guarantee of payment	S	assistance provided for designated
Contribution of property or infrastructure	s	historic preservation districts, when
preferential use of governmental facilities	\$	50% or less of total cost
land contribution	\$ <u>36.000</u>	assistance for pollution control or
other (Specify subsidy type.)	S	abatement
		□ assistance for a TIF soils condition district \$
26. If the assistance included tax increment	inancing, please	27. Are any other grantors providing a business subsidy
26. If the assistance included tax increment indicate the type of TIF district? (Mark of		27. Are any other grantors providing a business subsidy financial assistance to the same project? (Mark one.)
indicate the type of TIF district? (Mark of	one.)	financial assistance to the same project? (Mark one.) Yes (Specify each grantor and the value of their
indicate the type of TIF district? (Mark o	one.)	financial assistance to the same project? (Mark one.)
indicate the type of TIF district? (Mark o not applicable, assistance was not in the fo redevelopment	one.) orm of TIF	financial assistance to the same project? (Mark one.) Yes (Specify each grantor and the value of their
indicate the type of TIF district? (Mark of not applicable, assistance was not in the for redevelopment renewal and renovation soils condition	one.) orm of TIF	<ul> <li>financial assistance to the same project? (Mark one.)</li> <li>Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessa</li> <li>No</li> </ul>
indicate the type of TIF district? (Mark of not applicable, assistance was not in the for redevelopment renewal and renovation soils condition Seconomic development	one.) orm of TIF	financial assistance to the same project? (Mark one.) Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessa
indicate the type of TIF district? (Mark of not applicable, assistance was not in the for redevelopment renewal and renovation soils condition Seconomic development mined underground space	one.) orm of TIF	<ul> <li>financial assistance to the same project? (Mark one.)</li> <li>Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessa</li> <li>No</li> </ul>
indicate the type of TIF district? (Mark of not applicable, assistance was not in the fo redevelopment renewal and renovation soils condition	one.) orm of TIF	<ul> <li>financial assistance to the same project? (Mark one.)</li> <li>Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessa</li> <li>No</li> </ul>
indicate the type of TIF district? (Mark of not applicable, assistance was not in the for redevelopment renewal and renovation soils condition Seconomic development mined underground space	one.) orm of TIF	<ul> <li>financial assistance to the same project? (Mark one.)</li> <li>Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessa</li> <li>No</li> <li>Grantor(s) and value of the agreement(s):</li> </ul>

11-1-1-1

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#### Section 4 Goals and Public Purpose Identified in the Agreement 28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.) A Increasing tax base (cannot be only purpose) Enhancing economic diversity □ 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.) Target attainment All goals Goals established? dates (month & year) attained? A) Specific wage and job goals to be attained within 2 years Yes 🖸 No 10-15-02 ⊠ Yes ⊡ No 🗆 Yes 🗔 No B) Other job-creation and/or retention goals □Yes □No □ Yes □ No C) Other wage goals Q Yes Q No 🗆 Yes 🗔 No D) Other goals other than wage and job goals □ Yes □ No (Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) 30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health 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.) **Full-time** Part-time/ FTE (only if goals not Hourly Value of Hourly Wage Job Seasonal/Temp. stated as FT/PT) Job Retention **Health** Insurance (excluding benefits) Creation Job Creation Job Creation no hourly wage-level goal less than \$7.00 / \$7.00 to \$8.99 \$9.00 to \$10.99 Average \$11.00 to \$12.99, id \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.) Full-time Part-time/ FTE (only if unable to Job Retention Hourly Value of Hourly Wage Job Seasonal/Temp. separate FT/PT) (excluding benefits) Creation Job Creation Job Creation 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 **२8**6 4 \$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 O No

### Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed i	t on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §11</li> </ol>		ave any recipients who failed to
□ Yes (Indicate the name of each recipient failing to rep recipient. Attach additional pages if necessary.)	ort and the value of subsidy or finar	ncial assistance awarded to that
X No		
Name of recipient Type of subsidy or assistant	nce (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that w</li> </ol>		
Yes (Complete the remainder of this see	ection.) 🏾 🎘 No (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each reci were to be attained by the time of reporting. (A		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	rent community
37. To date, has the recipient fulfilled its repayment obli	gation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistant	ice. DNo, recipient has not begin	un to repay the assistance.
38. Has the agreement been amended to extend the recip	ient's deadline for fulfilling its obli	gations? (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 <u>April 1, 2001</u>, to: 2001 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form



# 2001 Minnesota Business Assistance Form

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00-0273

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

Section 1 Information About Grantor

1. Name of grantor (funding en	tity)	2. Name of person completing	this form	
Long Lake Econor	nic Devip. Authoria	y Michelle Mor	<u>rse, Ex.</u>	Director
3. Street address	1	4. City	5. ZIP code	
1964 Park Aver	1UC, P.O. BOX 606	Long Lake	65356	>
6. County	7. Phone number	8. Fax number	9. E-mail add	ress
Hennepin	952-473-6961	952-476-9622	mmorsel	ci.long-
10. Please indicate who in your	r organization should receive the 2	2002 MBAF if different from the	: person in Quesi	tion 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 adopted criteria for awardi compliance with Minn. Sta	ing business subs at. §116J.994? (/	sidies in Mark one.)
City government County government Regional government State government Other ( <i>Please specify.</i> )		<ul> <li>Yes (Indicate hearing date</li> <li>No</li> <li>We held a public hearing bu criteria (Indicate date of in</li> <li>Other (Please attach explan)</li> </ul>	it have not yet ac	lopted
through December 31, 200	ed any agreements to award a bus 0 that is required to be reported un elete the remainder of the form.)		§116J.994? (Ma	
Section 2 Information Al	out Recipient			
14. Name of business or organ receiving subsidy or finance		<ol> <li>Address where business su will be used</li> </ol>	ibsidy or financi	al assistance
James A. Lo	osen	545and 525 Tam Street address Long Citya	Grack A Ke, Mh	
16. Does the recipient have a p	arent corporation? (Mark one.)			
☐ Yes (Indicate name and addr ≇No	ress of parent corporation below.	If more than one, indicate ultin	iate owner.)	
Name of parent corporation		Street address City	State	ZIP code

	Manufacturing Retail Trade	Services Wholesale Trad		se specify)
18. Did the recipient re	locate as a result of	signing this agreeme	nt? (Mark one.)	
❑ Yes (Indicate city and ■No (Go to Question 1	d state of previous o 9.)	address and reason re	cipient did not complete this project at the	nt address.)
City/State of previous a	00.00	roject not completed a		
19. Would the recipient financial assistance? (	have remained in	previous location or re	elocated elsewhere if not awarded this busi	ness subsidy or
Remained at p	revious location			itside Minnesota
ection 3 General I	nformation Ab	oout the Agreeme	ent	
20. Total dollar value o assistance (Please so	f business subsidy eparate value by ty	or financial ppe in Questions 24	21. Date agreement signed (In addition date, indicate any dates the agreem	
and 25.)	00 paya rever	syou go nde note	June 20, 2000	
22. Benefit date (Indica indicate the date im, whichever is earlier	provements were fi	pient will benefit from inished, equipment wa	the business subsidy or financial assistan s placed into service, or the recipient occi	ice. For example, upied the property,
23. Does the agreement be reported? (Mark	provide a business one.)	subsidy or one of the VIDIO 4.7.10 business subsidy	four types of financial assistance (see Qu in financial assistance	estion 25) required to
24. If the agreement pro indicate the <b>type(s)</b> :	and total dollar va	alue for each type.	25. If the assistance was one of the four assistance, please indicate the type(	5).
not applicable, agreen	nent provided finar	ncial assistance	Y not applicable, agreement provided a	business subsidy
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable</li> <li>tax abatement</li> <li>TIF or other tax reduct</li> <li>guarantee of payment</li> </ul>	ction or deferral	S S S_ <u>ISO, 0.00</u> S	<ul> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, and assistance provided for designated</li> </ul>	SS
contribution of proper preferential use of go land contribution	rty or infrastructure	e \$	historic preservation districts, when 50% or less of total cost	S
• tand contribution • other (Specify subsidy	y type.)		abatement assistance for a TIF soils condition d	
26. If the assistance inc indicate the type of			27. Are any other grantors providing a financial assistance to the same pro	
not applicable, assista	nce was not in the	form of TIF	Yes (Specify each grantor and the va assistance below; attach an addition.	
redevelopment renewal and renovation soils condition	n		₩ No	,
<ul> <li>cons condition</li> <li>conomic development</li> <li>mined underground stance</li> <li>hazardous substance stance</li> </ul>	pace		Grantor(s) and value of the agreement(s	;):
a nazardous substance s	SUUGISTICT		Grantor Value	\$)
			Grantor Value	(\$)

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<ol> <li>Minn. Stat. §116J.994 of the following public</li> </ol>	requires that bus purposes were :	iness subsidy and fir stated in the agreeme	nancial assistance agreement nt? (Mark all that apply.)	ts state a public pi	urpose. Which
<ul> <li>Enhancing economic div.</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	o growth		<ul> <li>Increasing tax base (ca</li> <li>Other (please specify)_</li> </ul>	nnot be only purp	ose)
29. Indicate whether the ag at the time of this repor	reement include t. (Fill in the be	d the following type oxes and attainment of	s of goals, and whether the r date(s) for each goal.)	ecipient had attain	ned those goals
A) Specific wage and job g B) Other job-creation and/o C) Other wage goals D) Other goals other than w	oals to be attaine r retention goals	ed within 2 years s	Goals Targ established? dates Yes No Yes No Yes No Yes No Yes No	et attainment (month & year)	All goals attained? Yes No Yes No Yes No Yes No
(Please attach descriptions attainment if not documente	of goals and pro ed in Questions	ogress toward 30 and 31.)	Project is Construct	still U	nder
			creation and/or retention go rovided health insurance go to separate goals by full- a FTE (only if goals not stated as FT/PT)	als for those jobs. Ind part-time positi	( <u>Only</u> indicate ons.)
(excluding benefits)	Creation	Job Creation	Job Creation	Job Retention	Hourly Value of Health Insuranc
no hourly wage-level goal				· ·	\$
less than \$7.00					s
\$7.00 to \$8.99					٢٢
\$9.00 to \$10.99					\$
\$11.00 to \$12.99	_8				\$
\$13.00 to \$14.99					\$
\$15.00 and higher					\$
date and the <b>actual</b> ho	urly value of an	y employer-provided	mber of <b>actual</b> jobs created d health insurance for those ation into full- and part-time FTE ( <u>only</u> if unable to separate FT/PT)	jobs. (Only indic	
House Wage		Seeconal/Temp			nourly value
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	Job Creation	JUD Retention	Health Insura
	Job Creation	Job Creation	Job Creation		Health Insura s
(excluding benefits)	Job Creation	Job Creation	Job Creation		
(excluding benefits) less than \$7.00	Job Creation	Job Creation	• •		s
(excluding benefits) less than \$7.00 \$7.00 to \$8.99	Job Creation	Job Creation	Job Creation		s s
(excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Job Creation	Job Creation	Job Creation		s s

2001 Minnesota Business Assistance Form

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Department of Trade and Economic Development

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# Section 5 Recipients Failing to Fulfill Obligations

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<ul> <li>33. During the period January 1, 2000 through December</li> </ul>		ve any recipients who failed to
report as required by Minn. Stat. 3		
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	rt and the value of subsidy or finan	cial assistance awarded to that
S No		
Name of recipient		Value of subsidy or assistance
<ol> <li>34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we</li> </ol>	to achieve any goals or fulfill any o re required to be fulfilled by the tin	other obligations under an ne of this report? (Mark one.)
Tes (Complete the remainder of this sec		
<ul><li>35 39. Provide the following information for each recip were to be attained by the time of reporting. (Att</li></ul>	ient failing to fulfill goals or any of tach additional pages if necessary: )	ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.)		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment oblig	ation? (Mark one )	
□ Yes □ □ No, recipient <u>has begun</u> to repay the assistanc	e. DNo, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the recipient	ent's deadline for fulfilling its oblig	gations? (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 <u>April 1, 2001</u>, to: 2001 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

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## 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 <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

1. Name of grantor (funding e	ntity)	2. Name of person completing	this form
Long Lake Econ	omic Development	Michelle Morse,	Ex Director
3. Street address	Authority	4. City	5. ZIP code
1964 Park Avenu	E POBOX 606	Long Lake	55356
6. County	7. Phone number	8. Fax number	9. E-mail address
Hennepin	952-473-6961	452-476-9622	mmorse@ci.long-
10. Please indicate who in you	ir organization should receive the	2002 MBAF if different from the	e person in Question 2.
			·
Name/Title	Phone number	Street address	City ZIP code
<ul> <li>11. Classification of grantor (<i>l</i> created by gov't agency, p example, a city EDA would City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>	Mark one. If grantor is entity lease indicate affiliation. For d check "City government.")		ing business subsidies in at. §116J.994? (Mark one.) -S/4/DO and <u>attach criteria</u> ) ut have not yet adopted nitial hearing -
	ned any agreements to award a bus 00 that is required to be reported u		
Yes (Com	plete the remainder of the form.)	□ No ( <u>Stop here,</u> go to section	on 5 on page 4.)
Section 2 Information A	bout Recipient		

#### Section 1 Information About Grantor

14. Name of business or organization receiving subsidy or financial assistance Greg and Jane Shaughnessy VB Properties LLC	15. Address where business subsidy or financial assistance will be used <u>Not addressed yet.</u> Street address City State ZIP cod			al assistance
16. Does the recipient have a parent corporation? (Mark one.)	·			
<ul> <li>Xes (Indicate name and address of parent corporation below.</li> <li>No</li> </ul>	If more than one, in	dicate ultimate	owner.)	
Name of parent corporation	Street address	City	State	ZIP code

	cipient's facility <i>(Mark o</i>	Services		urance, Real Estate n D Other (please specif	<u>۶۷</u>
18. Did the recipi	ent relocate as a result of	signing this agreemen	t? (Mark one.)		
	ity and state of previous a			ete this project at that addre.	ss.)
City/State of previ		oject not completed at	· · · · · · · · · · · · · · · · · · ·		
19. Would the rec financial assista	cipient have remained in punce? (Mark one.)	previous location or re	located elsewhere if r	not awarded this business su	bsidy or
🗆 Remained	d at previous location	Relocated to differe	nt Minnesota location	n 🗅 Relocated outside M	innesota
ection 3 Gene	ral Information Ab	oout the Agreeme	nt		
assistance (Ple and 25.)	alue of business subsidy ease separate value by ty Pay	or financial pe in Questions 24 QS 40 90 REVENUE		t signed (In addition to the a iny dates the agreement was	
\$ 465,0	Not	e e	Septer	nber 28,2000	·
22. Benefit date (1 indicate the da whichever is e	ate improvements were fi	pient will benefit from inished, equipment wa.	the business subsidy s placed into service,	or financial assistance. For or the recipient occupied th	r example, e property,
23. Does the agree be reported? (	(Mark one.)	s subsidy or one of the Dusiness subsidy	four types of financi	al assistance (see Question 2	5) required to
	nt provided a business su pe(s) and total dollar va			e was one of the four types o se indicate the type(s).	of financial
not applicable, a	agreement provided finar	ncial assistance	🗅 not applicable, ag	greement provided a busines	s subsidy
☐ guarantee of pay	vable loan) reduction or deferral	S S S <u>4(65,000</u> S S	assistance provid historic preserva	ovating building ; it up to code, and led for designated ation districts, when	s s
<ul> <li>preferential use</li> <li>land contributio</li> <li>other (Specify st</li> </ul>		s \$ \$ \$	50% or less of to sistance for po abatement assistance for a 1		\$ S
	ce included tax incremer		27. Are any other	grantors providing a busines	
-	ype of TIF district? (Mar assistance was not in the		□ Yes (Specify eac	ance to the same project? (/ h grantor and the value of t	heir
Yredevelopment renewal and ren soils condition	novation		Ľ No	,	y,,,
<ul> <li>conomic devel</li> <li>mined undergro</li> <li>hazardous subst</li> </ul>	ound space		Grantor(s) and valu	ue of the agreement(s):	
			Grantor	Value (\$)	
			Grantor	Value (\$)	

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

<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	Stabilizing the community			pose)		
29. Indicate whether the age at the time of this report	eement include	d the following types oxes and attainment of	s of goals, and whether t late(s) for each goal.)	the recipient had attai	ned those goals	
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than w (Please attach descriptions) attainment if not documente	r retention goals age and job goa of goals and pro	s Is ogress toward		Farget attainment ates (month & year) <u>Project is</u> Still under CIMS MUCT.	All goals attained? Yes No <b>1.1.</b> Yes No Yes No Yes No	6. 4/1
30. For each of the followir	ng wage categor age hourly value	ies, indicate the job c e of any employer-pro	ovided health insurance	goals for those jobs.	( <u>Only</u> indicate tions.)	
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	t Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00					s	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99	4				s	
\$11.00 to \$12.99					\$	
\$13.00 to \$14.99					\$	
\$15.00 and higher	<del></del>				\$	
31. For each of the followi	urly value of any	y employer-provided	health insurance for the	ose jobs.  ( <u>Only</u> indic time positions.)		
date and the <b>actual</b> how full-time equivalents if	-			0		
	you are unable Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable t separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
full-time equivalents if Hourly Wage	Full-time Job Creation	Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable t separate FT/PT) Job Creation	Job Retention	Health Insurance	
full-time equivalents if Hourly Wage (excluding benefits)	Full-time Job Creation	Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable t separate FT/PT)	Job Retention	Health Insurance	
full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	Full-time Job Creation	Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable t separate FT/PT) Job Creation	Job Retention	Health Insurance	
full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	Full-time Job Creation	Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable t separate FT/PT) Job Creation	Job Retention	Health Insurance	
full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Full-time Job Creation	Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable t separate FT/PT) Job Creation	Job Retention	Health Insurance	

2001 Minnesota Business Assistance Form

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### Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you completed	and another 2001 MBAF Sub	
<ol> <li>During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §11</li> </ol>	er 31, 2000, did your organization ha 16J.994? <i>(Mark one.)</i>	ave any recipients who failed to
Yes (Indicate the name of each recipient failing to represent to represent to represent to represent to recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	icial assistance awarded to that
2 No		
Name of recipient Type of subsidy or assista	ance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 2000, that we agreement signed on or after January 1, 200	vere required to be fulfilled by the tin	ne of this report? (Mark one.)
Yes (Complete the remainder of this s	ection.) ZNo (Stop here and su	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each recovere to be attained by the time of reporting. (7)</li> <li>35. Information on recipient and agreement:</li> </ul>	ipient failing to fulfill goals or any o Attach additional pages if necessary.)	ther terms of an agreement that )
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
6. Reason(s) for default (Mark all that apply.):		• • • • • • • • • • • • • • • • • • •
D recipient ceased operation D recipient was unable to fill vacant positions	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
7. To date, has the recipient fulfilled its repayment obl	igation? (Mark one.)	
Yes ONO, recipient <u>has begun</u> to repay the assista	nce. DNo, recipient <u>has not begu</u>	in to repay the assistance.
8. Has the agreement been amended to extend the recip	pient's deadline for fulfilling its oblig	gations? (Mark one.)
	□Yes □No	
39. Describe the steps being taken to bring recipient int	o compliance or recoup the subsidy:	
	<u></u>	

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

Or fax to: (651) 215-3841

00-1048

2002/007

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## 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 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31. 1999 use the 1999 MBAF.
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- 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 er City of Maple Grov	•	2. Name of person completing Shelly Peterson	-		
3. Succt 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 9. E-mail address 763-494-6419 speterson@ci.maple			ve.mn
10. Please indicate who in your Fredric Christians Name/Title Finance Dire		•	the person in Quest	ion 2. ZIP code	
11. Classification of grantor (M created by gov't agency, pl		12. Has your organization h adopted criteria for awar compliance with Minn.	eld a public hearing ding business subs	, on and idies in	
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>Yes (Indicate hearing dat</li> <li>No</li> <li>We held a public hearing l criteria (Indicate date of</li> <li>Other (Please attach explanation)</li> </ul>	out have not yet add		
through December 31, 2006	ed any agreements to award a bui 0 that is required to be reported u lete the remainder of the form.)		1 §116J_994? (Mar		
Section 2 Information At	out Recipient				
<ol> <li>Name of business or organi receiving subsidy or financ</li> </ol>		15. Address where business will be used	subsidy or financia	l assistance	
Data Recognition (	Corp.	13490 Bass Lik Rd. Street address City		MN 55311 ZIP code	
16. Does the recipient have a p	arent corporation? (Mark one.)				
DYes (Indicate name and addr DNo	ess of parent corporation below.	If more than one, indicate ult	imatc owner.)		
Name of parent corporation		Street address City	State	ZIP code	

.\$

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17. Industry of reci	pient's facility (Mark on	e.):			
	Manufacturing     Retail Trade	Services     Wholesale Trad		ance, Insurance, Real Estate nstruction D Other (please speci	ſż)
18. Did the recipier	nt relocate as a result of s	igning this agreeme	nt? (Mark on	e.)	
⊠Yes (Indicate city □No (Go to Questle		ldress and reason re	cipient did n	ot complete this project at that addre	ux.)
Minnetonka City/State of previou		xpansion/con ject not completed a		on from 6 to 1 bldg.	
19. Would the recip financial assistance		evious location or n	elocated clsev	where if not awarded this business su	bsidy or
O Remained	at previous location	Relocated to differe	ent Minnesot	a location C Relocated outside M	finnesota
Section 3 Genera	al Information Abo	out the Agreeme	ent		
	ue of business subsidy o se separate value by typ			greement signed (In addition to the a adicate any dates the agreement was	
466,000			1	1/1/2000	
	e Improvements were fini			subsidy or financial assistance. Fo service, or the recipient occupied th	
-		ubsidy or one of the	four types of	f financial assistance (see Question 2	5) required to
be reported? (M		business subsidy	C financial	assistance	
	provided a business sub (s) and total dollar valu			ssistance was one of the four types one, please indicate the type(s).	of financial
🗅 not applicable, ag	reement provided financ	ial assistance	🗆 not appli	cable, agreement provided a busines	s subsidy
<ul> <li>loan (only princip</li> <li>grant (i.e., forgiva</li> </ul>	al) ble Ioan)	\$ 5	assistance by contained	e for property polluted minants	s
<ul> <li>Inx abatement</li> <li>TIP or other tax re</li> </ul>	duction or deferral	s s_466,000		e for renovating building bringing it up to code, and	s
Giguarantee of paym	vent	s	assistanc	e provided for designated	
	operty or infrastructure governmental facilities	s s		preservation districts, when ess of total cost	
Q land contribution	- L	s	assistance abateme	e for pollution control or	s ·
other (Specify sub)	siay (ype.)			e for a TIF soils condition district	s
	included tax increment to of TIF district? (Mark of			y other grantors providing a busines al assistance to the same project? (A	
🗆 not applicable, ass	sistance was not in the fo	orm of TIF		cify cach grantor and the value of the second sheet of the second s	
<ul> <li>redevelopment</li> <li>renewal and renov</li> </ul>	ation		501 No		
i soils condition					
<pre>Deconomic develop Deconomic develop Deconomic develop</pre>			Grantor(s)	and value of the agreement(s):	
hazardous substar			Grantor	Value (S)	
			Grantor		

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Section 4 Goals and P	ublic Purpo	se Identified in f	he Agreement		
28. Minn. Stat. §116J.994 r of the following public	requires that bu purposes were	sincss subsidy and fir stated in the agreeme	nancial assistance agree ent? (Mark all that appl	ments state a public p	urpose. Which
<ul> <li>Enhancing economic diversity</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax base</li> <li>Other (please spec)</li> </ul>		
29. Indicate whether the ag at the time of this repor				the recipient had atta	ined those goals
				Terget attainment	All goals
A) Specific wage and job go	als to be attain	ad within 2 years		ates (month & year) 1/1/02	attained? DYes XI No
B) Other job-creation and/or				1/1/02	DYes DNo
C) Other wage goals			UYes UNO		OYes ONo
D) Other goals other than w	age and job gos	als			OYes DNo
(Please attach descriptions a attainment if not documente					
30. For each of the following agreement and the average of the second se	age hourly valu	e of any employer-pr	rovided health insurance	goals for those jobs.	( <u>Only</u> indicate
job creation goals in fu	ll-time equivale	ents lf you are unable	to separate goals by ful	ll- and part-time posi	tions.)
Hourly Wage	Full-time. Job	Part-(Ime/ Sensonal/Temp.	FTE ( <u>only</u> if goals no stated as FT/PT)		17
(excluding beacfits)	Creation	Job Creation	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 followin date and the actual hou full-time equivalents if	rly value of an	y employer-provided	health insurance for the	ose jobs. <u>(Only</u> indici	
<b>1</b> 1 1 /	Full-time	Part-lime/	FTE (only if unable to		The second states of
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	<ul> <li>Hourly Value of Health Insurance</li> </ul>
less than \$7.00	<b></b>	<b></b>			\$
\$7.00 to \$8.99					5
\$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 achiev	ved all goals (se	c Questions 29, 30 a	and 31) and fulfilled all	obligations stipulated	in the agreement?
(Mark one.)		-			-
		. 🛛 Yes 🖸	3 No		
2001 Minnesota Business Assis	stance Form	Page	:3 of 4 Dep	artment of Trade and E	conomic Development

33. During the period . report as required l	anuary 1, 2000 through Dece by Minn. Stat. §116J.993 and	mber 31, 2000, did your organization h §116J.994? (Mark one.)	ave any recipients who failed to
	ne of each recipient failing to additional pages if necessar	n report and the value of subsidy or finat y.)	ncial assistance awarded to that
SI No			
Name of recipient	Type of subsidy or ass	sistance (See Questions 24 and 25.)	Value of subsidy or assistance
		ailed to achieve any goals or fulfill any at were required to be fulfilled by the tir	
D Yss (	Complete the remainder of th	is section.) 🛛 🕄 No (Stop here and su	bmit form to DTED .)
	uned by the time of reporting	recipient failing to fulfill goals or any o . (Attach additional pages if necessary.)	
Name of recipient in de	fault	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipio	ent	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defau	ilt (Mark all that apply.):		
<ul> <li>recipient ceased oper</li> <li>recipient was unable</li> </ul>		<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	rent community
37. To date, has the rec	ipient fulfilled its repayment	obligation? (Mark one.)	
🗅 Yes 🛛 No, recipie	nt has begun to repay the ass	istance. DNo, recipient has not begi	m to repay the assistance.
38. Has the agreement	been amended to extend the r	ecipient's deadline for fulfilling its oblig	gations? (Mark one.)
39. Describe the steps	being taken to bring recipient	into compliance or recoup the subsidy:	
·····-			

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Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development



### 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) Mid-NI, where soft Drugles mot (and		2. Name of person completing $(2.5)$	
3 Street address	6II Street	4. City (L', // mar	5. ZIP code $5 \in 22$ (
6. County Regt E KAnstinchi	7. Phone number (3.20) 235 - 85774	8. Fax number	9. E-mail address
1 4	r organization should receive the		person in Question 2.
Name/Title	Phone number	Street address	City ZIP code
	Aark one. If grantor is entity lease indicate affiliation. For l check "City government.")	<ol> <li>Has your organization held adopted criteria for awardin compliance with Minn. Sta</li> </ol>	ng business subsidies in
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (<i>Please specify</i>.)</li> </ul>		<ul> <li>Yes (Indicate hearing date -</li> <li>No</li> <li>We held a public hearing but criteria (Indicate date of init A)</li> <li>Other (Please attach explanation)</li> </ul>	have not yet adopted tial hearing)
	ed any agreements to award a bus 0 that is required to be reported u		-
Yes (Comp	lete the remainder of the form.)	□ No (Stop here, go to section	n 5 on page 4.)

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where will be used	business subsidy o	or financial	assistance
Hetor Meats & Polity	Street address	Hector	<u>r</u> _c ^{<i>C</i>} State	5 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	If more than one, ina	licate ultimate ow	ner.)	
Name of parent corporation	Street address	City	State	ZIP code

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

12.

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		
□ Manufactu ⊠Retail Tra		□ Finance, Insurance, Real Estate de □ Construction □ Other (please specify)
18. Did the recipient relocate as a		
☐ Yes (Indicate city and state of p XNo (Go to Question 19.)	previous address and reason r	ecipient did not complete this project at that address.)
City/State of previous address F	Reason project not completed	at previous address
19. Would the recipient have rem financial assistance? (Mark one.	ained in previous location or )	relocated elsewhere if not awarded this business subsidy or
Remained at previous loc	cation Relocated to diffe	erent Minnesota location 🛛 Relocated outside Minnesota
ection 3 General Information	tion About the Agreem	ient
20. Total dollar value of business assistance (Please separate va and 25.)	lue by type in Questions 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
100,00	5 D	3/16/00
22. Benefit date (Indicate the date indicate the date improvement whichever is earlier.)	the recipient will benefit from $s$ were finished, equipment with $z = 1.6 - 1.6$	m the business subsidy or financial assistance. For example, as placed into service, or the recipient occupied the property,
23. Does the agreement provide a be reported? (Mark one.)	business subsidy or one of th	ne four types of financial assistance (see Question 25) required to
24. If the agreement provided a bu indicate the type(s) and total		25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
🗅 not applicable, agreement provi	ded financial assistance	not applicable, agreement provided a business subsidy
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or de</li> <li>guarantee of payment</li> <li>contribution of property or infra</li> <li>preferential use of governmenta</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	\$ structure \$	<ul> <li>assistance for property polluted</li> <li>by contaminants</li> <li>assistance for renovating building</li> <li>stock or bringing it up to code, and</li> <li>assistance provided for designated</li> <li>historic preservation districts, when</li> <li>50% or less of total cost</li> <li>assistance for pollution control or</li> <li>abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
26. If the assistance included tax indicate the type of TIF district		27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
not applicable, assistance was n	ot in the form of TIF	XYes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>		
<ul> <li>economic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>		Grantor(s) and value of the agreement(s): Fidefity Bark 200 000 Grantor Value (\$)
		Grantor Value (\$)

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

28. Minn. Stat. §116J.994 ro of the following public p	equires that bus purposes were s	iness subsidy and fin stated in the agreemen	ancial assistance agreemer nt? (Mark all that apply.)	nts state a public p	urpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax base (c:</li> <li>Other (please specify)</li> </ul>		
29. Indicate whether the agr at the time of this report	eement include . (Fill in the bo	d the following types oxes and attainment a	s of goals, and whether the late(s) for each goal.)	recipient had attai	ned those goals
A) Specific wage and job goals to be attained within 2 years       Goals       Target attainment       All goals         B) Other job-creation and/or retention goals       Yes \No       Yes \No       Yes \No         C) Other wage goals       Yes \No       Yes \No       Yes \No         D) Other goals other than wage and job goals       Yes \No       Yes \No       Yes \No         (Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)       Yes \No       Yes \No					
30. For each of the followin agreement and the avera	g wage categor ge hourly value l-time equivale	ies, indicate the job c e of any employer-pro nts if you are unable	ovided health insurance <b>go</b> to separate goals by full- o	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	5			5	s <u>- O</u> -
less than \$7.00					\$
\$7.00 to \$8.99					٢٢
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					٢٢
\$13.00 to \$14.99		<u> </u>			\$
\$15.00 and higher		<del></del>			\$
<ul> <li>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.)</li> <li>Full-time Part-time/ FTE (only if unable to separate FT/PT) Job Retention Hourly Value of</li> </ul>					
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance
less than \$7.00					s
\$7.00 to \$8.99	5			5	\$
\$9.00 to \$10.99				<u> </u>	5
\$11.00 to \$12.99			<del></del>		s
\$13.00 to \$14.99					s
\$15.00 and higher					S
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (s		and 31) and fulfilled <u>all ob</u> □ No	ligations stipulated	in the agreement?
L			·····		

2001 Minnesota Business Assistance Form

#### Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you completed	it on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §1</li> </ol>		ive any recipients who failed to
Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary.)		ncial assistance awarded to that
2No		
Name of recipient Type of subsidy or assist	nance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that		
Yes (Complete the remainder of this	section.) 🛛 🗡 No (Stop here and su	bmit form to DTED .)
<ul><li>35 39. Provide the following information for each re were to be attained by the time of reporting.</li></ul>		•
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):	·····	
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
7. To date, has the recipient fulfilled its repayment ob	bligation? (Mark one.)	
Yes DNo, recipient <u>has begun</u> to repay the assist	ance. D No, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the rec	ipient's deadline for fulfilling its oblig	gations? (Mark one.)
	🗅 Yes 🔍 No	
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

Page 4 of 4

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### 2001 Minnesota Business Assistance Form RECEIVED MAY 1 7 2001

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

Section 1 Information About Grantor

1. Name of grantor (funding en	uco	2. Name of person completing	1		
3. Street address	ence North	4. City Milacu	5. ZIP code	3	
6. County Mille Lacs	7. Phone number 3 <i>W-</i> 983-314)	8. Fax number 320-983 - 314 Z	9. E-mail add Glerud E	ress Dmilacacity	.con
10. Please indicate who in you	r organization should receive the 2	2002 MBAF if different from the	e person in Quest	ion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
	lark one. If grantor is entity lease indicate affiliation. For l check "City government.") 1	<ul> <li>12. Has your organization hele adopted criteria for award compliance with Minn. St Appro N Gu: dure for for Gu: dure for for Gu: dure for for Yes (Indicate hearing date No</li> <li>We held a public hearing bu criteria (Indicate date of in XOther (Please attach explan)</li> </ul>	ing business subs at. §116J.994? ( <i>i</i> and <u>a</u> it have not yet ad <i>itial hearing</i>	sidies in Mark one.) C & 1,11 & 11001 <u>mach criteria</u> ) opted	
through December 31, 200	ed any agreements to award a bus 0 that is required to be reported u plete the remainder of the form.)		§116J.994? (Ma		
Section 2 Information A	bout Recipient				•
14. Name of business or organ receiving subsidy or finance MLVC Hartoz. Ship	ization	15. Address where business su will be used 255 3 C. Are SW M Street address City	2		
16. Does the recipient have a p	parent corporation? (Mark one.)	·····			1
☐ Yes (Indicate name and add	ress of parent corporation below.	If more than one, indicate ultin	nate owner.)		

Name of parent corporation	Street address	City	State	ZIP code

	Manufacturing Retail Trade	Services Di Wholesale Trado	□ Finance, Insurance, Rea □ Construction □ Oth	al Estate ner (please specify)
18. Did the recipien	t relocate as a result of	signing this agreemen	t? (Mark one.)	
❑ Yes (Indicate city No (Go to Questic	and state of previous o on 19.)	address and reason rea	ipient did not complete this proj	iect at that address.)
City/State of previou	is address Reason pr	oject not completed at	previous address	
9. Would the recip financial assistance		previous location or re	located elsewhere if not awarded	t this business subsidy or
	at previous location	Relocated to differe	nt Minnesota location 🛛 🛛 Rel	ocated outside Minnesota
ection 3 Generation	al Information Al	bout the Agreeme	nt	
assistance (Plea	ue of business subsidy se separate value by ty		21. Date agreement signed (In date, indicate any dates th	addition to the agreement e agreement was amended.)
and 25) 37,	000		11/21/200	Ο
indicate the date		inished, equipment wa	the business subsidy or financia s placed into service, or the recij	
3. Does the agreen be reported? (M	lark one.)		four types of financial assistance	e (see Question 25) required
•	provided a business su (s) and total dollar va	• • •	25. If the assistance was one o assistance, please indicate	
not applicable, ag	reement provided finar	ncial assistance	X not applicable, agreement pr	ovided a business subsidy
loan (only princip grant (i.e., forgiva		\$ \$	assistance for property pollu by contaminants	s
<ul> <li>a tax abatement</li> <li>TIF or other tax re</li> <li>guarantee of paym</li> <li>contribution of pro</li> </ul>	eduction or deferral	\$ \$_32@@ \$ \$	assistance for renovating built stock or bringing it up to con assistance provided for design historic preservation district 50% or less of total cost	de, and gnated
land contribution	sidy type.)	\$	assistance for pollution cont abatement	rol or \$
			assistance for a TIF soils con	ndition district \$
	included tax incrementer of TIF district? (Mart		27. Are any other grantors pro financial assistance to the s	
	sistance was not in the		☐ Yes (Specify each grantor a assistance below; attach an	nd the value of their additional sheet if necessary
I renewal and renov	in relevelopment vation	district	J24No	
<ul> <li>soils condition</li> <li>economic develop</li> <li>mined undergrour</li> <li>barged out out start</li> </ul>	nd space		Grantor(s) and value of the ag	reement(s):
hazardous substar	ice subdistrict		Grantor	Value (\$)
			Grantor	Value (\$)

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	F F	Stated in the agreeme.	nt? (Mark all that apply.)		
Enhancing economic dive Creating high-quality job Job retention	growth		Increasing tax base (car Other (please specify)		
Stabilizing the community					
<ol> <li>Indicate whether the agr at the time of this report</li> </ol>	reement include t. (Fill in the be	ed the following types oxes and attainment a	of goals, and whether the relate(s) for each goal.)	ecipient had attai	ned those goals
				et attainment	All goals
) Specific wage and job go	als to be attained	ed within 2 years	established? dates ( Yes Yes Avo	month & year)	attained?
) Other job-creation and/or			$\Box$ Yes $\mathbf{Z}$ No		$\Box$ Yes $\Box$ No
) Other wage goals			Yes XNo		🗆 Yes 📮 No
) Other goals other than wa	age and job goa	ils	23 Yes [] No	1/2002	U Yes X No.
Please attach descriptions of tainment if not documented 0. For each of the following	d in Questions	30 ana 31.)	EXYes INO III UK. 5 to Inverse trx Bas 0 & complete as of The a		v
agreement and the avera	age hourly value	e of any employer-pro	ovided health insurance <b>goa</b> to separate goals by full- an	s for those jobs.	( <u>Only</u> indicate itions.)
Hourly Wage	Full-time Job	Part-time/ Seasonal/Temp.	FTE ( <u>only</u> if goals not stated as FT/PT)	Job	Hourly Value of
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
no hourly wage-level goal					s
less than \$7.00					۵۲
\$7.00 to \$8.99	<u> </u>				۶
\$9.00 to \$10.99					s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					S
\$15.00 and higher	<u> </u>				S
date and the actual hou	urly value of an <i>you are unable</i>	y employer-provided e to separate job crea	nber of <b>actual</b> jobs created a health insurance for those ju tion into full- and part-time	obs. <u>(Only</u> indic	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					s
\$7.00 to \$8.99					\$
					\$
\$9.00 to \$10.99					s
\$9.00 to \$10.99 \$11.00 to \$12.99					
					\$

2001 Minnesota Business Assistance Form

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#### Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you completed	d it on another 2001 MBAF subr	nitted to DTED.)
<ol> <li>During the period January 1, 2000 through Decen report as required by Minn. Stat. §116J.993 and §1</li> </ol>		ve any recipients who failed to
Yes (Indicate the name of each recipient failing to r recipient. Attach additional pages if necessary.		cial assistance awarded to that
Ď No		
Name of recipient Type of subsidy or assis	stance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who fai agreement signed on or after January 1, 2000, that</li> </ol>		
Tes (Complete the remainder of this	s section.) 🏾 🖄 No (Stop here and sub	omit form to DTED .)
<ol> <li>35 39. Provide the following information for each r were to be attained by the time of reporting.</li> </ol>		her terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment o	bligation? (Mark one.)	
Yes ONo, recipient has begun to repay the assis	tance. D No, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the re	cipient's deadline for fulfilling its oblig	ations? (Mark one.)
	Yes No	
39. Describe the steps being taken to bring recipient i	nto compliance or recoup the subsidy:	
	····	<u></u>

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development

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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 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period 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

1. Name of grantor (funding entity) Mpls Community Development Agency		2. Name of person completing this form Kent Robbins		
3. Street address 105 5th Avenue South, Suite 200		4. City Minneapolis 5. ZIP code 55401-2534		
6. County <b>Hennepin</b>	7. Phone number (612) 673-5187	8. Fax number (612) 673-5111	9. E-mail address kent.robbins@mcda.or	
10. Please indicate who in your Terrell Towers, D Name/Title	organization should receive the irector 673-5134 Phone number		e person in Question 2. So., Mp1s, MN 55401 City ZIP code	
<ul> <li>11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation For example, a city ED.4 would check "City government")</li> <li>A City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>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) January 22, 2001</li> <li>Yes (Indicate hearing date - and attach criteria).</li> <li>No Living Wage Resolution-Attache</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>		
through December 31, 200	ed any agreements to award a bus 0 that is required to be reported u lete the remainder of the form )		\$116J.994? (Mark one)	
ection 2 Information Al	oout Recipient			
14. Name of business or organ receiving subsidy or financ DMP dba Dunn Bro	ial assistance	15 Address where business st will be used 811 11th Ave. So. Street address City	ubsidy or financial assistance ., Mp1s., MN 55404 State ZIP code	

#### Section 1 Information About Grantor

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>				
DMP dba Dunn Bros. Elliot Park	811 11th A	ve. So.,	Mpls.,	MN 55404	
	Street address	City	State	ZIP code	
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>Yes (Indicate name and address of parent corporation below No</li> </ul>	. If more than one, in	dicate ultimate	e owner )		
Name of parent corporation	Street address	City	State	ZIP code	

	☐ Manufacturing	□ Services	□ Finance, Insura	ance Real Estate	
	Retail Trade	G Wholesale Trade		☐ Other (please speci	<u>hu</u>
18. Did the recipi	ent relocate as a result of	f signing this agreemen	it? (Mark one.)		
🗅 Yes (Indicate ci 🛛 No (Go to Ques		address and reason rea	cipient did not complete	this project at that uddre	255.1
City/State of previ	ious address Reason p	roject not completed at	previous address		<u> </u>
	cipient have remained in ince? (Mark one.)			awarded this business su	bsidy or
□ Remaine	ed at previous location	New Busines	S nt Minnesota location	C Relocated outside N	linnesota
ection 3 Gene	eral Information A	oout the Agreeme	nt		
assistance (Pl	value of business subsidy lease separate value by ty			gned (In addition to the d dates the agreement way	
and 25.) \$	95,000.00		October 11	, 2000	
whichever is a 23. Does the agre	ement provide a busines:	y 15, 2001		the recipient occupied th ssistance (see Question 2	
be reported?		business subsidy	☐ financial assistance		
ę	nt provided a business su pe(s) and total dollar va			as one of the four types of indicate the type(s).	of financial
🗅 not applicable,	agreement provided fina	ncial assistance	≇not applicable, agree	ement provided a busines	ss subsidy
2 loan (only princ grant (i.e., forgi		s <b>65,000</b> s <b>30,000</b>	assistance for proper by contaminants	rty polluted	S
<ul> <li>tax abatement</li> <li>TIF or other tax</li> <li>guarantee of pay</li> <li>contribution of</li> </ul>	reduction or deferral yment property or infrastructure	\$ \$ \$ \$	assistance for renovative stock or bringing it assistance provided historic preservation	up to code, and for designated n districts, when	S
land contributio	of governmental facilitie on ubsidy type.)	S	50% or less of total ☐ assistance for pollut abatement		S
			☐ assistance for a TIF	soils condition district	S
	ce included tax incremer /pe of TIF district? (Mar.			ntors providing a busines e to the same project? (A	
••	assistance was not in the	form of TIF		rantor and the value of t ttach an additional sheet	
<ul> <li>redevelopment</li> <li>renewal and ren</li> <li>soils condition</li> </ul>	novation		XNo		
<ul> <li>economic devel</li> <li>mined undergro</li> </ul>	ound space		Grantor(s) and value o	f the agreement(s):	
hazardous subs	tance subdistrict		Grantor	Value (S)	
			Grantor	Value (S)	

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 $\left\{ \begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right\}$ 

28. Minn. Stat. §116J.994 t of the following public			ancial assistance agreement nt? (Mark all that apply.)	ts state a public j	ourpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	growth ide		□ Increasing tax base (ca □ Other (please specify) he residents of improving the qu	Adding a Elliot Pa	retail venue rk Neigh. as
29. Indicate whether the again at the time of this report				ecipient had atta	ined those goals
<ul> <li>A) Specific wage and job gc</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> </ul>	r retention goals	ls		et attainment (month & year)	All goals attained? ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ⊋ Yes ☐ No
(Please attach descriptions attainment if not documente		-	· · · · · · · · · · · · · · · · · · ·		
	age hourly value ll-time equivale	e of any employer-pro nts if you are unable	ovided health insurance goa to separate goals by full- a	Is for those jobs	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					\$
less than \$7.00					\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.99					S
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher				······	s
	arly value of an	y employer-provided	ther of actual jobs created a health insurance for those j tion into full- and part-time FTE (only if unable to	obs. ( <u>Only</u> indi	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00			<u> </u>		s
\$7.00 to \$8.99		<u> </u>			s
\$9.00 to \$10.99					\$
\$11.00 to \$12.99		<u></u>			\$
\$13.00 to \$14.99					\$
\$15.00 and higher					\$
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (s		and 31) and fulfilled <u>all obl</u>	gations stipulate	d in the agreement?

2001 Minnesota Business Assistance Form

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Page 3 of 4

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#### Section 5 Recipients Failing to Fulfill Obligations

<ul> <li>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. Star. §116J.993 and §116J.994? (<i>Mark one.</i>)</li> <li>□ 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>)</li> <li>No</li> <li>Name of recipient</li> <li>Type of subsidy or assistance (<i>See Questions 24 and 25.</i>) Value of subsidy or assistance</li> <li>34. 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>)</li> <li>□ Yes (<i>Complete the remainder of this section.</i>) No (<i>Stop here and submit form to DTED.</i>)</li> <li>35 39. Provide the following information 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>)</li> <li>35. Information on recipient and agreement:</li> <li>Name of recipient in default</li> <li>Type of subsidy or assistance</li> <li>Information on recipient and agreement:</li> <li>Name of recipient in default (<i>Mark all that apply.</i>):</li> <li>□ recipient ceased operation</li> <li>□ creptent vas unable to fill vacant positions</li> <li>□ other (<i>Specify recasin</i>)</li> <li>Outstanding value of subsidy or assistance.</li> <li>No, recipient has not begun to repay the assistance.</li> <li>36. Has the recipient fulfilled its repayment obligation? (<i>Mark one.</i>)</li> <li>□ Yes □ No.</li> <li>39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:</li> <li>□ Yes □ No</li> </ul>	(Do not complete this se	ection if you complete	d it on another 2001 MBAF subr	mitted to DTED.)
recipient. Attach additional pages if necessary.)         Rame 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.)         35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of freeporting. (Attach additional pages if necessary.)         35 10. Forwation on recipient and agreement:         Name of recipient in default         Type of subsidy or assistance         Intrial value of recipient         Outstanding value of subsidy or assistance         Street address of recipient         City ZIP code of recipient         Outstanding value of subsidy or assistance         36. Reason(s) for default (Mark all that apply.):         recipient relocated to a different community         recipient was unable to fill vacant positions         To date, has the recipient fulfilled its repayment obligation? (Mark one.)         Yes       No. recipient has begun to repay the assistance.         38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)         Yes       No.				ve any recipients who failed to
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.)       Image: 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         Street address of recipient       City ZIP code of recipient         36. Reason(s) for default (Mark all that apply.):         □ recipient ceased operation       □ recipient relocated to a different community         37. To date, has the recipient fulfilled its repayment obligation? (Mark one )       No, recipient has begun to repay the assistance.         38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one )       No, recipient has begun to repay the assistance.				cial assistance awarded to that
<ul> <li>34. 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>)</li> <li>35 39. Provide the following information 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>)</li> <li>35. Information on recipient and agreement:</li> <li>Name of recipient in default</li> <li>Type of subsidy or assistance</li> <li>Street address of recipient</li> <li>City ZIP code of recipient</li> <li>Outstanding value of subsidy or assistance</li> <li>36. Reason(s) for default (<i>Mark all that apply.</i>):</li> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> <li>other (<i>Specify reason</i>)</li> <li>37. To date, has the recipient fulfilled its repayment obligation? (<i>Mark one</i>)</li> <li>Yes</li> <li>No. recipient has begun to repay the assistance.</li> <li>38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (<i>Mark one</i>)</li> <li>Yes</li> </ul>	🕱 No			
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 was unable to fill vacant positions         □ other (Specify reason )         37. To date, has the recipient fulfilled its repayment obligation? (Mark one )         38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one )         □ Yes □ No	Name of recipient	Type of subsidy or assi	stance (See Questions 24 and 25.)	Value of subsidy or assistance
35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)         35. Information on recipient and agreement:         Name of recipient in default       Type of subsidy or assistance         Initial value of subsidy or assistance       Initial value of subsidy or assistance         Street address of recipient       City ZIP code of recipient       Outstanding value of subsidy or assistance         36. Reason(s) for default (Mark all that apply.):	, ,			
were to be attained by the time of reporting. (Attach additional pages 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         other (Specify reason)         Yes         No, recipient has begun to repay the assistance.         38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one )         Yes       No	Ses (Con	nplete the remainder of th	s section.) 🛛 🙀 No (Stop here and sub	bmit form to DTED .)
Name of recipient in default       Type of subsidy or assistance       Initial value of subsidy or assistance         Street address of recipient       City ZIP code of recipient       Outstanding value of subsidy or assistance         36. Reason(s) for default (Mark all that apply:):				her terms of an agreement that
Street address of recipient       City ZIP code of recipient       Outstanding value of subsidy or assistance         36. Reason(s) for default (Mark all that apply.):	35. Information on recipier	nt and agreement:		
36. Reason(s) for default (Mark all that apply.):         a recipient ceased operation         b recipient relocated to a different community         c recipient was unable to fill vacant positions         c recipient has the recipient fulfilled its repayment obligation? (Mark one )         c recipient has begun to repay the assistance.         c recipient has not begun to repay the assistance.         c recipient has not begun to repay the assistance.         c recipient has begun to repay the assistance.         c recipient has begun to extend the recipient's deadline for fulfilling its obligations? (Mark one )         c recipient was unable to fill vacant the recipient's deadline for fulfilling its obligations? (Mark one )         c recipient was unable to fill vacant the recipient was unable to recipient was una	Name of recipient in defaul	t	Type of subsidy or assistance	
<ul> <li>recipient ceased operation</li> <li>recipient relocated to a different community</li> <li>other (Specify reason)</li> <li>other (Specify reason)</li> </ul> 37. To date, has the recipient fulfilled its repayment obligation? (Mark one) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one) 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one) 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one) 39. Yes Solution	Street address of recipient		City ZIP code of recipient	e
<ul> <li>recipient was unable to fill vacant positions</li> <li>other (Specify reason)</li> <li>37. To date, has the recipient fulfilled its repayment obligation? (Mark one)</li> <li>Yes No, recipient has begun to repay the assistance.</li> <li>38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one)</li> <li>Yes No.</li> </ul>	36. Reason(s) for default (	Mark all that apply.):		
<ul> <li>Yes No, recipient has begun to repay the assistance.</li> <li>No, recipient has not begun to repay the assistance.</li> <li>38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one)</li> <li>Yes No</li> </ul>				ent community
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one)	37. To date, has the recipie	nt fulfilled its repayment of	obligation? (Mark one )	· · · · · · · · · · · · · · · · · · ·
□ Y'es □ No	Yes No. recipient h	as begun to repay the assu	stance. DNo, recipient <u>has not begu</u>	n to repay the assistance.
	38. Has the agreement beer	amended to extend the re	ecipient's deadline for fulfilling its oblig	ations? (Mark one)
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:			□Yes □No	
	39. Describe the steps bein	g taken to bring recipient	into compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development

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### 2001 Minnesota Business Assistance Form RECEIVED and 2 C Lui

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
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- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

2. Name of person completing this form

Kent Robbins

3. Street address 105 5th Avenue S.	., Suite 200	4. City Minneapol		5. ZIP code 55401-25	34
6. County Hennepin	^{7.} (612) 673-5187	⁸ (612) ⁶⁷ 3-5	5111 ke	9. E-mail add ent.robbi	nsemcda.ou
10. Please indicate who in you Terrell Towers, Da	ur organization should receive the <b>irector 673-5134</b>	2002 MBAF if differ 105 5th	Ave. S.,	erson in Quest	ION 2. MN 55401
Name/Title	Phone number	Street addr	ess	City	ZIP code
<ul> <li>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.")</li> <li>2 City government <ul> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul> </li> <li>13. Has your organization signed any agreements to award a but through December 31, 2000 that is required to be reported to be</li></ul>					adies in <i>Mark one</i> ) <b>Itach criteria</b> ) <b>Attached</b> opted y 1, 2000
Section 2 Information A	bout Recipient				
Section 2 Information About Recipient 14. Name of business or organization receiving subsidy or financial assistance Shirley and Birch Jones dba Plymouth Avenue Studio		15. Address where will be used 2406 Plymou			
		Street address	City	State	ZIP code
		Street address	cnj	State	ZITCOUC
	parent corporation? (Mark one.) dress of parent corporation below				

#### Section 1 Information About Grantor

Mpls. Community Development Agency

1. Name of grantor (funding entity)

17. Industry of recip	ient's facility (Mark o	one.):			
	<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	Ø Services □ Wholesale Trade		urance, Real Estate	ify)
18. Did the recipient	relocate as a result of	f signing this agreemer	it? (Mark one.)		
Yes (Indicate city) No (Go to Questio		address and reason rea	cipient did not comple	te this project at that addr	ess.)
City/State of previou	s address Reason p	roject not completed at	previous address		·
financial assistance	e? (Mark one.)	previous location or re New Business □ Relocated to differe		ot awarded this business s	·
		bout the Agreeme		A Relocated outside i	
20. Total dollar valu assistance (Pleas and 25.)	e of business subsidy e separate value by ty 9,499.00	or financial	21. Date agreement date, indicate a <b>Dec. 29</b> ,	signed (In addition to the nv dates the agreement wa 1999 = \$24,999. 2000 = \$94,500.	s amended.)
	improvements were f	inished, equipment wa		or financial assistance. Fi or the recipient occupied t	
3. Does the agreem be reported? (M	urk one.)	s subsidy or one of the a business subsidy	four types of financia	l assistance (see Question e	25) required to
	provided a business su s) and total dollar va			was one of the four types se indicate the type(s).	of financial
not applicable, agr	eement provided finat	ncial assistance	🛣 not applicable, ag	reement provided a busine	ss subsidy
<ul> <li>preferential use of</li> <li>land contribution</li> </ul>	ble loan) duction or deferral	es S S	50% or less of tot assistance for pol abatement	ovating building it up to code, and ed for designated ion districts, when al cost	S S S
	ncluded tax increment of TIF district? (Mart			rantors providing a busine a busine a busine a contract of the same project? G	
	stance was not in the	form of TIF		grantor and the value of a attach an additional shee	
D redevelopment D renewal and renova D soils condition D economic develop D mined underground D hazardous substand	nent 1 space		XI No Grantor(s) and value	e of the agreement(s):	
a nazardous substant	e sudaistrict		Grantor	Value (S)	
-			Grantor	Value (S)	

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<ol> <li>Minn. Stat. §116J.994 r of the following public</li> </ol>			nancial assistance agreement nt? (Mark all that apply.)	ts state a public p	urpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	growth		<ul> <li>Increasing tax base (ca</li> <li>Other (please specify)_</li> </ul>		
29. Indicate whether the aga at the time of this report			s of goals, and whether the r date(s) for each goal.)	ecipient had attai	ned those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than w	r retention goal: age and job goa	s Is	established? dates □Yes □No □Yes □No □Yes □No □Yes □No	et attainment (month & year) 11, 2000	All goals attained? Yes No Yes No Yes No Xes No
(Please attach descriptions - attainment if not documente		-			
	age hourly value	e of any employer-pro	ereation and/or retention gos ovided health insurance goa to separate goals by full- a FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Is for those jobs.	
_					S
no hourly wage-level goal					
no hourly wage-level goal less than \$7.00					s
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99					s s
no hourly wage-level goal less than \$7.00		 			s
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99					s s
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99					s s s
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99					s s s
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the <b>actual</b> hou	urly value of an	y employer-provided to separate joh crea	nber of actual jobs created a health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT) Job Creation	obs. ( <u>Only</u> indic	s s s s s nce the benefit
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 follown date and the actual hou full-time equivalents if Hourly Wage	urly value of an you are unable Full-time Job	y employer-provided <i>to separate joh crea</i> Part-time/ Seasonal/Temp.	health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. ( <u>Onlv</u> indici positions.) Job	s s s s s nce the benefit ate job creation in Hourly Value of
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 follown date and the actual hou full-time equivalents if Hourly Wage (excluding benefits)	urly value of an you are unable Full-time Job	y employer-provided <i>to separate joh crea</i> Part-time/ Seasonal/Temp.	health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. ( <u>Onlv</u> indici positions.) Job	ss ss ss ss nce the benefit ate job creation in Hourly Value of Health Insurance
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the follown date and the actual hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	urly value of an you are unable Full-time Job	y employer-provided <i>to separate joh crea</i> Part-time/ Seasonal/Temp.	health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. ( <u>Onlv</u> indici positions.) Job	SS SS SSS nce the benefit ate job creation in Hourly Value of Health Insurance S
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the follown date and the actual hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	urly value of an you are unable Full-time Job	y employer-provided <i>to separate joh crea</i> Part-time/ Seasonal/Temp.	health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. ( <u>Onlv</u> indici positions.) Job	s s s s s s nce the benefit ate job creation in Hourly Value of Health Insurance s
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the follown date and the actual hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	urly value of an you are unable Full-time Job	y employer-provided <i>to separate joh crea</i> Part-time/ Seasonal/Temp.	health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. ( <u>Onlv</u> indici positions.) Job	s s s s s s nce the benefit ate job creation in Hourly Value of Health Insurance s s s

ŽYes ⊐No

2001 Minnesota Business Assistance Form

#### Section 5 Recipients Failing to Fulfill Obligations

it on another 2001 MBAF sub	omitted to DTED.)
ber 31, 2000, did your organization h 16J.994? <i>(Mark one.)</i>	ave any recipients who failed to
eport and the value of subsidy or fina	ncial assistance awarded to that
nance (See Questions 24 and 25.)	Value of subsidy or assistance
ed to achieve any goals or fulfill any were required to be fulfilled by the ti	6
section.) 🛛 🗙 No (Stop here and su	ubmit form to DTED .)
cipient failing to fulfill goals or any c Attach additional pages if necessary:	
Type of subsidy or assistance	Initial value of subsidy or assistance
City ZIP code of recipient	Outstanding value of subsidy or assistance
<ul> <li>recipient relocated to a diffe</li> <li>other (Specify reason.)</li> </ul>	erent community
oligation? (Mark one )	
ance. I No, recipient has not beg	un to repay the assistance.
ipient's deadline for fulfilling its obli	igations? (Mark one )
□Yes □No	
to compliance or recoup the subsidy:	
	ber 31, 2000, did your organization h 16J.994? (Mark one.) eport and the value of subsidy or fina fance (See Questions 24 and 25.) ed to achieve any goals or fulfill any were required to be fulfilled by the ti- section.) X No (Stop here and su- cipient failing to fulfill goals or any of Attach additional pages if necessary. Type of subsidy or assistance City ZIP code of recipient City ZIP code of recipient i recipient relocated to a diffe other (Specify reason.) pligation? (Mark one.) ance No, recipient has not beg- ipient's deadline for fulfilling its obliv Yes No

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development

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RECEIVED MAR 2 3 2001 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 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4

1. Name of grantor (funding entity). Agency Minneapolis Community Development		2. Name of person completing this form Kent Robbins				
3. Street address 105 5th Ave. S.	4. City Minneapolis		5. ZIP code 55401-2534			
6. County Hennepin	⁷ Phone number (612)673-5187	(612)673-5111	kent	). E-mail add . <b>. robbin</b> :	semcda.org	
10. Please indicate who in you Terrell Towers, D	ir organization should receive the irector 673-5134	2002 MBAF if different 105 5th Ave.	from the pe	rson in Quest	55401-2534	
Name/Title	Phone number	Street address		City	ZIP code	
<ol> <li>Classification of grantor (/ created by gov't agency, p example, a city EDA would</li> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ol>	<ul> <li>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)</li> <li>January 22, 2001</li> <li>XYes (Indicate hearing date and attach criteria)</li> <li>No Living Wage Resolution Attached</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation )</li> </ul>					
through December 31, 200	ned any agreements to award a bu 00 that is required to be reported u plete the remainder of the form (		993 and \$11	61.994? (Ma		
ection 2 Information A	bout Recipient	γ				
14. Name of business or organization receiving subsidy or financial assistance		15. Address where business subsidy or financial assistance will be used				
Ryan GB 2000, LLC	1220 Marshal					
		Street address	City	State	ZIP code	
🔉 Yes (Indicate name and add	parent corporation? (Mark one.) Iress of parent corporation below					
□ No <u>Ryan Companies U.</u> Name of parent corporation	<u>S., Inc.</u>	700 Internation 900 Second Average Street address			MN 55402-3	

# Section 1 Information About Grantor

<ul> <li>a tax able field in the form of TIF</li> <li>a contribution is the type of TIF district? (<i>Mark one.</i>)</li> <li>a not applicable, assistance was not in the form of TIF</li> <li>a not applicable, assistance was not in the form of TIF</li> <li>b not applicable, assistance was not in the form of TIF</li> <li>commic development</li> <li>commic development<th><ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul></th><th>☐ Services ☐ Wholesale Trade</th><th>Finance, Insurant Construction</th><th>nce, Real Estate</th></li></ul>	<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	☐ Services ☐ Wholesale Trade	Finance, Insurant Construction	nce, Real Estate
A No (Go to Question 19.)         City/State of previous address         Reason project not completed at previous address         9. 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         ection 3 General Information About the Agreement       ■ Relocated to different Minnesota location       ■ Relocated outside Minnesota         20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25)       ■ 1. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended I act, indicate any dates the agreement was amended I act, indicate any dates the agreement was amended I act, indicate any dates the agreement was amended I act, indicate any dates the agreement was amended I act, indicate the date inprovements were finished. equipment was placed into service. or the recipient accupied the property, whichever is earlier.)         0       Ctober 26, 2000         23. Does the agreement provide a business subsidy. please indicate the type(s) and total dollar value for each type.)       ■ 1. State (p) (c) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	8. Did the recipient relocate as a result of	signing this agreement? (	(Mark one.)	
9. 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		address and reason recipion	ent did not complete ti	his project at that address.)
financial assistance? (Mark one.)       Tenant 150 + Jobs         □ Remained at previous location       Tenant 150 + Jobs         2 Remained at previous location       Tenant 150 + Jobs         2 Remained at previous location       Tenant 150 + Jobs         2 Remained at previous location       Tenant 150 + Jobs         2 Remained at previous location       Tenant 150 + Jobs         2 Remained at previous location       Tenant 150 + Jobs         2 Remained at previous location       Tenant 150 + Jobs         2 Remained at previous location       Tenant 150 + Jobs         2 Remained at previous location       Tenant 150 + Jobs         2 Remained at previous location       Tenant 150 + Jobs         2 Remained at previous location       Tenant 150 + Jobs         2 Remained at previous location       Tenant 150 + Jobs         2 Remained at previous location       Tenant 150 + Jobs         2 Remained at previous location       Tenewith the Agreement         2 Remained at previous location       Tenewith the Agreement date improvements were finished. equipment was placed into service. or the recipient was subsidy or financial assistance (see Question 25) required be reportery.         2 Cotober 26, 2000       Cotober 26, 2000         2 A the (t)[2]1       The agreement provide a business subsidy or financial assistance for property polluted be reportery.         2 A t	City/State of previous address Reason pr	roject not completed at pre	evious address	
Pertion 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> 4 9 (5,000 20, 3.4, 6) (2400 0 Colober 26, 2000 0 Colober	financial assistance? (Mark one.)	Tenant 150 + J	lobs	
<ul> <li>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</li></ul>	<u></u>		Minnesota location	Relocated outside Minnesota
assistance (Please separate value by type in Questions 24 and 25.)       date, indicate any dates the agreement was amended in October 26, 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.)         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 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).         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 for property polluted by contaminants         24. If the agreement provided financial assistance       26. If the assistance for property polluted scontribution of property or infrastructure contribution of property or infrastructure preferential use of governmental facilities addet missione preservation district. when 50% or tess of total cost abastement assistance for a TIF soils condition district scont bution of troperty. (Mark one.)         26. If the assistance was not in the form of TIF       Yes (Specify each grantor and the value of the agreement(s): ninde undreground space         27. Are any	ection 3 General Information Al	pout the Agreement		
<ul> <li>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.)</li> <li>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required be reported? (Mark one.)</li> <li>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</li> <li>25. If the assistance was one of the four types of financial assistance</li> <li>26. If the agreement provided financial assistance</li> <li>27. Are any other grantors providing a business subsidy of the assistance for a TIF soils condition district \$</li></ul>	assistance (Please separate value by ty	pe in Questions 24		0
indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)         October 26, 2000         23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required be reported? (Mark one.)         23. If the agreement provided a business subsidy. please indicate the type(s) and total dollar value for each type.         24. If the agreement provided a business subsidy. please indicate the type(s) and total dollar value for each type.         25. If the assistance was one of the four types of financial assistance         26. If the assistance included tax increment financing. please indicate the type of TIF district? (Mark one.)         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 of financial assistance for a TIF soils condition district.         26. If the assistance was not in the form of TIF         27. Are any other grantors providing a business subsidy of financial assistance to the same project? (Mark one.)         27. Are any other grantors providing a business subsidy of financial assistance blow: attach an additional sheet if necessar assistance below: attach an additional sheet if necessar indicate the type of TIF district? (Mark one.)         28. If the assistance was not in the form of TIF         Treeevelopment         Prenewal and renovation         Sic condition         Scontibusion <td>\$11.5 million</td> <td>, etc</td> <td>October 26</td> <td>, 2000</td>	\$11.5 million	, etc	October 26	, 2000
<ul> <li>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</li> <li>25. If the assistance was one of the four types of financial assistance indicate the type(s).</li> <li>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</li> <li>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</li> <li>27. Are any other grantors providing a business subsidy of financial assistance for a TIF soils condition district.</li> <li>27. Are any other grantors providing a business subsidy of financial assistance for a TIF soils condition district.</li> <li>27. Are any other grantors and the value of the agreement (s):</li> <li>27. Are any other grantor and the value of the agreement (s):</li> <li>27. Are any other grantor and the value of the agreement (s):</li> <li>27. Are any other grantor and the value of the agreement (s):</li> </ul>	indicate the date improvements were for whichever is earlier.) October 2 23. Does the agreement provide a business	inished. equipment was pl 26, 2000 s subsidy or one of the fou	laced into service, or the	he recipient occupied the property.
<ul> <li>indicate the type(s) and total dollar value for each type.</li> <li>indicate the type(s) and total dollar value for each type.</li> <li>inot applicable, agreement provided financial assistance</li> <li>inot applicable, agreement provided for a business subsidy</li> <li>into applicable, agreement provided for designated</li> <li>indicate the type of payment</li> <li>indicate the type of TIF district? (Mark one.)</li> <li>inot applicable, assistance was not in the form of TIF</li> <li>indicate the type of TIF district? (Mark one.)</li> <li>inot applicable, assistance was not in the form of TIF</li> <li>indeevelopment</li> <li>increaval and renovation</li> <li>isolis condition</li> <li>isocontition</li> <li>isocontition</li> <li>indicate the type of TIF district? (Mark one.)</li> <li>indicate the type of TIF dis</li></ul>	be reported? (Mark one.)	A business subsidy	financial assistance	
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>Pay 5</li> <li>TIF or other tax reduction or deferral (GTIF) 965,000</li> <li>TIF or other tax reduction or deferral (GTIF) 965,000</li> <li>guarantee of payment</li> <li>guarantee of payment</li> <li>guarantee of governmental facilities</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>S</li> <li>assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</li> <li>Pot applicable, assistance was not in the form of TIF</li> <li>Y redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>				
<ul> <li>grant (i.e., forgivable loan)</li> <li>grant (i.e., forgivable loan)</li> <li>ax abatement</li> <li>TIF or other tax reduction or deferral (GTIF): 965,000</li> <li>guarantee of payment</li> <li>guarantee of payment</li> <li>guarantee of payment</li> <li>guarantee of governmental facilities</li> <li>guarantee of government financing, please</li> <li>indicate the type of TIF district? (Mark one.)</li> </ul> 27. Are any other grantors providing a business subsidy of financial assistance to the same project? (Mark one.) 29. Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessar 21. No 22. Solidition 23. Solidition 23. Solidition 24. Specify each grantor and the value of their assistance below; attach an additional sheet if necessar 25. No 26. If the assistance was not in the form of TIF 27. Are any other grantor and the value of their assistance below; attach an additional sheet if necessar 2	not applicable, agreement provided finar	ncial assistance	I not applicable, agreer	ment provided a business subsidy
<ul> <li>abatement</li> <li>abatement</li> <li>assistance for a TIF soils condition district</li> <li>S</li> <li>abatement</li> <li>assistance for a TIF soils condition district</li> <li>S</li> <li>abatement</li> <li>assistance for a TIF soils condition district</li> <li>S</li> <li>Are any other grantors providing a business subsidy o financial assistance to the same project? (Mark one)</li> <li>anot applicable, assistance was not in the form of TIF</li> <li>Y es (Specify each grantor and the value of their assistance below; attach an additional sheet if necessar</li> <li>No</li> <li>soils condition</li> <li>Bronewal and renovation</li> <li>Soils condition</li> <li>Grantor(s) and value of the agreement(s):</li> </ul>	grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral (G guarantee of payment contribution of property or infrastructure preferential use of governmental facilitie	Pay ^S STIF <u>S 965,00</u> 0 ^S s S	by contaminants assistance for renoval stock or bringing it u assistance provided for historic preservation 50% or less of total c	\$10,686,004.( S building p to code, and or designated districts, when ost
indicate the type of TIF district? (Mark one.) I not applicable, assistance was not in the form of TIF redevelopment renewal and renovation soils condition economic development mined underground space indicate the type of TIF district? (Mark one.) Yes (Specify each grantor and the value of their assistance below: attach an additional sheet if necessar No Grantor(s) and value of the agreement(s):		S	abatement	
& redevelopment       assistance below: attach an additional sheet if necessar         > renewal and renovation       > No         > soils condition       > No         > economic development       Grantor(s) and value of the agreement(s):         > mined underground space       > No				
Image: Prenewal and renovation       Image: No         Image: Soils condition       Image: Soils condition         Image: Soils condition <td>••</td> <td>form of TIF</td> <td></td> <td></td>	••	form of TIF		
Mot Council \$1 646 007 00		L .	l No	
D hazardous substance subdistrict Met Council \$1,646,097.00 Grantor Value (S) DTED \$444,000.00	a soils condition a conomic development	G	irantor(s) and value of	the agreement(s):

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of the following public p		stated in the agreeme				
<ul> <li>Creating high-quality job growth</li> <li>Job retention</li> </ul>			□ Increasing tax base (cannot be only purpose) Other (please specify) Historic Preservation			
<ol> <li>Indicate whether the agr at the time of this report.</li> </ol>				the recipient had attai	ned those goals	
			Goals	Target attainment	All goals	
A) Specific wage and job go	als to be attain	ed within 2 years	established? □Yes □No	dates (month & year)	attained? ⊐Yes ⊒No	
B) Other job-creation and/or			Yes No		I Yes I No	
C) Other wage goals D) Other goals other than wage and job goals			⊐Yes ⊐No ∑QYes ⊐No		□Yes □No IYes ■No	
(Please attach descriptions c attainment if not documented						
30. For each of the followin agreement and the avera job creation goals in ful	ge hourly valu	e of any employer-pr	ovided health insuranc	e goals for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals r stated as FT/PT) Job Creation		Hourly Value of Health Insurance	
no hourly wage-level goal			/		\$	
less than \$7.00			4		s	
\$7.00 to \$8.99	···-		A		S	
\$9.00 to \$10.99			N. M		S	
\$11.00 to \$12.99			[V ·		5	
\$13.00 to \$14.99	<del></del>				S	
\$15.00 and higher		·			s	
31. For each of the followin date and the <b>actual</b> hou full-time equivalents if	rly value of an	y employer-provided	health insurance for th	hose jobs. ( <u>Only</u> indice t-time positions )		
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation		Hourly Value of Health Insuranc	
less than \$7.00			/	/	s	
\$7.00 to \$8.99			$\leq$		s	
\$9.00 to \$10.99				•	s	
\$11.00 to \$12.99		/	$\land$ )—		\$	
					\$	
\$13.00 to \$14.99			•			

2001 Minnesota Business Assistance Form

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Department of Trade and Economic Development

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<ul> <li>33. During the period January 1, 2000 through Decerptor as required by Minn. Stat. §116J.993 and</li> </ul>	ember 31, 2000, did your organization ha	
<b>Yes</b> (Indicate the name of each recipient failing to recipient. Attach additional pages if necessar		cial assistance awarded to that
XNo		
Name of recipient Type of subsidy or ass	sistance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who a agreement signed on or after January 1, 2000, th		E
<b>U</b> Yes (Complete the remainder of the second secon	his section.) XNo (Stop here and sub	bmit form to DTED )
<ol> <li>35 39. Provide the following information for each were to be attained by the time of reporting.</li> </ol>		her terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.)		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	
37. To date, has the recipient fulfilled its repayment	obligation? (Mark one )	
Yes No, recipient has begun to repay the ass	istance. DNo, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the r	recipient's deadline for fulfilling its oblig	ations? (Mark one.)
	JYes JNo	
39. Describe the steps being taken to bring recipient	into compliance or recoup the subsidy:	
·		

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development

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

2. Name of person completing this form

Kent Robbins

Agency

3. Street address 105 5th Avenue South,		4. City Minneapol	is	5. ZIP code 55401-2	534
6. County Hennepin	7. Phone number (612)673-5187	8. Fax number (612)673-511	1 kent	9. E-mail add <b>robbins@</b>	
Terrell Towers, D	organization should receive the <b>irector</b> 673-5134 Phone number	105 <u>5th Ave</u>	. S., M	pls., MN	1
<ul> <li>created by gov't agency, pl example, a city ED.4 would</li> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> <li>13. Has your organization sign through December 31, 2000</li> </ul>	<ul> <li>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) January 22, 2001</li> <li>2 Yes (Indicate hearing date and attach criteria) No Living Wage Resolution Attached</li> <li>2 We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> </ul>		adopted criteria for awarding bu compliance with Minn. Stat. \$11 January 22 No Living Wage Resol We held a public hearing but have criteria (Indicate date of initial h Other (Please attach explanation) a business subsidy or financial assistance fr ted under Minn. Stat. \$116J.993 and \$116J		
Section 2 Information At		I			
14. Name of business or organi receiving subsidy or financ		<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>			al assistance
GRACO, Inc.		88 11th Ave	nue NE City	, Mpls., State	MN 55440 Z1P code
16. Does the recipient have a p	arent corporation? (Mark one.)				
□ Yes (Indicate name and addi <b>XXC</b> No	ress of parent corporation below.	If more than one, ind	licate ultim	ale owner )	
Name of parent corporation		Street address	City	State	ZIP code

#### Section 1 Information About Grantor

Minneapolis Community Development

1. Name of grantor (funding entity)

Datail Trade	□ Services	Grinance, Insurance, Real Estate	
☐ Retail Trade	C Wholesale Trade	Construction Other (please spec	
18. Did the recipient relocate as a result of s	gning this agreement? (.	Mark one.)	
Yes (Indicate city and state of previous ad No (Go to Question 19.)	dress and reason recipie	ent did not complete this project at that add	ress.)
		to Mpls. plant.	
City/State of previous address Reason proj	ect not completed at pre	wious address	
<ol> <li>Would the recipient have remained in pr financial assistance? (Mark one.)</li> </ol>	evious location or reloca	ated elsewhere if not awarded this business s	subsidy or
C Remained at previous location 🗴	Relocated to different N	Minnesota location	Minnesota
ection 3 General Information Abo	ut the Agreement		
20. Total dollar value of business subsidy or assistance (Please separate value by type)		Date agreement signed (In addition to the date, indicate any dates the agreement wa	•
and 25.) \$1.175 million		August 18, 2000	
<ul> <li>March 1,</li> <li>March 1,</li> <li>March 2,</li> <li>March 2,</li> <li>March 1,</li> <li>March 1,</li> </ul>	· ·	r types of financial assistance (see Question	25) required to
	business subsidy 🗅 i	financial assistance	
24. If the agreement provided a business sub- indicate the type(s) and total dollar value		<ol> <li>If the assistance was one of the four types assistance, please indicate the type(s).</li> </ol>	s of financial
not applicable, agreement provided financi	al assistance	not applicable, agreement provided a busin	ess subsidy
loan (only principal)	s コ	assistance for property polluted	S
□ grant (i.e., forgivable loan) □ tax abatement	s	by contaminants assistance for renovating building	S
$\mathbf{X}$ TIF or other tax reduction or deferral	s 1.175M	stock or bringing it up to code, and	
<ul> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> </ul>	s	assistance provided for designated historic preservation districts, when	
preferential use of governmental facilities	s	50% or less of total cost	ç
	د اع	assistance for pollution control or abatement	3
		assistance for a TIF soils condition district	s
O other (Specify subsidy type.)	ت ت		
O other (Specify subsidy type.)	financing, please 27	Assistance for a TIF soils condition district Are any other grantors providing a busine financial assistance to the same project?	ess subsidy or
<ul> <li>O other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment faindicate the type of TIF district? (Mark of the type of TIF district?)</li> </ul>	financing, please 27	Are any other grantors providing a busine	ess subsidy or Mark one i their
<ul> <li>other (Specify subsidy type.)</li></ul>	financing, please 27 me. / mm of TIF 1	7. Are any other grantors providing a busine financial assistance to the same project? <i>(</i> Yes (Specify each grantor and the value of assistance below; attach an additional shee	ess subsidy or Mark one i their
<ul> <li>not applicable, assistance was not in the formation</li> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> </ul>	ت financing, please 27 <i>me. 1</i> firm of TIF ت لا	7. Are any other grantors providing a busine financial assistance to the same project? <i>I</i> Yes (Specify each grantor and the value of	ess subsidy or Mark one i their
<ul> <li>other (Specify subsidy type.)</li></ul>	ت financing, please 27 <i>me. 1</i> firm of TIF ت لا	<ul> <li>Are any other grantors providing a busine financial assistance to the same project? ( Yes (Specify each grantor and the value of assistance below; attach an additional shee No</li> </ul>	ess subsidy or Mark one i their
<ul> <li>other (Specify subsidy type.)</li></ul>	ت financing, please inc. i irm of TIF ت ب Gi Gi	<ul> <li>Are any other grantors providing a busine financial assistance to the same project? ( Yes (Specify each grantor and the value of assistance below; attach an additional shee No</li> </ul>	ess subsidy of Mark one ( their

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			nancial assistance agreement nt? (Mark all that apply.)	s state a public p	ourpose. which
C Enhancing economic diverse Creating high-quality job Job retention Stabilizing the communit	growth		□ Increasing tax base (car □ Other <i>(please specify)</i> _		
<ol> <li>Indicate whether the ag at the time of this report</li> </ol>			s of goals, and whether the r	ecipient had atta	ined those goals
A) Specific wage and job ga B) Other job-creation and o C) Other wage goals D) Other goals other than w	oals to be attain r retention goal	ed within 2 years s	Goals Targ established? dates XYes ⊐No 3/1/	et attainment (month & year) 2002 2002	All goals attained? Yes <b>X</b> No Yes <b>X</b> No Yes No Yes No
Please attach descriptions attainment if not documente					
agreement and the aver	age hourly valu	e of any employer-pr	creation and or retention goa ovided health insurance goa to separate goals by full- a	ls for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Rctention	Houriy Value of Health Insurance
no hourly wage-level goal					
less than \$7.00			· · · · · · · · · · · · · · · · · · ·		\$
\$7.00 to \$8.99					s
\$9.00 to \$10.99	_47				s
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					s
\$15.00 and higher					s
date and the actual ho	urly value of an	y employer-provided	nber of actual Jobs created : health insurance for those J tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. ( <u>Only</u> indic	
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insuranc
					\$
less than \$7.00					\$
less than \$7.00 \$7.00 to \$8.99					
					۲
\$7.00 to \$8.99					۶ ۶
\$7.00 to \$8.99 \$9.00 to \$10.99					

2001 Minnesota Business Assistance Form

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(Do not complete this section if you complete	eu ii on anoiner 2001 MBAF subi	milled to DIED.)
<ol> <li>During the period January 1, 2000 through Dece report as required by Minn. Stat. §116J.993 and §</li> </ol>		ve any recipients who failed to
□ Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary		cial assistance awarded to that
ANO		
Name of recipient Type of subsidy or ass	istance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who fa agreement signed on or after January 1, 2000, the	, ,	
<b>Yes</b> (Complete the remainder of th	is section.) 👘 🙀 No (Stop here and sub	bmit form to DTED .)
35 39. Provide the following information for each were to be attained by the time of reporting.		her terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment	obligation? (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assi	stance. I No. recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the re-	ecipient's deadline for fulfilling its oblig	ations? (Mark one.)
	☐Yes ☐No	
39. Describe the steps being taken to bring recipient	into compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development



# 2001 Minnesota Business Assistance Form

- LF H. 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 er MN AG & ECON DEVI		2. Name of person completing this form PAUL A. MOE		
3. Street address 500 METRO	SQ, 121 7 [™] PLACE EAST	4. City SAINT PAUL	5. ZIP cod	e 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail a paul.a.moe	ddress @state.mn.us
10. Please indicate who in you	r organization should receive the	e 2002 MBAF if different fro	m the person in Qu	estion 2.
Name/Title	Phone number	Street address	City	ZIP code
	Mark one. If grantor is entity lease indicate affiliation. For l 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.)		
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>Yes (Indicate hearing date - 1-26-00 and attach criteria)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>		
through December 31, 200	ed any agreements to award a bu 0 that is required to be reported	under Minn. Stat. §116J.993	and §116J.994? (/	Mark one.)
Section 2 Information Al	plete the remainder of the form.)	No ( <u>Stop here</u> , go to s	section 5 on page 4	.)
<ol> <li>Name of business or organ receiving subsidy or finan</li> </ol>	nization	15. Address where business subsidy or financial assistance will be used		
HEALTHEAST OBLIGATED	GROUP	ST. PAUL AND WO Street address	ODBURY City	ZIP code
16. Does the recipient have a	parent corporation? (Mark one.)		<u> </u>	
<ul> <li>* Yes (Indicate name and add</li> <li>□ No</li> </ul>	lress of parent corporation belo	w. If more than one, indicate	e ultimate owner.)	
HEALTHEAST Name of parent corporation	559 CAPIT Street ac		<u>ST. PAUL,</u> City	MN 55101 State ZIP code

<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	L:4.1.8/2001 Services Wholesale Trade	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please specify) <u>HEALTH CARE</u></li> </ul>
18. Did the recipient relocate as	a result of signing this agr	eement? (Mark one.)
□ Yes (Indicate city and state o, * No (Go to Question 19.)	Previous address and reas	son recipient did not complete this project at that address.)
City/State of previous address	Reason project not comple	eted at previous address
19. Would the recipient have re financial assistance? (Mark o		n or relocated elsewhere if not awarded this business subsidy or
* Remained at previous l	ocation	ifferent Minnesota location 🛛 Relocated outside Minnesota
ection 3 General Inform	ation About the Agr	eement
20. Total dollar value of busine assistance (Please separate and 25 - and indicate only	ss subsidy or financial by type - see Questions 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$16,245,269 conduit bond issue		February 2000
whichever is earlier.)	2-1-00	nt was placed into service, or the recipient occupied the property,
be reported? (Mark one.)	* business subsid	
24. If the agreement provided a indicate the type(s).	ousiness subsidy, please	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement pro	vided financial assistance	□ not applicable, agreement provided a business subsidy
<ul> <li>loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or of guarantee of payment</li> <li>contribution of property or infinition of governmen</li> <li>land contribution</li> <li>* other (Specify subsidy type.) Comparison</li> </ul>	rastructure tal facilities	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
<ul><li>26. If the assistance included tag indicate the type of TIF distr</li></ul>	increment financing, plea	se 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
not applicable, assistance was	not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>		<ul> <li>* No</li> <li>Grantor(s) and value of the agreement(s):</li> </ul>
hazardous substance subdistri	51	Grantor Value (\$)
		Grantor Value (\$)

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# Section 4 Goals and Public Purpose Identified in the Agreement

<ul> <li>Enhancing economic div</li> <li>Creating high-quality jo</li> <li>Job retention</li> <li>Stabilizing the communication</li> </ul>	b growth		<ul> <li>Increasing tax base (o</li> <li>Other (please specify) services and facilities for</li> </ul>	providing and ex	
29. Indicate whether the a	greement include		s of goals, and whether the date(s) for each goal.)	e recipient had att	ained those goals
A) Specific wage and job g B) Other job-creation and/ C) Other wage goals D) Other goals other than w Please attach descriptions	oals to be attain or retention goal wage and job goa	ed within 2 years s als	Goals Ta established? date * Yes □ No <u>2</u>	rget attainment s (month & year) <del>TE@\$15/hr</del> 1002	All goals attained? A Yes No Yes No Yes No Yes No
ttainment if not document			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
agreement and the ave	rage hourly valu	e of any employer-pr	creation and/or retention g ovided health insurance g to separate goals by full-	oals for those jobs	s. <u>(Only</u> indicate
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		<del></del>			s
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher			2		\$
date and the actual ho	ourly value of an	y employer-provided	nber of <b>actual</b> jobs created health insurance for those <i>ation into full- and part-tin</i> FTE (only if unable to	e jobs. <u>(Only</u> indi	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					s
£11.00 + £13.00					s
\$11.00 to \$12.99					s
\$11.00 to \$12.99 \$13.00 to \$14.99					

(Do not complete this section if you completed i	t on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through Decembe report as required by Minn. Stat. §116J.993 and §116</li> </ol>		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to represent recipient. Attach additional pages if necessary.)	ort and the value of subsidy or fina	ncial assistance awarded to that
* No		
	ace (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we	to achieve any goals or fulfill any ere required to be fulfilled by the time to be fulfilled by the time time time time time time time tim	other obligations under an me of this report? (Mark one.)
Yes (Complete the remainder of this see	ection.) * No (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each reci were to be attained by the time of reporting. (Att.		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	-
37. To date, has the recipient fulfilled its repayment oblig	gation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistan	ce. D No, recipient <u>has not beg</u> u	un to repay the assistance.
38. Has the agreement been amended to extend the recipi	ent's deadline for fulfilling its oblig	gations? (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 <u>April 1, 2001</u>, to:

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

Or fax to: (651) 215-3841

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# 2001 Minnesota Business Assistance Form

- L7.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

<ol> <li>Name of grantor (funding MN AG &amp; ECON D</li> </ol>	entity) EVELOPMENT BOARD	2. Name of person completing this form PAUL A. MOE		
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101	
6. County RAMSEY 7. Phone number 651-297-1391		8. Fax number 651-296-5287	9. E-mail ad paul.a.mo	dress e@state.mn.us
10. Please indicate who in yo	our organization should receive the	2002 MBAF if different from th	e person in Ques	tion 2.
Name/Title	Phone number	Street address	City	ZIP code
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For Id check "City government.")	12. Has your organization hel adopted criteria for award compliance with Minn. St	ling business sub	sidies in
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (<i>Please specify.</i>)</li> </ul>		<ul> <li>Yes (Indicate hearing date</li> <li>No</li> <li>We held a public hearing by criteria (Indicate date of in</li> <li>Other (Please attach expland)</li> </ul>	ut have not yet ac nitial hearing	lopted
through December 31, 20	gned any agreements to award a bu 000 that is required to be reported in applete the remainder of the form.)		§116J.994? (Ma	ark one.)

#### Section 2 Information About Recipient

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where business subsidy or financial assistance will be used		
FAIRVIEW HEALTH SERVICES	2450 RIVERSIDE AV Street address	E., MINNEAPOL City	IS, MN 55454 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	· · · · · · · · · · · · · · · · · · ·		
<ul> <li>Yes (Indicate name and address of parent corporation below * No</li> </ul>	. If more than one, indica	ate ultimate owner.	)
Name of parent corporation	Street address	City	State ZIP code

	0	Services Wholesale Trade	Finance, Insurance Construction	ce, Real Estate Other (please specify)
18. Did the recipier	nt relocate as a result of signi	ng this agreement?		
□ Yes (Indicate city * No (Go to Quest	y and state of previous addre. tion 19.)	ss and reason recip	pient did not complete th	his project at that address.)
City/State of previo	us address Reason project	not completed at p	previous address	
	pient have remained in previo nce? (Mark one.)	ous location or relo	ocated elsewhere if not a	warded this business subsidy or
* Remained	at previous location 🛛 Rele	ocated to different	Minnesota location	Relocated outside Minnesota
Section 3 Genera	al Information About t	he Agreement	t	
assistance (Plea	ue of business subsidy or fina se separate by type - see Que adicate only principal amount	stions 24		ed (In addition to the agreement ates the agreement was amended.)
	CONDUIT BOND ISSUE		AP	RIL 15, 2000
	e improvements were finished, er.)			nancial assistance. For example, recipient occupied the property,
23. Does the agreen be reported? (Ma.	rk one.)		ur types of financial assi financial assistance	stance (see Question 25) required to
24. If the agreement indicate the type(	provided a business subsidy, s).	please 2	25. If the assistance was assistance, please inc	one of the four types of financial licate the type(s).
🗅 not applicable, agi	reement provided financial as	sistance 🗆	not applicable, agreem	ent provided a business subsidy
<ul> <li>preferential use of</li> <li>land contribution</li> </ul>	eduction or deferral	€.7.H8/240	assistance for renovating to code, and assistance	
	included tax increment finance of TIF district? (Mark one.)	cing, please 2		rs providing a business subsidy or the same project? (Mark one.)
* not applicable, assi	istance was not in the form of	TIF		ntor and the value of their ch an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renov</li> <li>soils condition</li> </ul>	vation	*	' No	
<ul> <li>sons condition</li> <li>economic develop</li> <li>mined undergroun</li> <li>hazardous substan</li> </ul>	nd space	G	Grantor(s) and value of the	ne agreement(s):
u nazardous substan		G	Grantor	Value (\$)
		G	Grantor	Value (\$)

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#### Section 4 Goals and Public Purpose Identified in the Agreement 28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.) □ Increasing tax base (cannot be only purpose) Enhancing economic diversity Creating high-quality job growth * Other (please specify) PROVIDE AND EXPAND HEALTH □ Job retention CARE SERVICES □ 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 Target attainment All goals established? dates (month & year) A) Specific wage and job goals to be attained within 2 years * Yes 🖸 No May 2005 B) Other job-creation and/or retention goals □ Yes □ No □ Yes □ No C) Other wage goals GYes GNo D) Other goals other than wage and job goals □ Yes □ No □ Yes □ No (Please attach descriptions of goals and progress toward attainment if not documented in 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.) **Full-time** Part-time/ FTE (only if goals not **Hourly Wage** Job Seasonal/Temp. stated as FT/PT) Job Hourly Value of Creation Job Creation (excluding benefits) Job Creation Retention 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 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.) Full-time Part-time/ FTE (only if unable to Hourly Wage Seasonal/Temp. Hourly Value of Job separate FT/PT) Job (excluding benefits) Job Creation Health Insurance Creation Job Creation Retention less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 S \$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

Do not complete this section if you completed	l it on another 2001 MBAF sub	mitted 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 assis	tance (See Questions 24 and 25.)	Value of subsidy or assistance				
34. Did your organization have any recipients who fai agreement signed on or after January 1, 2000, that						
Yes (Complete the remainder of this	section.) * No (Stop here and su	bmit form to DTED .)				
<ul> <li>35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)</li> <li>35. Information on recipient and agreement:</li> </ul>						
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance				
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance				
36. Reason(s) for default (Mark all that apply.):						
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>					
37. To date, has the recipient fulfilled its repayment of	bligation? (Mark one.)					
□ Yes □ No, recipient <u>has begun</u> to repay the assist	ance. D No, recipient <u>has not begu</u>	in to repay the assistance.				
38. Has the agreement been amended to extend the rec	ipient's deadline for fulfilling its oblig	gations? (Mark one.)				
🗆 Yes 🖾 No						
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:					

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

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

Or fax to: (651) 215-3841

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# 2001 Minnesota Business Assistance Form

# RECEIVED APR 1 2 2001

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

#### Section 1 Information About Grantor

1. Name of grantor (funding entity)		2. Name of person completing this form		
Minnesota Dept. of Agriculture		Jim Boerboom		
3. Street address		4. City	5. ZIP code	
90 W. Plato Blvd.		St. Paul	55107	
6. County E.F.H. 7/6/01	7. Phone number	8. Fax number 9. E-mail ac		
Ramsly	651-297-3395	651-297-5522		
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.         Gail Ryan - Asst Dept Counsel       6-3378         Name: Title       Phone number    Street address City ZIP coordinates				
11. Classification of grantor (Mark one. If grantor is entity		12. Has your organization held a public hearing on and		
created by gov't agency, please indicate affiliation. For		adopted criteria for awarding business subsidies in		
example, a city EDA would check "City government.")		compliance with Minn. Stat. §116J.994? (Mark one.)		
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>Yes (Indicate hearing date and <u>attach criteria</u>)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>		
	ed any agreements to award a bu 0 that is required to be reported u	siness subsidy or financial assista under Minn, Stat. 8116J.993 and 8	-	

**2** Yes (Complete the remainder of the form.) 2 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	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>			assistance	
FarmConnect				<b>56716</b> ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)					
ັງ Yes (Indicate name and address of parent corporation below. <b>X</b> No	below. If more than one, indicate ultimate owner.)				
Name of parent corporation	Street address	City	State	ZIP code	

	ne.):		
<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please species)</li> </ul>	cify)
18. Did the recipient relocate as a result of	signing this agreement	? (Mark one.)	
❑ Yes (Indicate city and state of previous a No (Go to Question 19.)	address and reason reci	pient did not complete this project at that add	ress.)
City/State of previous address Reason pr	oject not completed at p	previous address	
19. Would the recipient have remained in p financial assistance? (Mark one.)	previous location or relo	ocated elsewhere if not awarded this business	subsidy or
Remained at previous location	Relocated to differen	t Minnesota location 🛛 🗅 Relocated outside	Minnesota
ection 3 General Information Ab	out the Agreemen	t	
20. Total dollar value of business subsidy assistance (Please separate value by ty and 25.)	or financial pe in Questions 24	21. Date agreement signed (In addition to the date, indicate any dates the agreement we	
\$225,000.		January 11, 2000	
be reported? (Mark one.)	<b>X</b> business subsidy	<ul> <li>Our types of financial assistance (see Question</li> <li>I financial assistance</li> <li>25. If the assistance was one of the four types</li> </ul>	
indicate the type(s) and total dollar va	alue for each type.	assistance, please indicate the type(s).	
not applicable, agreement provided finar		D not applicable, agreement provided a busin	·
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> </ul>	s <u>225,00</u> 0.	assistance for property polluted by contaminants	\$
	S	assistance for renovating building	
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> </ul>	s s	stock or bringing it up to code, and assistance provided for designated	\$
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilitie</li> </ul>	S       S       c     S       cs     S	assistance provided for designated historic preservation districts, when 50% or less of total cost	S
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilitie</li> <li>land contribution</li> </ul>	S     S       c     S       25     S       S     S	assistance provided for designated historic preservation districts, when 50% or less of total cost assistance for pollution control or abatement	s s
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilitie</li> <li>land contribution</li> </ul>	S     S       c     S       25     S       S     S	assistance provided for designated historic preservation districts, when 50% or less of total cost assistance for pollution control or	\$ \$ \$
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilitie</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s ss ssssssssssssssssssssssssssssssssssssssssssssssssssssss	assistance provided for designated historic preservation districts, when 50% or less of total cost assistance for pollution control or abatement	S ess subsidy or
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilitie</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment indicate the type of TIF district? (Mark</li> <li>a not applicable, assistance was not in the</li> </ul>	\$ \$ s s s s s s s t financing, please <i>k one j</i>	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 27. Are any other grantors providing a busin	S ess subsidy or (Mark one.) (their
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilitie</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax incremer indicate the type of TIF district? (Mark</li> <li>a not applicable, assistance was not in the</li> <li>redevelopment</li> <li>renewal and renovation</li> </ul>	s s s s s s s t financing, please k one j form of TIF	<ul> <li>assistance provided for designated historic preservation districts, when 50% or less of total cost</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a busin financial assistance to the same project?</li> <li>Yes (Specify each grantor and the value of</li> </ul>	S ess subsidy or (Mark one.) (their
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilitie</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax incremer indicate the type of TIF district? (Mark</li> <li>a not applicable, assistance was not in the</li> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>	s s s s s s s t financing, please k one j form of TIF	<ul> <li>assistance provided for designated historic preservation districts, when 50% or less of total cost</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a busin financial assistance to the same project?</li> <li>Yes (Specify each grantor and the value of assistance below; attach an additional she</li> </ul>	S ess subsidy or (Mark one.) (their
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilitie</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment indicate the type of TIF district? (Mark</li> <li>a not applicable, assistance was not in the</li> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> </ul>	s s s s s s s t financing, please k one j form of TIF	<ul> <li>assistance provided for designated historic preservation districts, when 50% or less of total cost</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a busin financial assistance to the same project?</li> <li>Yes (Specify each grantor and the value of assistance below; attach an additional she</li> <li>No</li> </ul>	S ess subsidy or (Mark one.) (their

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# Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 re of the following public p	equires that bus purposes were s	iness subsidy and fir tated in the agreeme	nancial assistance agreements (Mark all that apply.)	nts state a public p	urpose. Which
<ul> <li>Enhancing economic diversion</li> <li>Creating high-quality job</li> </ul>			<ul> <li>Increasing tax base (c</li> <li>Other (please specify)</li> </ul>	To increa	ise
<ul> <li>Job retention</li> <li>Stabilizing the community</li> </ul>			profitability of	f agricultu	ral producers
29. Indicate whether the agr at the time of this report	eement include . (Fill in the bo	d the following type exes and attainment of	s of goals, and whether the date(s) for each goal.)	recipient had attai	ned those goals
				get attainment s (month & year)	All goals attained?
A) Specific wage and job go	als to be attaine	d within 2 years	□ Yes ŎNo □ Yes ŎNo		□Yes □No □Yes □No
B) Other job-creation and/or C) Other wage goals	retention goals	,			Yes No
D) Other goals other than wa	age and job goa	ls	🖄 Yes 🗆 No 🔄		🖄 Yes 🗔 No
(Please attach descriptions of attainment if not documented	of goals and pro d in Questions 2	ogress toward 30 and 31.)			
30. For each of the followin agreement and the avera <i>job creation goals in ful</i>	ige hourly value	e of any employer-pi	creation and/or retention g rovided health insurance ge to separate goals by full- FTE (only if goals not	als for those jobs.	( <u>Only</u> indicate tions.)
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00				<u> </u>	s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher					s
date and the actual ho	urly value of an you are unable	y employer-provide to separate job crea	mber of <b>actual</b> jobs created d health insurance for thos ation into full- and part-tin	e jobs. ( <u>Only</u> indic	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00			· · · · · · · · · · · · · · · · · · ·		\$
57 00 to 58 99					\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					s
\$13.00 to \$14.99		<u> </u>			s
\$15.00 and higher					s
-	eved <u>all goals</u> (s	see Questions 29, 30	and 31) and fulfilled all ol	oligations stipulate	d in the agreement?
(Mark one.)		X Yes	🗅 No		

<ol> <li>During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §1</li> </ol>	per 31, 2000, did your organization ha 16J.994? <i>(Mark one.)</i>	ave any recipients who failed to
Yes (Indicate the name of each recipient failing to re recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	icial assistance awarded to that
2 No		
Name of recipient Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that	ed to achieve any goals or fulfill any owner required to be fulfilled by the tir	other obligations under an ne of this report? (Mark one.)
Yes (Complete the remainder of this)	section.) 🛛 🛚 No (Stop here and su	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each receiver to be attained by the time of reporting. (</li> <li>35. Information on recipient and agreement:</li> </ul>	cipient failing to fulfill goals or any o Attach additional pages if necessary.,	ther terms of an agreement that )
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	recipient relocated to a differ other (Specify reason.)	•
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	
Yes ONO, recipient <u>has begun</u> to repay the assista	ance. D No, recipient <u>has not begi</u>	un to repay the assistance.
38. Has the agreement been amended to extend the rec	ipient's deadline for fulfilling its obli	gations? (Mark one.)
	Yes No	
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	**************************************

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

Or fax to: (651) 215-3841



# 00-0549 2001 Minnesota Business Assistance Form RECEIVED APR 1 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 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information A	out Grantor				
1. Name of grantor (funding entity) MN Dept. of Agriculture		2. Name of person completing this form Terry Da/bec			
3. Street address 90 W. Plato Blud		4. City St. Paul	5. ZIP code 「SS/0フ		
6. County Ramsey 7. Phone number 651-215-0368		8. Fax number 651-296-6890	9. E-mail address		
10. Please indicate who in you Cail Ryon - Asst Da	r organization should receive the $ptCounsel 6.3378$		· · · · · · · · · · · · · · · · · · ·		
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.")		<ul> <li>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.)</li> </ul>			
City government		Yes (Indicate hearing date and <u>attach criteria</u> ) XNo			
County government		We held a public hearing but have not yet adopted			
State government		criteria (Indicate date of initial hearing)			
Grand Government		Other (Please attach explanation.)			
<ul> <li>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.)</li> <li>Xes (Complete the remainder of the form.) In No. (Stop here, go to section 5 on page 4.)</li> </ul>					
Section 2 Information A	haut Desirient				
Section 2 Information A	bout Recipient	· · · · · · · · · · · · · · · · · · ·			
14. Name of business or organization receiving subsidy or financial assistance		<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>			

### Section 1 Information About Grantor

receiving subsidy or financial assistance	will be used			j
MN Soybean Processors	<u>PO</u> Box Street address	100 Brews City	ter <u>MN</u> State	56/19 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
⊐ Yes (Indicate name and address of parent corporation below. ∡No	lf more than one,	indicate ultimate c	owner.)	
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
E.F.H. A Manufacturing Dervices 1/6/01 Retail Trade DWholesale Trade	□ Finance, Insurance, Real Estate ade □ Construction ♀ Other (please specify) Processien 9
18. Did the recipient relocate as a result of signing this agreem	nent? (Mark one.)
☐ Yes (Indicate city and state of previous address and reason XNo (Go to Question 19.)	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	at previous address
19. Would the recipient have remained in previous location or financial assistance? (Mark one.) $W/A - 545^{+}$ s	relocated elsewhere if not awarded this business subsidy or farting ur
Remained at previous location Relocated to different action	erent Minnesota location 🛛 Relocated outside Minnesota
Section 3 General Information About the Agreen	nent
<ul> <li>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</li> <li>\$27,500,00</li> </ul>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) $-\frac{3}{2} \frac{9}{00}$
22. Benefit date (Indicate the date the recipient will benefit fro indicate the date improvements were finished, equipment with the date improvements were finished, equipment whichever is earlier.) Final payment 11/14/	vas placed into service, or the recipient occupied the property,
<ul><li>23. Does the agreement provide a business subsidy or one of t be reported? (Mark one.)</li><li>Dusiness subsidy</li></ul>	he four types of financial assistance (see Question 25) required to
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).
$\Box$ not applicable, agreement provided financial assistance	X not applicable, agreement provided a business subsidy
<ul> <li>☐ loan (only principal)</li> <li>∑ grant (i.e., forgivable loan)</li> <li>∑ 1 tax abatement</li> <li>∑ TIF or other tax reduction or deferral</li> <li>∑ guarantee of payment</li> <li>Contribution of property or infrastructure</li> </ul>	<ul> <li>assistance for renovating building</li> <li>stock or bringing it up to code, and</li> <li>assistance provided for designated</li> <li>historic preservation districts, when</li> </ul>
<ul> <li>□ preferential use of governmental facilities</li> <li>□ land contribution</li> <li>□ other (Specify subsidy type.)</li> <li>S</li> </ul>	50% or less of total cost         □ assistance for pollution control or       S         abatement          □ assistance for a TIF soils condition district       S
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	
<ul> <li>conomic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	Grantor(s) and value of the agreement(s): AURE Grantor Value (S)
	Grantor Value (S)

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# Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 re of the following public	equires that busi purposes were st	ness subsidy and fin ated in the agreemen	ancial assistance agree nt? (Mark all that app	ements state a public po aly.)	arpose. Which
			ose) d prumute l'products		
29. Indicate whether the agr at the time of this report	eement included	the following types tes and attainment of	s of goals, and whether late(s) for each goal.)	r the recipient had attai	ned those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa (Please attach descriptions of attainment if not documented	retention goals age and job goal of goals and pro	s gress toward	Goals established? of Pes & No Pes & No Pes & No Pes & No	Target attainment dates (month & year)	All goals attained? Yes No Yes No Yes No Yes No
30. For each of the followir agreement and the avera job creation goals in fu	age hourly value	of any employer-pr	ovided health insurance	ce goals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals a stated as FT/PT) Job Creation		Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00		— 1/	'A —		s
\$7.00 to \$8.99		W			s
\$9.00 to \$10.99	<del></del>				s
\$11.00 to \$12.99	<u> </u>				s
\$13.00 to \$14.99					5
\$15.00 and higher					s
31 For each of the followin date and the actual how full-time equivalents if	urly value of any	y employer-provided	health insurance for i	those jobs. ( <u>Only</u> indic	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable separate FT/PT) Job Creation		Hourly Value of Health Insurance
less than \$7.00					\$
S7 00 to S8 99					\$
\$9 00 to \$10 99		<i>N</i>	イ		\$
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher			. <u></u>		s
32. Has the recipient achie (Mark one.)	eved <u>all goals</u> (so		and 31) and fulfilled <u>a</u>	Il obligations stipulated	I in the agreement?

2001 Minnesota Business Assistance Form

(Do not complete this section if you completed it c	on another 2001 MBAF sub	nilled to DIED.)				
<ol> <li>During the period January 1, 2000 through December 2 report as required by Minn. Stat. §116J.993 and §116J.</li> </ol>	<ol> <li>2000, did your organization ha</li> <li>994? (Mark one.)</li> </ol>	ve any recipients who failed to				
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	t and the value of subsidy or finan	cial assistance awarded to that				
XNO						
Name of recipient Type of subsidy or assistance	c (See Questions 24 and 25.)	Value of subsidy or assistance				
34. Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were	o achieve any goals or fulfill any o e required to be fulfilled by the tin	other obligations under an ne of this report? (Mark one.)				
Yes (Complete the remainder of this sect	ion.) 🛛 No (Stop here and sul	bmit form to DTED .)				
35 39. Provide the following information for each recipi were to be attained by the time of reporting. (Atta	ent failing to fulfill goals or any of the additional pages if necessary.)	ther terms of an agreement that				
35. Information on recipient and agreement:						
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance				
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance				
36. Reason(s) for default (Mark all that apply.):						
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	recipient relocated to a differ other (Specify reason.)	•				
37. To date, has the recipient fulfilled its repayment obliga	ntion? (Mark one.)	· ·				
Yes No, recipient has begun to repay the assistance	. O No, recipient has not begu	in to repay the assistance.				
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)						
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:						
· · · · · · · · · · · · · · · · · · ·						

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

Or fax to: (651) 215-3841



# 2001 Minnesota Business Assistance Form 00-0550 RECEIVED APR 1 2 2001

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) MN Dept. of Agriculture	2. Name of person completing this form Terry Da Ibec		
3. Street address 90 W. Plato Blud	4. City St. Paul	5. ZIP code 55107	
6. County RAMSey 7. Phone number 651-215-0368	8. Fax number 651-296-6840	9. E-mail address	
10. Please indicate who in your organization should receive the <u>Gail Ryan Dept Council K1-296-337</u> 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.")	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.)		
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>	<ul> <li>Yes (Indicate hearing date and <u>attach criteria</u>)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>		
<ul> <li>Has your organization signed any agreements to award a bus through December 31, 2000 that is required to be reported u</li> <li>Yes (Complete the remainder of the form.)</li> </ul>	nder Minn. Stat. §116J.993 and §	16J.994? (Mark one.)	
Section 2 Information About Recipient			
14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>		
Minnesota Market place (Farm Connect)	PO Box 346 Croc Street address City	State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
⊐ Yes (Indicate name and address of parent corporation below. XNo	If more than one, indicate ultima	le owner.)	
Name of parent corporation	Street address City	State ZIP code	

	Manufacturing Retail Trade	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insuran</li> <li>Construction</li> </ul>	ce, Real Estate Other (please spec	in) Marketing
18. Did the recipie	nt relocate as a result of s	signing this agreemen		<u>/////////////////////////////////////</u>	~~~~~~
	w and state of previous a		cipient did not complete th	tis project at that addi	ess.)
City/State of previo	us address Reason pro	ject not completed at	previous address		
	pient have remained in pr ce? (Mark one.) NA		located elsewhere if not a	warded this business s	ubsidy or
C Remained	at previous location	Relocated to differen	nt Minnesota location	C Relocated outside !	Minnesota
ection 3 Gener	al Information Abo	out the Agreeme	nt		
assistance (Plea	lue of business subsidy o ase separate value by typ			ites the agreement wa	
and 25.) \$ 50	0.000.00		1/21/00	7	
	e improvements were fin		the business subsidy or fin placed into service, or the		
23. Does the agreen be reported? (N	lark one.)		Four types of financial assi	stance (see Question 2	25) required to
	provided a business sub: (s) and total dollar valu		25. If the assistance was assistance, please ind		of financial
🗅 not applicable, ag	reement provided financi	ial assistance	not applicable, agreem	ent provided a busines	s subsidy
Ioan (only princip grant (i.e., forgiva	al) ble loan)	s s_ <u>50,000</u>	assistance for property by contaminants	polluted	\$
<ul> <li>☐ tax abatement</li> <li>☐ TIF or other tax re</li> <li>☐ guarantee of paym</li> </ul>	eduction or deferral	\$ \$ \$ \$	assistance for renovatir stock or bringing it up assistance provided for historic preservation d	ng building to code, and designated	S
land contribution	governmental facilities		50% or less of total cos assistance for pollution		S
□ other <i>(Specify sub</i>	sidy type.)	_ s	abatement assistance for a TIF soi	ls condition district	S
	included tax increment f of TIF district? (Mark o		27. Are any other grantor financial assistance to	s providing a business the same project? <i>(N</i>	
not applicable, ass	sistance was not in the fo	rm of TIF	Yes (Specify each gran assistance below; attac		
redevelopment renewal and renov	ration		□ No		
T soils condition			Grantor(s) and value of th	e agreement(s):	
🗅 economic develop				-	
economic develop mined undergroun	id space		AURI	?	
<ul> <li>soils condition</li> <li>economic develop</li> <li>mined undergroun</li> <li>hazardous substan</li> </ul>	id space		<u>AURT</u> Grantor <u>others</u> Grantor	Value (S)	

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# Section 4 Goals and Public Purpose Identified in the Agreement

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<ol> <li>Minn. Stat. §116J.994 of the following public</li> </ol>	requires that bu purposes were	siness subsidy and fit stated in the agreeme	ent? (Mark all that apply.	)	
<ul> <li>Enhancing economic div</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	growth		□ Increasing tax base ( ∑ Other (please specif) marketing of	) Chiomrage and	promote
29. Indicate whether the ag at the time of this repor	reement includ t. <i>(Fill in the b</i>	ed the following type oxes and attainment	s of goals, and whether th date(s) for each goal.)	e recipient had atta	ined those goals
A) Specific wage and job go B) Other job-creation and/o C) Other wage goals D) Other goals other than w (Please attach descriptions	r retention goal rage and job go of goals and pr	s als rogress toward	established? data Yes 20 No Yes 20 No	arget attainment es (month & year)	All goals attained? Yes No Yes No Yes No Yes No
attainment if not documente 30. For each of the followin	ng wage catego	ries, indicate the job (			
			ovided health insurance g to separate goals by full-		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	<u></u>	)/	л —		s
less than \$7.00		<i>N</i>	μ		s
\$7.00 to \$8.99	·			<del>-</del>	s
\$9.00 to \$10.99	<u> </u>				s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher		<u> </u>			s
	urly value of an you are unable	y employer-provided to separate job creat	health insurance for those tion into full- and part-time	e jobs. <u>(Only</u> indica	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00		<u> </u>			\$
\$7.00 to \$8.99		— <i>N</i> /	A		s
\$9.00 to \$10.99					s
\$11.00 to \$12.99					s
\$13.00 to \$14.99	<u> </u>				\$
\$15.00 and higher					s
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (s		nd 31) and fulfilled <u>all ob</u> ) No	ligations stipulated	in the agreement?

33. During the period Janua report as required by M	ary 1, 2000 through December linn. Stat. §116J.993 and §116	31, 2000, did your organization h J.994? <i>(Mark one.)</i>	ave any recipients who failed to
Ses (Indicate the name of recipient. Attach add	f each recipient failing to repo litional pages if necessary.)	ert and the value of subsidy or fina	ncial assistance awarded to tha
X No			
Name of recipient	Type of subsidy or assistant	ce (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization h agreement signed on or</li> </ol>	have any recipients who failed after January 1, 2000, that we	to achieve any goals or fulfill any re required to be fulfilled by the time	other obligations under an ne of this report? (Mark one.)
□ Yes (Com	plete the remainder of this sec	tion.) 🔀 No (Stop here and su	bmit form to DTED .)
<ul><li>35 39. Provide the follow were to be attained</li><li>35. Information on recipient</li></ul>	by the time of reporting. (Att	ient failing to fulfill goals or any o ach additional pages if necessary,	ther terms of an agreement that )
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (M	fark all that apply.):		
recipient ceased operation recipient was unable to fill		<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipien	nt fulfilled its repayment obliga	ation? (Mark one.)	
Yes No, recipient ha	s begun to repay the assistance	e. D No, recipient <u>has not begu</u>	n to repay the assistance.
38. Has the agreement been	amended to extend the recipie	nt's deadline for fulfilling its oblig	ations? (Mark one.)
		I Yes 🖸 No	
	taken to bring recipient into c	ompliance or recoup the subsidy:	
39. Describe the steps being			
39. Describe the steps being			
39. Describe the steps being			

2001 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place

St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

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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 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 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code	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.			
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	e person in Ques	ition 2.	
Name/Title	Phone number	Street address	City	ZIP code	
	lark one. If grantor is entity lease indicate affiliation. For l check "City government.")	<ol> <li>Has your organization hele adopted criteria for awards compliance with Minn. St</li> </ol>	ing business sub	sidies in	
<ul> <li>City government</li> <li>County government</li> </ul>		* Yes (Indicate hearing date -	7-27-00 and <u>at</u>	<u>tach criteria</u> )	
<ul> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>We held a public hearing bu criteria (Indicate date of in</li> <li>Other (Please attach explan)</li> </ul>	itial hearing	dopted)	
	ed any agreements to award a bus 0 that is required to be reported u				

* Yes (Complete the remainder of the form.) □ 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	<ol> <li>Address where busin will be used</li> </ol>	ess subsidy or fin	ancial assistance	
UNITED HEALTH CARE	4316 RICE LAKE RD Street address	DULUTH City	MN 55802 ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)				
<ul> <li>Yes (Indicate name and address of parent corporation below)</li> <li>* No</li> </ul>	. If more than one, indicate	e ultimate owner.,	)	
Name of parent corporation	Street address C	City	State ZIP code	

A Monufacturing # C			
<b>U</b>	vices olesale Trade	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please specify)_</li> </ul>	
18. Did the recipient relocate as a result of signing the	is agreement? (	(Mark one.)	
<ul> <li>Yes (Indicate city and state of previous address an</li> <li>* No (Go to Question 19.)</li> </ul>	nd reason recipi	ient did not complete this project at that address.)	
City/State of previous address Reason project not of	completed at pre	evious address	
19. Would the recipient have remained in previous le financial assistance? (Mark one.)	ocation or reloc	ated elsewhere if not awarded this business subsid	iy or
* Remained at previous location	ed to different N	Ainnesota location	esota
action 3 Conoral Information About the	Agroomont		
ection 3 General Information About the . 20. Total dollar value of business subsidy or financial		. Date agreement signed (In addition to the agree	ment
assistance (Please separate by type - see Question and 25 - and indicate only principal amount for	1s 24	date, indicate any dates the agreement was ame	
\$100,000		June 27, 2000	
22. Benefit date (Indicate the date the recipient will b indicate the date improvements were finished, equ whichever is earlier.) June 27,	ipment was plac		
<ol> <li>Does the agreement provide a business subsidy or be reported? (Mark one.)</li> </ol>	one of the four	types of financial assistance (see Question 25) re	quired to
* business	subsidy 🗆 fi	inancial assistance	
24. If the agreement provided a business subsidy, plea indicate the type(s).	se 25.	. If the assistance was one of the four types of fin assistance, please indicate the type(s).	ancial
not applicable, agreement provided financial assista	ince 🗔	not applicable, agreement provided a business sub	
		not applicable, agreement provided a business suc	osiay
<ul> <li>loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	r pr c	assistance for property polluted by contaminants assistance for renovating building stock or bringir to code, and assistance provided for designated hi eservation districts, when 50% or less of total cos assistance for pollution control or abatement assistance for a TIF soils condition district	ng it up storic
<ul> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	, please 27.	assistance for property polluted by contaminants assistance for renovating building stock or bringir to code, and assistance provided for designated hi eservation districts, when 50% or less of total cos assistance for pollution control or abatement assistance for a TIF soils condition district	ng it up storic t sidy or
<ul> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul> 26. If the assistance included tax increment financing, indicate the type of TIF district? (Mark one.)	, please 27.	assistance for property polluted by contaminants assistance for renovating building stock or bringir to code, and assistance provided for designated hi eservation districts, when 50% or less of total cos assistance for pollution control or abatement assistance for a TIF soils condition district	ng it up storic t sidy or one.)
<ul> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>6. If the assistance included tax increment financing, indicate the type of TIF district? (Mark one.)</li> <li>not applicable, assistance was not in the form of TI</li> <li>redevelopment</li> </ul>	, please 27. $F \times \frac{1}{2}$	assistance for property polluted by contaminants assistance for renovating building stock or bringin to code, and assistance provided for designated hi eservation districts, when 50% or less of total cos assistance for pollution control or abatement assistance for a TIF soils condition district . Are any other grantors providing a business sub financial assistance to the same project? (Mark o Q.I.H. B/20/01 Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if ne	ng it up storic t sidy or one.)
<ul> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>6. If the assistance included tax increment financing, indicate the type of TIF district? (Mark one.)</li> <li>not applicable, assistance was not in the form of TI</li> <li>redevelopment</li> <li>renewal and renovation</li> </ul>	, please 27. $F \times \frac{1}{2}$	assistance for property polluted by contaminants assistance for renovating building stock or bringin to code, and assistance provided for designated hi eservation districts, when 50% or less of total cos assistance for pollution control or abatement assistance for a TIF soils condition district . Are any other grantors providing a business sub financial assistance to the same project? (Mark o Q.I.H.B/20 01 Yes (Specify each grantor and the value of their	ng it up storic t sidy or one.)
<ul> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>6. If the assistance included tax increment financing, indicate the type of TIF district? (Mark one.)</li> <li>not applicable, assistance was not in the form of TI</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	, please 27.	assistance for property polluted by contaminants assistance for renovating building stock or bringin to code, and assistance provided for designated hi eservation districts, when 50% or less of total cos assistance for pollution control or abatement assistance for a TIF soils condition district . Are any other grantors providing a business sub financial assistance to the same project? (Mark o Q.I.H. B/20/01 Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if ne	ng it up storic t sidy or one.)
<ul> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>6. If the assistance included tax increment financing, indicate the type of TIF district? (Mark one.)</li> <li>not applicable, assistance was not in the form of TI</li> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>	, please 27.	assistance for property polluted by contaminants assistance for renovating building stock or bringin to code, and assistance provided for designated hi eservation districts, when 50% or less of total cos assistance for pollution control or abatement assistance for a TIF soils condition district Are any other grantors providing a business sub financial assistance to the same project? (Mark o Q.T.H. E[20]01 Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if ner No antor(s) and value of the agreement(s	ng it up storic t sidy or one.)
<ul> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	, please 27. F X C Gra TIH Gra	assistance for property polluted by contaminants assistance for renovating building stock or bringin to code, and assistance provided for designated hi eservation districts, when 50% or less of total cos assistance for pollution control or abatement assistance for a TIF soils condition district . Are any other grantors providing a business sub financial assistance to the same project? (Mark o Q.I.H. B/20 01 Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if ne No antor(s) and value of the agreement(s F1,500,000 antor Value (\$)	ng it up storic t sidy or one.)
<ul> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>6. If the assistance included tax increment financing, indicate the type of TIF district? (Mark one.)</li> <li>not applicable, assistance was not in the form of TI</li> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>	, please 27. F X X Gra Gra DE	assistance for property polluted by contaminants assistance for renovating building stock or bringin to code, and assistance provided for designated hi eservation districts, when 50% or less of total cos assistance for pollution control or abatement assistance for a TIF soils condition district . Are any other grantors providing a business sub financial assistance to the same project? (Mark o Q.T.H. E[20]01 Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if ner No antor(s) and value of the agreement(s $F _ _ _ 1,500,000_$	ng it up storic t sidy or one.)

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# Section 4 Goals and Public Purpose Identified in the Agreement

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			nancial assistance agreement t? (Mark all that apply.)	ts state a public j	ourpose. Which
<ul> <li>Enhancing economic div</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax base (ca</li> <li>Other (please specify)</li> </ul>		pose)
29. Indicate whether the ag at the time of this report				ecipient had atta	attained?
				et attainment	All goals
A) Specific wage and job go	oals to be attain	ed within 2 years		(month & year) 2000	v attained? ★ Yes □ No
<ul><li>B) Other job-creation and/o</li><li>C) Other wage goals</li></ul>	or retention goals	5			□Yes □No □Yes □No
D) Other goals other than w	vage and job goa	ls			I Yes I No
(Please attach descriptions attainment if not documente					
	age hourly value	e of any employer-pr	creation and/or retention go ovided health insurance goa to separate goals by full- a FTE (only if goals not stated as FT/PT)	Is for those jobs	
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
no hourly wage-level goal					s
less than \$7.00			<u></u>		s
\$7.00 to \$8.99	_50				\$
\$9.00 to \$10.99			<u> </u>		\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					s
\$15.00 and higher			- <u></u>		\$
	urly value of an	y employer-provided	nber of <b>actual</b> jobs created a health insurance for those j <i>tion into full- and part-time</i>	obs. <u>(Only</u> indic	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					\$
\$7.00 to \$8.99	_50				\$
\$9.00 to \$10.99					5
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					s
\$15.00 and higher					\$
32. Has the recipient achie (Mark one.)	eved <u>all goals</u> (s	ee Questions 29, 30 a * Yes		gations stipulate	d in the agreement?

(Do not complete this section if you completed it	on another 2001 MBAF sub	mitted to DTED.)
33. During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J.9		we any recipients who failed to
□ Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	rt and the value of subsidy or finar	icial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed t agreement signed on or after January 1, 2000, that wer</li> </ol>		
Yes (Complete the remainder of this sector)	tion.) * No (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each recipi were to be attained by the time of reporting. (Attac		her terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obliga	tion? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistance	. DNo, recipient <u>has not begu</u>	<u>n</u> to repay the assistance.
38. Has the agreement been amended to extend the recipie	nt's deadline for fulfilling its oblig	ations? (Mark one.)
	Yes 🖸 No	<u> </u>
39. Describe the steps being taken to bring recipient into c	ompliance or recoup the subsidy:	
		,

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

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

Or fax to: (651) 215-3841

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# 2001 Minnesota Business Assistance Form

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

#### Section 1 Information About Grantor

1. Name of grantor (funding DTED (MINNES	g entity) SOTA INVESTMENT FUND)	· · · · · · · · · · · · · · · · · · ·	
3. Street address 500 METF	RO SQ., 121 7 TH PLACE EAST		
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.)		
City government		* Yes (Indicate hearing dat	e - 7-27-00 and <u>e</u>	uttach criteria)
County government		🗆 No		
Regional government		U We held a public hearing	but have not yet	adopted
* State government		criteria (Indicate date of	initial hearing -	)
Other (Please specify.)		Other (Please attach expl	anation.)	

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.) DNo (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	<ol> <li>Address where busines will be used</li> </ol>	ss subsidy or finance	cial assistance
<b>VOYAGER SUPPLY &amp; FABRICATION</b>	803 CENTRAL AVE N. Street address	BRANDON City	MN 56315 ZIP code
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>Yes (Indicate name and address of parent corporation below</li> <li>No</li> </ul>	. If more than one, indicate t	ultimate owner.)	
Name of parent corporation	Street address Cit	ty St	ate ZIP code

	<ul> <li>Manufacturing</li> </ul>			Finance, Insurance, Real Estate	
	Retail Trade	Wholesale		Construction Other (please specify)	<u></u>
18. Did the recipie	nt relocate as a result of s	signing this agree	ment? (Mark	one.)	
<ul> <li>Yes (Indicate ci</li> <li>No (Go to Ques)</li> </ul>		address and reas	on recipient d	id not complete this project at that address	s.)
City/State of previo	us address Reason pro	ject not complete	ed at previous	address	
19. Would the recip financial assistar		revious location of	or relocated el	sewhere if not awarded this business subsi	dy or
* Remained	at previous location	Relocated to dif	ferent Minnes	tota location	nesota
ection 3 Genera	al Information Abo	ut the Agree	ment		
assistance (Plea	ne of business subsidy or se separate by type - see dicate only principal am	Questions 24		agreement signed (In addition to the agre , indicate any dates the agreement was am	
	\$90,000			DECEMBER 8, 2000	
	improvements were finis er.)			ess subsidy or financial assistance. For exact of service, or the recipient occupied the pro-	
23. Does the agreen be reported? (Ma	rk one.)	ubsidy or one of t		of financial assistance (see Question 25) m	equired to
24. If the agreement	provided a business subs			e assistance was one of the four types of fir	nancial
indicate the type(				tance, please indicate the type(s).	
□ not applicable, ag	eement provided financi	al assistance	🗅 not ap	plicable, agreement provided a business su	ıbsidy
	duction or deferral ent operty or infrastructure governmental facilities		<ul> <li>assista</li> <li>to cod</li> <li>preserva</li> <li>assista</li> </ul>	nce for property polluted by contaminants nce for renovating building stock or bringi e, and assistance provided for designated h tion districts, when 50% or less of total co nce for pollution control or abatement nce for a TIF soils condition district	ing it up historic
	included tax increment f			any other grantors providing a business sultial assistance to the same project? (Mark	
26. If the assistance indicate the type of					
indicate the type of	istance was not in the fo	m of TIF		pecify each grantor and the value of their ince below; attach an additional sheet if n	
indicate the type of not applicable, ass redevelopment renewal and renov	istance was not in the fo	m of TIF		pecify each grantor and the value of their ince below; attach an additional sheet if n	
indicate the type of not applicable, ass redevelopment renewal and renov soils condition economic develop mined undergroun	istance was not in the fo ation ment d space	m of TIF	assista * No		
indicate the type of	istance was not in the fo ation ment d space	m of TIF	assista * No	nce below; attach an additional sheet if n	

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

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Enhancing economic diverse Creating high-quality job Job retention Stabilizing the communit	growth		<ul> <li>Increasing tax base (ca</li> <li>Other (please specify)</li> </ul>	nnot be only pu	rpose)
<ol> <li>Indicate whether the ag at the time of this report</li> </ol>			s of goals, and whether the re date(s) for each goal.)	cipient had attai	-
) Specific wage and job go ) Other job-creation and/o ) Other wage goals ) Other goals other than w Please attach descriptions	r retention goal	s Ils	established? dates ( * Yes D No <u>JUNE</u> D Yes D No D Yes D No	et attainment month & year) 2 2003	All goals attained? & H. Yes No Yes No Yes No Yes No
ttainment if not documente					
agreement and the avera	age hourly valu	e of any employer-pr	creation and/or retention goa ovided health insurance goal to separate goals by full- an	s for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal		<u> </u>		<u> </u>	s
less than \$7.00					\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.99	_13				<b>s</b> 75
\$11.00 to \$12.99	2				<b>\$</b> .75_
\$13.00 to \$14.99					\$
\$15.00 and higher					٤
date and the actual hou	urly value of an	y employer-provided	nber of <b>actual</b> jobs created an health insurance for those jo <i>tion into full- and part-time p</i> FTE (only if unable to	bs. <u>(Only</u> indica	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					s
\$7.00 to \$8.99					\$
					s
\$9.00 to \$10.99					\$
\$9.00 to \$10.99 \$11.00 to \$12.99					
					s

2001 Minnesota Business Assistance Form

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(Do not complete this section if you completed		mitted to DTED.)
<ol> <li>During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §116</li> </ol>		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to represent recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	ncial assistance awarded to that
* No		
Name of recipient Type of subsidy or assista	nce (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that w		
Yes (Complete the remainder of this s	rection.) * No (Stop here and suc	bmit form to DTED .)
35 39. Provide the following information for each rec were to be attained by the time of reporting. (Att		ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obli	igation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistant	nce. D No, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the recip	pient's deadline for fulfilling its oblig	gations? (Mark one.)
	🗆 Yes 🔲 No	
39. Describe the steps being taken to bring recipient into	o compliance or recoup the subsidy:	

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

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

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

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# 00-0697 2001 Minnesota Business Assistance Form

27. H. original rescenced 5/2/01

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

#### Section 1 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 METR	O SQ., 121 7 [™] PLACE EAST	4. City SAINT PAUL	5. ZIP code	55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fa.: number 651-296-5287	9. E-mail ac paul.a.mo	ldress be@state.mn.us
10. Please indicate who in yo Name/Title	Phone number	e 2002 MBAF if different from the second sec	he person in Ques	stion 2. ZIP code
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For ld check "City government.")	12. Has your organization he adopted criteria for awar compliance with Minn. S	ding business sut	osidies in
<ul> <li>City government</li> <li>County government</li> </ul>		<ul> <li>* Yes (Indicate hearing date</li> <li>□ No</li> <li>□ We held a method hearing late</li> </ul>	-	

 □ Regional government
 □ We held a public hearing but have not yet adopted

 * State government
 □ Other (Please specify.)

 □ Other (Please specify.)
 □ 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.) □ No (Stop here, go to section 5 on page 4.)

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where t will be used	ousiness subsidy or fina	ncial assistance
IMPACT PLASTICS	223 SE FIRST AVE Street address	CLARA CITY City	MN 56222 ZIP code
16. Does the recipient have a parent corporatio	n? (Mark one.)		
* Yes (Indicate name and address of parent con	rporation below. If more than one, indi	icate ultimate owner.)	
BLYTH INDUTRIES	100 FIELD POINT RC	DAD GREENWIC	H CT 06830
Name of parent corporation	Street address	City S	State ZIP code

* 34			
<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	<ul> <li>Service</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please specify)</li> </ul>	
18. Did the recipient relocate as a result of sign	ning this agreement?	(Mark one.)	
<ul> <li>Yes (Indicate city and state of previous add</li> <li>* No (Go to Question 19.)</li> </ul>	lress and reason reci	pient did not complete this project at that address.)	
City/State of previous address Reason project	t not completed at pr	evious address	
19. Would the recipient have remained in prev financial assistance? (Mark one.)	ious location or reloc	cated elsewhere if not awarded this business subsidy or	
□ Remained at previous location □ R	elocated to different	Minnesota location	
ection 3 General Information About	the Agreement		
<ol> <li>Total dollar value of business subsidy or fit assistance (Please separate by type - see Qt and 25 - and indicate only principal amout</li> </ol>	estions 24	1. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)	
\$198,000	ni jor iouns.)	June 2, 2000	
indicate the date improvements were finishe whichever is earlier.)		business subsidy or financial assistance. For example, aced into service, or the recipient occupied the property, 1	
be reported? (Mark one.)	-	r types of financial assistance (see Question 25) required to	
≁ Dus	iness subsidy	financial assistance	
24. If the agreement provided a business subsiding indicate the type(s).	y, please 25	5. If the assistance was one of the four types of financial assistance, please indicate the type(s).	
not applicable, agreement provided financial	assistance	not applicable, agreement provided a business subsidy	
<ul> <li>* loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	p D	assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic reservation 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 fina indicate the type of TIF district? (Mark one.)		7. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)	
not applicable, assistance was not in the form	of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.	
D redevelopment D renewal and renovation D soils condition	* ]	Νο	
conomic development	Gi	rantor(s) and value of the agreement(s	
<ul> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	G	rantor Value (\$)	

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

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Creating high-quality job growth Job retention		<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>			
Stabilizing the community	y				
29. Indicate whether the age at the time of this report				recipient had atta	-
<ul> <li>A) Specific wage and job goals to be attained within 2 years</li> <li>B) Other job-creation and/or retention goals</li> <li>C) Other wage goals</li> <li>D) Other goals other than wage and job goals</li> </ul>		established? dates	get attainment s (month & year) PTEMBER 2002	All goals attained? b Yes XNO Yes No Yes No Yes No Yes No	
Please attach descriptions o uttainment if not documented					
	ige hourly valu	e of any employer-pro	creation and/or retention go ovided health insurance go to separate goals by full- FTE (only if goals not	als for those jobs.	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00				. <u></u>	s
\$7.00 to \$8.99					\$
\$9.00 to \$10.99	22				s_1.66
\$11.00 to \$12.99	9	<del></del>			\$1.66_
\$13.00 to \$14.99	2				<b>s_1</b> .66_
\$15.00 and higher					s1.66
	rly value of an	y employer-provided	iber of <b>actual</b> jobs created health insurance for those <i>tion into full- and part-time</i> FTE ( <u>only</u> if unable to separate FT/PT)	jobs. ( <u>Only</u> indic	
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
less than \$7.00					s
\$7.00 to \$8.99	3				\$1.66
\$9.00 to \$10.99	2				<b>s</b> 1.90
\$11.00 to \$12.99	2				\$2.50
					\$
\$13.00 to \$14.99					

2001 Minnesota Business Assistance Form

(Do not complete this section if you completed i		mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J</li> </ol>		we any recipients who failed to
Yes (Indicate the name of each recipient failing to represent recipient. Attach additional pages if necessary.)	ort and the value of subsidy or finan	ncial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistant	nce (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that w		
Given Section 24 Yes (Complete the remainder of this section 24).	ection.) * No (Stop here and su	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each recivere to be attained by the time of reporting. (Attained 35. Information on recipient and agreement:</li> </ul>		ther terms of an agreement that
55. Information on recipient and agreement.		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obli	gation? (Mark one.)	
• Yes • No, recipient <u>has begun</u> to repay the assistant	ce. DNo, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the recip	ient's deadline for fulfilling its oblig	gations? (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 <u>April 1, 2001</u>, to:

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

Or fax to: (651) 215-3841

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# I.T.H. orginal received 5/2/01

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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

#### Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE		
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 5.	5101
6. County RAMSEY	County RAMSEY 7. Phone number 651-297-1391		9. E-mail addre: paul.a.moe@s	
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from th	e person in Questior	n 2.
Name/Title	Phone number	Street address	City	ZIP code
	lark one. If grantor is entity lease indicate affiliation. For l check "City government.")	<ol> <li>Has your organization hel adopted criteria for award compliance with Minn. St</li> </ol>	ing business subsidi	es in
<ul> <li>City government</li> <li>County government</li> </ul>		* Yes (Indicate hearing date	- 7-27-00 and <u>attac</u> l	<u>h criteria</u> )
Regional government		U We held a public hearing but have not yet adopted		
<ul> <li>State government</li> <li>Other (Please specify.)</li> </ul>		criteria (Indicate date of initial hearing) Other (Please attach explanation.)		)
	ed any agreements to award a bus 0 that is required to be reported u			
+ •• (2	olete the remainder of the form.)	□ No (Stop here, go to section	<b>-</b>	

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where business will be used	subsidy or financ	ial assistance
SCHWANS SALES ENTERPRISES	115 W COLLEGE DRIVE Street address	MARSHALL City	MN 56258 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<ul> <li>Yes (Indicate name and address of parent corporation belo</li> <li>* No</li> </ul>	w. If more than one, indicate u	ltimate owner.)	
Name of parent corporation	Street address City	/ Sta	ate ZIP code

17. Industry of recipient's facility (Mark one.):		
<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	Service Wholesale Trade	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please specify)</li> </ul>
18. Did the recipient relocate as a result of signing	ng this agreement? (.	Mark one.)
<ul> <li>Yes (Indicate city and state of previous addr</li> <li>* No (Go to Question 19.)</li> </ul>	ress and reason recip	pient did not complete this project at that address.)
City/State of previous address Reason project	not completed at pre	evious address
19. Would the recipient have remained in previo financial assistance? (Mark one.)	us location or reloca	ated elsewhere if not awarded this business subsidy or
* Remained at previous location	ocated to different N	Ainnesota location
Section 3 General Information About t	he Agreement	
20. Total dollar value of business subsidy or fina assistance (Please separate by type - see Que and 25 - and indicate only principal amount	ncial 21. stions 24	. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$233,300	<i>joi touns.)</i>	OCTOBER 26, 2000
indicate the date improvements were finished, whichever is earlier.)		business subsidy or financial assistance. For example, ced into service, or the recipient occupied the property,
be reported? (Mark one.)		types of financial assistance (see Question 25) required to inancial assistance
24. If the agreement provided a business subsidy, indicate the type(s).	please 25.	. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial as	sistance 🛛 🗅 r	not applicable, agreement provided a business subsidy
<ul> <li>* loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	t t pro	assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic eservation 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 financial indicate the type of TIF district? (Mark one.)		Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
* not applicable, assistance was not in the form o		Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>	* N	
hazardous substance subdistrict	Gra	antor Value (\$)
	Gra	antor Value (\$)

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<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	growth		<ul> <li>Increasing tax base (c</li> <li>Other (please specify)</li> </ul>		rpose)
9. Indicate whether the ag at the time of this repor			s of goals, and whether the date(s) for each goal.)	recipient had atta	ined those goals
A) Specific wage and job go 3) Other job-creation and/o C) Other wage goals D) Other goals other than w	r retention goal	s	established? dates * Yes □ No <u> </u>	get attainment 5 (month & year) JNE 2003	All goals All goals attained? W Yes No Yes No Yes No Yes No Yes No
Please attach descriptions attainment if not documente					
	age hourly valu ll-time equivale	e of any employer-protect of any employer-protect of you are unable	ovided health insurance <b>go</b> to separate goals by full- o	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99					\$_
\$9.00 to \$10.99	10				s
\$11.00 to \$12.99	_41	<del></del>			<b>\$</b> _
\$13.00 to \$14.99					s
\$15.00 and higher					s
date and the <b>actual</b> hou <i>full-time equivalents if</i> Hourly Wage	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	nber of actual jobs created health insurance for those <i>tion into full- and part-time</i> FTE ( <u>only</u> if unable to separate FT/PT)	jobs. ( <u>Only</u> indic e positions.) Job	ate job creation in Hourly Value of
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
less than \$7.00					s
\$7.00 to \$8.99				<u> </u>	\$
\$9.00 to \$10.99					٢
\$11.00 to \$12.99					\$
					S
\$13.00 to \$14.99					

(Do not complete this sec	tion if you completed i	t on another 2001 MBAF sui	bmitted to DTED.)
	y 1, 2000 through Decembe Stat. §116J.993 and §116J	r 31, 2000, did your organization h .994? <i>(Mark one.)</i>	nave any recipients who failed to
	each recipient failing to rep ional pages if necessary.)	ort and the value of subsidy or fina	incial assistance awarded to that
* No			
Name of recipient	Type of subsidy or assistar	nce (See Questions 24 and 25.)	Value of subsidy or assistance
		l to achieve any goals or fulfill any ere required to be fulfilled by the ti	
□ Yes (Comp	lete the remainder of this se	ection.) * No (Stop here and st	ubmit form to DTED .)
	the time of reporting. (Atta	pient failing to fulfill goals or any ( ach additional pages if necessary.)	other terms of an agreement that
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Ma	urk all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill</li> </ul>	vacant positions	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	erent community
37. To date, has the recipient	fulfilled its repayment oblig	gation? (Mark one.)	
□ Yes □ No, recipient <u>has</u>	begun to repay the assistan	ce. DNo, recipient has not beg	un to repay the assistance.
38. Has the agreement been a	mended to extend the recip	ient's deadline for fulfilling its obl	igations? (Mark one.)
		🗆 Yes 🗆 No	
39. Describe the steps being t	aken to bring recipient into	compliance or recoup the subsidy:	

### Return your completed MBAF(s) by <u>April 1, 2001</u>, to:

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

Or fax to: (651) 215-3841

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## L. F.H. original received 5/2/01

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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

4. City SAINT PAUL 5. ZIP code 55101		
8. Fax number9. E-mail address651-296-5287paul.a.moe@state.mr		
2002 MBAF if different from the person in Question 2.		
Street address City ZIP co		
12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)		
* Yes (Indicate hearing date - 7-27-00 and attach criteri		
We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing -		
□ Other (Please attach explanation.)		

14. Name of business or organization receiving subsidy or financial assistance	15. Address where t will be used	ousiness subsidy or fi	nancial assistance
HILL WOOD PRODUCTS, INC.	PO BOX 398 Street address	COOK City	MN 55723 ZIP code
16. Does the recipient have a parent corporation? (Mark o	one.)		
<ul> <li>Yes (Indicate name and address of parent corporation</li> <li>* No</li> </ul>	below. If more than one, in	ndicate ultimate owne	r.)
Name of parent corporation	Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.):	
* Manufacturing	□ Finance, Insurance, Real Estate rade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreem	ent? (Mark one.)
<ul> <li>Yes (Indicate city and state of previous address and reasor</li> <li>No (Go to Question 19.</li> </ul>	n recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	at previous address
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
* Remained at previous location	rent Minnesota location
ection 3 General Information About the Agreem	ent
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$96,000	<b>JANUARY 7, 2000</b>
whichever is earlier.)	is placed into service, or the recipient occupied the property,
FEBRUARY, 200	
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.) * business subsidy	e four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please	25. If the assistance was one of the four types of financial
indicate the type(s).	assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	□ not applicable, agreement provided a business subsidy
<ul> <li>* loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
not applicable, assistance was not in the form of TIF	* Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
) redevelopment ) renewal and renovation ) soils condition	🗅 No
□ economic development □ mined underground space	Grantor(s) and value of the agreement(s
hazardous substance subdistrict	_IRRRB\$400,000
	Grantor Value (\$) NORTHLAND FOUNDATION_\$100,00 Grantor Value (\$)

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Enhancing economic dive Creating high-quality job Job retention Stabilizing the community	growth		<ul> <li>Increasing tax base (c.</li> <li>Other (please specify)</li> </ul>	annot be only pu	rpose)
<ol> <li>Indicate whether the again at the time of this report</li> </ol>			s of goals, and whether the r date(s) for each goal.)	ecipient had attai	-
) Specific wage and job go Other job-creation and/or Other wage goals ) Other goals other than w	r retention goal	s	established? dates	et attainment (month & year) RUARY 2003	All goals attained? (2, 1, 1) Yes No Yes No Yes No Yes No
lease attach descriptions tainment if not documente					
agreement and the avera	age hourly valu	e of any employer-pr	creation and/or retention goa ovided health insurance goa to separate goals by full- at FTE (only if goals not	ls for those jobs.	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					5
\$7.00 to \$8.99				4	\$2.25_
\$9.00 to \$10.99	_			4	\$_2.78
\$11.00 to \$12.99				6	\$3.27_
\$13.00 to \$14.99				1	\$_3.93
\$15.00 and higher	~			1	\$_4.40
date and the actual hou	Irly value of an	y employer-provided	nber of actual jobs created a health insurance for those ju tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indica	nte job creation in Hourly Value of
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
less than \$7.00					\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.99		—			٢
\$11.00 to \$12.99					\$
					\$
\$13.00 to \$14.99					

(Do not complete this section if you completed in		mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J.</li> </ol>		ave any recipients who failed to
□ Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	ort and the value of subsidy or finar	ncial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistan	ce (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we</li> </ol>		
Yes (Complete the remainder of this set	ction.) * No (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each recip were to be attained by the time of reporting. (Atta		ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment oblig	gation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistant	ce. D No, recipient <u>has not begu</u>	in to repay the assistance.
38. Has the agreement been amended to extend the recipie	ent's deadline for fulfilling its oblig	ations? (Mark one.)
{	Yes No	
39. Describe the steps being taken to bring recipient into	compliance or recoup the subsidy:	

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Or fax to: (651) 215-3841

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## E.I.H. original received 5/2/01

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#### Section 1 Information About Grantor

<ol> <li>Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)</li> <li>Street address 500 METRO SQ., 121 7TH PLACE EAST</li> </ol>		2. Name of person completin PA	g this form UL A. MOE
		4. City SAINT PAUL 5. ZIP code 551	
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.)		
City government		Yes (Indicate hearing dat	e - 7-27-00 and <u>e</u>	attach criteria)
County government		] No		
Regional government		We held a public hearing	but have not yet	adopted
* State government		criteria (Indicate date of	initial hearing -	)
Other (Please specify.)		Other (Please attach expla		

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.)

<ol> <li>Name of business or organization</li></ol>	<ol> <li>Address where business subsidy or financial assistance</li></ol>			
receiving subsidy or financial assistance	will be used			
COOPERATIVE RESPONSE CENTER, INC.	21966 STATE HIGHWAY 56	AUSTIN	MN 55912	
	Street address	City	ZIP code	
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>Yes (Indicate name and address of parent corporation below * No</li> </ul>	v. If more than one, indicate ulti	mate owner.)		
Name of parent corporation	Street address City	S	tate ZIP code	

17. Industry of recipient's facility (Mark one.)	
<ul> <li>Manufacturing * Service</li> <li>Retail Trade</li> <li>Wholesale T</li> </ul>	<ul> <li>Finance, Insurance, Real Estate</li> <li>Trade Construction Other (please specify)</li> </ul>
18. Did the recipient relocate as a result of signing this agreement	ent? (Mark one.)
<ul> <li>Yes (Indicate city and state of previous address and reason</li> <li>* No (Go to Question 19.</li> </ul>	n recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	at previous address
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
* Remained at previous location	rent Minnesota location 🖸 Relocated outside Minnesota
Section 3 General Information About the Agreem	ent
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$150,000	OCTOBER 2, 2000
whichever is earlier.)	as placed into service, or the recipient occupied the property,
DECEMBER 31, 2	
be reported? (Mark one.)	e four types of financial assistance (see Question 25) required to
* business subsidy	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	□ not applicable, agreement provided a business subsidy
<ul> <li>* loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
* not applicable, assistance was not in the form of TIF	* Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	□ No Grantor(s) and value of the agreement(s Grantor Value (\$) _CITY OF AUSTIN \$462,209 Grantor Value (\$)

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<ol> <li>Enhancing economic div Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ol>	growth		<ul> <li>Increasing tax base (c</li> <li>Other (please specify)</li> </ul>		rpose)
9. Indicate whether the ag at the time of this report			s of goals, and whether the date(s) for each goal.)	recipient had atta	-
<ul> <li>A) Specific wage and job g</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> <li>Please attach descriptions attainment if not documental</li> </ul>	or retention goals vage and job goa of goals and pro	s Ils ogress toward	established? dates * Yes  D No  DEC D Yes  D No	get attainment (month & year) EMBER 2003	All goals attained? Yes XNo Yes No Yes No Yes No Yes No
agreement and the aver	age hourly value	e of any employer-pr	creation and/or retention go ovided health insurance go to separate goals by full- a	ls for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					۶
less than \$7.00					s
\$7.00 to \$8.99	17	<u></u>			\$1.25
\$9.00 to \$10.99				<u> </u>	\$
\$11.00 to \$12.99	5				\$1.81
\$13.00 to \$14.99					\$
\$15.00 and higher	3			<u> </u>	\$2.67
date and the actual ho	urly value of any	y employer-provided <i>to separate job crea</i> <b>Part-time</b> /	nber of <b>actual</b> jobs created health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. ( <u>Only</u> india positions.) Job	rate job creation in Hourly Value of
Hourly Wage	Job	Seasonal/Temp. Job Creation		Retention	Health Insurance
		Seasonal/Temp. Job Creation	Job Creation	Retention	Health Insurance S
Hourly Wage (excluding benefits)	Job			Retention	
Hourly Wage (excluding benefits) less than \$7.00	Job			Retention	s
Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	Job			Retention	s \$
Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Job			Retention	s \$

2001 Minnesota Business Assistance Form

(Do not complete this section if you completed it	on another 2001 MBAF sub	mitted to DTED.)
33. During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J.9		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	rt and the value of subsidy or finar	ncial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistanc	e (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed t agreement signed on or after January 1, 2000, that wer</li> </ol>		
Yes (Complete the remainder of this sec.	tion.) * No (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each recipi were to be attained by the time of reporting. (Attac		ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	•
37. To date, has the recipient fulfilled its repayment obliga	tion? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistance	e. 🖸 No, recipient <u>has not begu</u>	in to repay the assistance.
38. Has the agreement been amended to extend the recipie	nt's deadline for fulfilling its oblig	gations? (Mark one.)
	Yes 🗅 No	
39. Describe the steps being taken to bring recipient into c	ompliance or recoup the subsidy:	
·		

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

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

Or fax to: (651) 215-3841

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

#### Section 1 Information About Grantor

1. Name of grantor (funding DTED (MINNES	entity) OTA INVESTMENT FUND)	2. Name of person completing this form         PAUL A. MOE         4. City       SAINT PAUL         5. ZIP code       55101	
3. Street address 500 METR	O SQ., 121 7 TH PLACE EAST		
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.)			
City government		* Yes (Indicate hearing date	e - 7-27-00 and <b>a</b>	ittach criteria)	
County government		D No			
Regional government		We held a public hearing	but have not yet	adopted	
<ul> <li>State government</li> </ul>		criteria (Indicate date of	initial hearing -	)	
□ Other (Please specify.)		Other (Please attach expla	anation.)		

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.)

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where bu will be used	isiness subsidy or final	ncial assistance
AAF - MC QUAY, INC.	Street address	OWATONNA City	MN 55060 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<ul> <li>Yes (Indicate name and address of parent corporation below * No</li> </ul>	v. If more than one, ind	licate ultimate owner.)	
Name of parent corporation	Street address	City	State ZIP code

17. Industry of recipie	ent's facility (Mark one	.):		
	Manufacturing Retail Trade	<ul><li>Service</li><li>Wholesale Tr</li></ul>	□ Finance, Insura ade □ Construction	
18. Did the recipient i	relocate as a result of si	gning this agreeme	nt? (Mark one.)	
<ul> <li>Yes (Indicate city)</li> <li>□ No (Go to Question)</li> </ul>		ddress and reason i	recipient did not complete	this project at that address.)
SCOTTSBORO, AI	LABAMA	CLOSED PLAN	NTT	
City/State of previous	address Reason proj	ect not completed a	t previous address	
19. Would the recipie financial assistance		evious location or r	elocated elsewhere if not a	awarded this business subsidy or
C Remained at	previous location	Relocated to differ	ent Minnesota location	Relocated outside Minnesota
		_		
	Information Abou			
assistance (Please	of business subsidy or t separate by type - see ( cate only principal amo	Questions 24		ned (In addition to the agreement lates the agreement was amended.)
	\$500,000	uni jor iouns.)	00	TOBER 27, 2000
	provements were finish )		placed into service, or th	nancial assistance. For example, e recipient occupied the property,
23 Does the agreemen	t provide a husiness su	bsidy or one of the	four types of financial ass	sistance (see Question 25) required to
be reported? (Mark		Usidy of one of the	four types of financial ass	istance (see Question 25) required to
	* b	usiness subsidy	G financial assistance	· · · · · · · · · · · · · · · · · · ·
4. If the agreement pro indicate the type(s).	ovided a business subsi	dy, please	25. If the assistance was assistance, please in	s one of the four types of financial idicate the type(s).
I not applicable, agree	ment provided financia	l assistance	🗅 not applicable, agreer	nent provided a business subsidy
<ul> <li>loan</li> <li>grant (i.e., forgivable</li> <li>tax abatement</li> <li>TIF or other tax redu</li> <li>guarantee of paymen</li> <li>contribution of prope</li> <li>preferential use of gc</li> <li>land contribution</li> </ul>	action or deferral t erty or infrastructure overnmental facilities		assistance for renovat to code, and assistance	
other (Specify subsid	y type.)		<u> </u>	
	cluded tax increment fit TIF district? (Mark one	- · · ·	• •	ors providing a business subsidy or o the same project? (Mark one.)
	tance was not in the for	m of TIF		ntor and the value of their ach an additional sheet if necessary.)
redevelopment renewal and renovati	on		* No	
) soils condition ) economic developme ) mined underground s			Grantor(s) and value of	the agreement(s
hazardous substance			Grantor	Value (\$)
			Grantor	Value (\$)

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Enhancing economic dive Creating high-quality job Job retention Stabilizing the community	growth		<ul> <li>Increasing tax base</li> <li>Other (please spec)</li> </ul>		pose)
<ol> <li>Indicate whether the agr at the time of this report</li> </ol>				he recipient had attai	-
) Specific wage and job go ) Other job-creation and/or ) Other wage goals ) Other goals other than wa Please attach descriptions of	retention goals age and job goa of goals and pro	s Ils ogress toward	established? da *Yes □No <u>D</u> □Yes □No _	Farget attainment ates (month & year) ECEMBER 2002	All goals attained?
tainment if not documented	ig wage categor	ies, indicate the job			<u></u>
agreement and the avera job creation goals in ful					
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals no stated as FT/PT) Job Creation	t Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00				<u> </u>	٢
\$7.00 to \$8.99					\$
\$9.00 to \$10.99	_	<u></u>			\$
					\$3.00
\$11.00 to \$12.99	125				
\$11.00 to \$12.99 \$13.00 to \$14.99	125				S
	125				S S
<ul> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>For each of the followindate and the actual hour full-time equivalents if performed to the second state of the second state</li></ul>	ng wage catego Irly value of an <i>you are unable</i> Full-time Job	y employer-provided <i>to separate job crea</i> Part-time/ Seasonal/Temp.	health insurance for tho tion into full- and part-t FTE (only if unable to separate FT/PT)	se jobs. ( <u>Only</u> indica ime positions.) o Job	S nce the benefit <i>ate job creation in</i> Hourly Value of
<ul> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>For each of the followindate and the actual hour full-time equivalents if for the second state of the se</li></ul>	ng wage catego arly value of an <i>you are unable</i> <b>Full-time</b>	y employer-provided <i>to separate job crea</i> <b>Part-time</b> /	health insurance for tho tion into full- and part-t FTE (only if unable to	se jobs. ( <u>Only</u> indica ime positions.) o	S nee the benefit <i>ate job creation in</i> Hourly Value of Health Insurance
\$13.00 to \$14.99 \$15.00 and higher For each of the followind date and the <b>actual</b> how full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ng wage catego Irly value of an <i>you are unable</i> Full-time Job	y employer-provided <i>to separate job crea</i> Part-time/ Seasonal/Temp.	health insurance for tho tion into full- and part-t FTE (only if unable to separate FT/PT)	se jobs. ( <u>Only</u> indica ime positions.) o Job	S nee the benefit <i>the job creation in</i> Hourly Value of Health Insurance S
\$13.00 to \$14.99 \$15.00 and higher For each of the followind date and the actual hour full-time equivalents if for Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ng wage catego Irly value of an <i>you are unable</i> Full-time Job	y employer-provided <i>to separate job crea</i> Part-time/ Seasonal/Temp.	health insurance for tho tion into full- and part-t FTE (only if unable to separate FT/PT)	se jobs. ( <u>Only</u> indica ime positions.) o Job	S nee the benefit <i>ate job creation in</i> Hourly Value of Health Insurance S
\$13.00 to \$14.99 \$15.00 and higher For each of the followind date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ng wage catego Irly value of an <i>you are unable</i> Full-time Job	y employer-provided <i>to separate job crea</i> Part-time/ Seasonal/Temp.	health insurance for tho tion into full- and part-t FTE (only if unable to separate FT/PT)	se jobs. ( <u>Only</u> indica ime positions.) o Job	S nee the benefit <i>the job creation in</i> Hourly Value of Health Insurance S S S
\$13.00 to \$14.99 \$15.00 and higher For each of the followin date and the actual hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ng wage catego Irly value of an <i>you are unable</i> Full-time Job	y employer-provided <i>to separate job crea</i> Part-time/ Seasonal/Temp.	health insurance for tho tion into full- and part-t FTE (only if unable to separate FT/PT)	se jobs. ( <u>Only</u> indica ime positions.) o Job	S nee the benefit <i>ate job creation in</i> Hourly Value of Health Insurance S

(Do not complete this section if you completed it	on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J.</li> </ol>		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	rt and the value of subsidy or final	ncial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistant	e (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we		
Yes (Complete the remainder of this sec	tion.) * No (Stop here and su	ubmit form to DTED .)
<ul> <li>35 39. Provide the following information for each recip were to be attained by the time of reporting. (Attac</li> <li>35. Information on recipient and agreement:</li> </ul>		ther terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	recipient relocated to a differ other (Specify reason.)	rent community
37. To date, has the recipient fulfilled its repayment oblig	ation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistanc	e. 🗅 No, recipient <u>has not beg</u>	un to repay the assistance.
38. Has the agreement been amended to extend the recipie	ent's deadline for fulfilling its oblig	gations? (Mark one.)
	Yes 🗆 No	
39. Describe the steps being taken to bring recipient into a	compliance or recoup the subsidy:	

#### Return your completed MBAF(s) by <u>April 1, 2001</u>, to:

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

Or fax to: (651) 215-3841



# l. J. H. original received 5/2/01

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

#### Section 1 Information About Grantor

Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE		
3. Street address 500 METRC	) SQ., 121 7 th PLACE EAST	4. City SAINT PAUL 5. ZIP code 55		55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287 9. E-mail address paul.a.moe@stat		
10. Please indicate who in yo	ur organization should receive the	2002 MBAF if different from t	the person in Ques	stion 2.
Name/Title	Phone number	Street address	City	ZIP code
	Mark one. If grantor is entity please indicate affiliation. For ld check "City government.")	<ol> <li>Has your organization he adopted criteria for awar compliance with Minn.</li> </ol>	rding business sub	sidies in
City government		* Yes (Indicate hearing date	e - 7-27-00 and <u>at</u>	<u>tach criteria</u> )
<ul> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>No</li> <li>We held a public hearing to criteria (Indicate date of</li> <li>Other (Please attach explained)</li> </ul>	initial hearing	

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where bus will be used	iness subsidy or fin	ancial assistance
REGAL MACHINE	5103 273 RD ST Street address	WYOMING City	MN 55092 ZIP code
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>Yes (Indicate name and address of parent corporation below * No</li> </ul>	. If more than one, indi	cate ultimate owner	.)
Name of parent corporation	Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.):	
* Manufacturing	□ Finance, Insurance, Real Estate Trade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreen	nent? (Mark one.)
<ul> <li>Yes (Indicate city and state of previous address and reaso</li> <li>* No (Go to Question 19.</li> </ul>	on recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	d at previous address
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	r relocated elsewhere if not awarded this business subsidy or
* Remained at previous location	erent Minnesota location D Relocated outside Minnesota
Section 3 General Information About the Agreen	
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$120,000	<b>DECEMBER 26, 2000</b>
22. Benefit date (Indicate the date the recipient will benefit fro indicate the date improvements were finished, equipment w whichever is earlier.) DECEMBER 26,	as placed into service, or the recipient occupied the property,
	ne four types of financial assistance (see Question 25) required to
be reported? (Mark one.)	
* business subsidy	
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).
$\Box$ not applicable, agreement provided financial assistance	□ not applicable, agreement provided a business subsidy
<ul> <li>* loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
not applicable, assistance was not in the form of TIF	* Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	
<ul> <li>* economic development</li> <li>□ mined underground space</li> <li>□ hazardous substance subdistrict</li> </ul>	Grantor(s) and value of the agreement(s CITY OF WYOMING \$450,000
	Grantor Value (\$)
	Grantor Value (\$)

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	-	ated in the agreemen	t? (Mark all that apply.)		
<ul> <li>Enhancing economic div</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	growth		<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>		
29. Indicate whether the ag at the time of this report			s of goals, and whether the date(s) for each goal.)	recipient had atta	ined those goals
A) Specific wage and job go B) Other job-creation and/o C) Other wage goals D) Other goals other than w	or retention goals	5	established? dates	get attainment (month & year) EMBER 2002	All goals attained? <b>&amp; #.H</b> Yes X No Yes No Yes No Yes No
Please attach descriptions attainment if not documente					
agreement and the aver	age hourly value all-time equivale	e of any employer-pro ints if you are unable	creation and/or retention go ovided health insurance go to separate goals by full- o	als for those jobs	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99				·	s_
\$9.00 to \$10.99	_				\$
\$11.00 to \$12.99	12				\$4.80
\$13.00 to \$14.99					s
\$15.00 and higher			<u></u>		\$
date and the actual ho	urly value of any	y employer-provided	nber of <b>actual</b> jobs created health insurance for those <i>tion into full- and part-time</i> FTE ( <u>only</u> if unable to separate FT/PT)	jobs. <u>(Only</u> indic	
Hourly Wage		Job Creation	Job Creation	Retention	Health Insurance
Hourly Wage (excluding benefits)	Creation				
	Creation				s
(excluding benefits)	Creation				s S
(excluding benefits) less than \$7.00	Creation 				
(excluding benefits) less than \$7.00 \$7.00 to \$8.99	Creation		 		s
(excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Creation				\$ \$

(Do not complete this	section if you complete	d it on another 2001 MBAF sub	mitted to DTED.)
	nuary 1, 2000 through Decen Iinn. Stat. §116J.993 and §1	nber 31, 2000, did your organization ha 16J.994? <i>(Mark one.)</i>	we any recipients who failed to
	e of each recipient failing to i dditional pages if necessary.	report and the value of subsidy or finan )	icial assistance awarded to that
* No			
Name of recipient	Type of subsidy or assis	stance (See Questions 24 and 25.)	Value of subsidy or assistance
		iled to achieve any goals or fulfill any c t were required to be fulfilled by the tin	
The Yes (Co	omplete the remainder of thi	s section.) * No (Stop here and su	bmit form to DTED .)
	d by the time of reporting. (/	ecipient failing to fulfill goals or any of Attach additional pages if necessary.)	ther terms of an agreement that
Name of recipient in defa	ult	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	1	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default	(Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to</li> </ul>		<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recip	ient fulfilled its repayment o	bligation? (Mark one.)	
🗅 Yes 🛛 No, recipient	has begun to repay the assis	tance. DNo, recipient has not begu	n to repay the assistance.
38. Has the agreement be	en amended to extend the re	cipient's deadline for fulfilling its oblig	pations? (Mark one.)
		🛛 Yes 🗆 No	
39. Describe the steps be	ing taken to bring recipient i	nto compliance or recoup the subsidy:	

#### Return your completed MBAF(s) by <u>April 1, 2001</u>, to:

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

Or fax to: (651) 215-3841

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

#### Section 1 Information About Grantor

1. Name of grantor (funding entity)     2. Name of person completing this form       DTED (MINNESOTA INVESTMENT FUND)     PAUL A. MOE			-
3. Street address 500 METR	O SQ., 121 7 TH 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 y	our organization should receive the	2002 MBAF if different from the	ne person in Question 2.
Name/Title	Phone number	Street address	City ZIP code
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For uld check "City government.")		eld a public hearing on and ding business subsidies in Stat. §116J.994? <i>(Mark one.)</i>
<ul> <li>City government</li> <li>County government</li> </ul>		* Yes <i>(Indicate hearing date</i>	- 7-27-00 and <u>attach criteria</u> ) but have not yet adopted

14. Name of business or organization receiving subsidy or financial assistance	15. Address where will be used	business subsidy or fin	ancial a	ssistance
RESALE WORLD.COM	Street address	MINNEAPOLIS City		MN 55415 ZIP code
16. Does the recipient have a parent corporation? (Mark one.	)			
<ul> <li>Yes (Indicate name and address of parent corporation bet * No</li> </ul>	low. If more than one, i	ndicate ultimate owner	.)	
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
<ul> <li>Manufacturing</li> <li>Service</li> <li>Retail Trade</li> <li>Wholesale 7</li> </ul>	□ Finance, Insurance, Real Estate Trade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreen	nent? (Mark one.)
<ul> <li>Yes (Indicate city and state of previous address and reaso</li> <li>* No (Go to Question 19.</li> </ul>	n recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	l at previous address
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
* Remained at previous location	erent Minnesota location
ection 3 General Information About the Agreem	ient
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$250,000	MAY 1, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.) MAY 1, 2000	m the business subsidy or financial assistance. For example, as placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one of th be reported? (Mark one.) * business subsidy	ne four types of financial assistance (see Question 25) required to
<ul><li>24. If the agreement provided a business subsidy, please indicate the type(s).</li></ul>	<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>
□ not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy
<ul> <li>loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
<ul> <li>preferential use of governmental facilities</li> <li>land contribution</li> </ul>	
<ul> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	<ul> <li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> </ul>
<ul> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</li> <li>* not applicable, assistance was not in the form of TIF</li> </ul>	27. Are any other grantors providing a business subsidy or
<ul> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul> 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 <ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	<ul> <li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> <li>Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</li> <li>* No</li> </ul>
<ul> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment financing, please</li> </ul>	<ul> <li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> <li>Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</li> </ul>

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<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax base (ca</li> <li>Other (please specify)</li> </ul>	nnot be only pur	pose)
29. Indicate whether the age at the time of this report			s of goals, and whether the redate(s) for each goal.)	ecipient had attai	ned those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than wage</li> <li>C) Please attach descriptions of</li> </ul>	r retention goals	s	established? dates ★ Yes □ No <u>DECH</u>	et attainment (month & year) EMBER 2002	All goals attained? <b>6 1</b> H Yes No Yes No Yes No Yes No Yes No
ttainment if not documented				<u> </u>	
agreement and the avera	age hourly value	e of any employer-pr	creation and/or retention goa ovided health insurance goal to separate goals by full- an	is for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99		····-			\$_
\$9.00 to \$10.99	_				\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					\$
\$15.00 and higher	118				1.49
date and the actual hou	Irly value of an	y employer-provided	nber of actual jobs created a health insurance for those jo tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indica	
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
less than \$7.00					s
\$7.00 to \$8.99					S
\$9.00 to \$10.99	<u> </u>				s
\$11.00 to \$12.99					\$
					S
\$13.00 to \$14.99					

(Do not complete this section if you completed it	on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J.9</li> </ol>		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	t and the value of subsidy or finar	ncial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were		
Yes (Complete the remainder of this sector)	ion.) * No (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each recipi- were to be attained by the time of reporting. (Attack		ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	rent community
37. To date, has the recipient fulfilled its repayment obliga	tion? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistance	. DNo, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the recipier	nt's deadline for fulfilling its oblig	gations? (Mark one.)
	Yes 🗅 No	
39. Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy:	
	· · · · · · · · · · · · · · · · · · ·	n

### Return your completed MBAF(s) by <u>April 1, 2001</u>, to:

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

Or fax to: (651) 215-3841

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## 4.4. H. original scecured 5/2/01

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

#### Section 1 Information About Grantor

1. Name of grantor (funding DTED (MINNES	; entity) SOTA INVESTMENT FUND)	2. Name of person completing this form PAUL A. MOE			
3. Street address 500 METR	O SQ., 121 7 ^{тн} 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.		
10. Please indicate who in y	our organization should receive the	2002 MBAF if different from the	ne 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.")		· ·	ld a public hearing on and ling business subsidies in tat. §116J.994? (Mark one.)		
City government		* Yes (Indicate hearing date	- 7-27-00 and <u>attach criteria</u> )		

County government
Regional government
State government
Other (Please specify.)
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.) DNo (Stop here, go to section 5 on page 4.)

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business will be used	subsidy or finar	ncial assistance
DE ZURIK	250 RIVERSIDE AVE N. Street address	SARTELL City	MN 56377 ZIP code
16. Does the recipient have a parent corporation? (Mark	: one.)		
* Yes (Indicate name and address of parent corporation	n below. If more than one, indicate ul	timate owner.)	
SFT CORP.	700 TERRACE POINT DRIVE M	USKEGON	MI 49843
Name of parent corporation	Street address City	/	State ZIP code

		2.):			
	<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	<ul><li>Service</li><li>Wholesale</li></ul>		Finance, Insura Construction	nce, Real Estate Other (please specify)
18. Did the recipien	t relocate as a result of s	igning this agree	ement? (Ma	rk one.)	
<ul> <li>Yes (Indicate city</li> <li>No (Go to Quest</li> </ul>		ddress and reas	on recipien	t did not complete	e this project at that address.)
McMinnville, TN City/State of previou		One div ect not complet	ision reloca ed at previo		·
19. Would the recipt financial assistance		evious location	or relocated	elsewhere if not	awarded this business subsidy or
* Remained a	t previous location	Relocated to dif	fferent Min	nesota location	Relocated outside Minnesota
ection 3 Genera	l Information Abo	ut the Agree	ment		
assistance (Please	e of business subsidy or e separate by type - see licate only principal amo	Questions 24		21. Date agreement signed (In addition to the agreem date, indicate any dates the agreement was amen	
	\$500,000	,		JA	NUARY 19, 2000
	improvements were finis r.)		was placed		inancial assistance. For example, ie recipient occupied the property,
23. Does the agreeme be reported? (Mart	k one.)	bsidy or one of usiness subsidy		es of financial as	sistance (see Question 25) required to
	. <u></u>		<u> </u>		
24. If the agreement p indicate the type(s	provided a business subs ).	idy, please			s one of the four types of financial ndicate the type(s).
□ not applicable, agre	eement provided financia	al assistance	🗆 not	applicable, agree	ment provided a business subsidy
* loan				stance for proper	a polluted by conteminants
<ul> <li>□ grant (i.e., forgivab</li> <li>□ tax abatement</li> <li>□ TIF or other tax rec</li> <li>□ guarantee of payme</li> <li>□ contribution of prop</li> </ul>	duction or deferral ent perty or infrastructure governmental facilities		to c prese	ode, and assistant vation districts, v stance for pollution	y pointied by containinants ting building stock or bringing it up ce provided for designated historic when 50% or less of total cost on control or abatement oils condition district
grant (i.e., forgivab         tax abatement         TIF or other tax rec         guarantee of payme         contribution of prop         preferential use of g         land contribution         other (Specify subst         26. If the assistance in	duction or deferral ent perty or infrastructure governmental facilities		to c prese assi assi 27. A	ode, and assistand vation districts, v stance for pollution stance for a TIF s re any other grant	ting building stock or bringing it up be provided for designated historic when 50% or less of total cost on control or abatement
<ul> <li>grant (i.e., forgivab</li> <li>tax abatement</li> <li>TIF or other tax red</li> <li>guarantee of payme</li> <li>contribution of prop</li> <li>preferential use of g</li> <li>land contribution</li> <li>other (Specify substance in indicate the type or substance)</li> </ul>	duction or deferral ent perty or infrastructure governmental facilities <i>idy type.)</i> ncluded tax increment fi	e.)	to c prese assi assi 27. A fin * Yes	ode, and assistand vation districts, v stance for pollution stance for a TIF s re any other grant ancial assistance to (Specify each grant)	ting building stock or bringing it up be provided for designated historic when 50% or less of total cost on control or abatement oils condition district ors providing a business subsidy or o the same project? (Mark one.) ntor and the value of their
<ul> <li>grant (i.e., forgivab</li> <li>tax abatement</li> <li>TIF or other tax red</li> <li>guarantee of payme</li> <li>contribution of prop</li> <li>preferential use of g</li> <li>land contribution</li> <li>other (Specify substitution</li> <li>26. If the assistance in indicate the type of</li> <li>not applicable, ass</li> <li>redevelopment</li> <li>renewal and renova</li> </ul>	duction or deferral ent perty or infrastructure governmental facilities <i>idy type.)</i> ncluded tax increment fi f TIF district? (Mark one sistance was not in the fo	e.)	to c prese assi assi 27. A fin * Yes	ode, and assistand vation districts, v stance for pollution stance for a TIF s re any other grant ancial assistance t (Specify each grant stance below; att	ting building stock or bringing it up be provided for designated historic when 50% or less of total cost on control or abatement oils condition district ors providing a business subsidy or o the same project? (Mark one.)
<ul> <li>grant (i.e., forgivab</li> <li>tax abatement</li> <li>TIF or other tax red</li> <li>guarantee of payme</li> <li>contribution of prop</li> <li>preferential use of g</li> <li>land contribution</li> <li>other (Specify subsite</li> <li>anot applicable, ass</li> <li>redevelopment</li> <li>renewal and renova</li> <li>soils condition</li> </ul>	duction or deferral ent perty or infrastructure governmental facilities <i>idy type.)</i> ncluded tax increment fi f TIF district? (Mark one sistance was not in the fo ation	e.)	to c prese assi assi 27. A fin * Yes <i>assi</i>	ode, and assistand vation districts, v stance for pollution stance for a TIF s re any other grant ancial assistance t (Specify each grant stance below; att	ting building stock or bringing it up be provided for designated historic when 50% or less of total cost on control or abatement oils condition district ors providing a business subsidy or o the same project? (Mark one.) ntor and the value of their ach an additional sheet if necessary.)
<ul> <li>grant (i.e., forgivab</li> <li>tax abatement</li> <li>TIF or other tax red</li> <li>guarantee of payme</li> <li>contribution of prop</li> <li>preferential use of g</li> <li>land contribution</li> <li>other (Specify subsite</li> <li>anot applicable, ass</li> <li>redevelopment</li> <li>renewal and renova</li> <li>soils condition</li> </ul>	duction or deferral ent perty or infrastructure governmental facilities <i>idy type.)</i> ncluded tax increment fi f TIF district? (Mark one sistance was not in the fo ation	e.)	to c prese assi assi 27. A fin * Yes <i>assi</i> O No Grante	ode, and assistand vation districts, v stance for pollution stance for a TIF s re any other grant ancial assistance to (Specify each grant stance below; att pr(s) and value of	ting building stock or bringing it up be provided for designated historic when 50% or less of total cost on control or abatement oils condition district ors providing a business subsidy or o the same project? (Mark one.) ntor and the value of their ach an additional sheet if necessary.) the agreement(s
<ul> <li>grant (i.e., forgivab</li> <li>tax abatement</li> <li>TIF or other tax red</li> <li>guarantee of payme</li> <li>contribution of prop</li> <li>preferential use of g</li> <li>land contribution</li> <li>other (Specify subsite</li> <li>contribution</li> <li>other (specify subsite</li> <li>not applicable, ass</li> <li>redevelopment</li> <li>renewal and renova</li> <li>soils condition</li> <li>teconomic development</li> <li>mined underground</li> </ul>	duction or deferral ent perty or infrastructure governmental facilities <i>idy type.)</i> ncluded tax increment fi f TIF district? (Mark one sistance was not in the fo ation	e.)	to c prese assi assi 27. A fin * Yes <i>assi</i>	ode, and assistand vation districts, v stance for pollution stance for a TIF s re any other grant ancial assistance to (Specify each grant stance below; att or(s) and value of	ting building stock or bringing it up be provided for designated historic when 50% or less of total cost on control or abatement oils condition district ors providing a business subsidy or o the same project? (Mark one.) ntor and the value of their ach an additional sheet if necessary.)

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<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> </ul>	growth		<ul> <li>Increasing tax base (</li> <li>Other (please specified)</li> </ul>		pose)
Stabilizing the communit	y				
29. Indicate whether the again at the time of this report				•	-
at the time of this report	. ( <i>F III IN INE D</i>	oxes and allalinment			All goals
A) Specific wage and job go 3) Other job-creation and/or C) Other wage goals D) Other goals other than w	r retention goal	S	established? dat	arget attainment es (month & year) ECEMBER 2002	All goals attained? Yes No Yes No Yes No Yes No
Please attach descriptions attainment if not documente					
	age hourly value	e of any employer-pr	creation and/or retention g ovided health insurance g to separate goals by full- FTE (only if goals not	oals for those jobs.	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					\$
less than \$7.00					\$
\$7.00 to \$8.99					\$_
\$9.00 to \$10.99					s
\$11.00 to \$12.99	~				<b>\$_</b>
\$13.00 to \$14.99					\$
\$15.00 and higher	_100				<b>\$_</b> 6.57
date and the actual hou	rly value of an	y employer-provided	nber of <b>actual</b> jobs create health insurance for thos <i>tion into full- and part-tin</i> FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	e jobs. <u>(Only</u> indic	
less than \$7.00					s
\$7.00 to \$8.99					\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99		-			\$
					\$
\$13.00 to \$14.99					

2001 Minnesota Business Assistance Form

(Do not complete this section if you completed it of		mitted to DTED.)					
<ol> <li>During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.9</li> </ol>	31, 2000, did your organization ha 94? (Mark one.)	ve any recipients who failed to					
Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)							
* No							
Name of recipient Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance					
34. Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were							
Yes (Complete the remainder of this sect	ion.) * No (Stop here and sul	bmit form to DTED .)					
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Attack		her terms of an agreement that					
35. Information on recipient and agreement:							
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance					
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance					
36. Reason(s) for default (Mark all that apply.):							
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community					
37. To date, has the recipient fulfilled its repayment obliga	tion? (Mark one.)						
□ Yes □ No, recipient <u>has begun</u> to repay the assistance. □ No, recipient <u>has not begun</u> to repay the assistance.							
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)							
□ Yes □ No							
39. Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy:						
 		<u> </u>					
	·						

### Return your completed MBAF(s) by <u>April 1, 2001</u>, to:

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

Or fax to: (651) 215-3841



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

#### Section 1 Information About Grantor

1. Name of grantor (funding e DTED (MINNESO	ntity) TA INVESTMENT FUND)	2. Name of person completing this form PAUL A. MOE			
3. Street address 500 METRO	SQ., 121 7 th PLACE EAST	4. City SAINT PAUL	5. ZIP code 55101		
5. 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 you	ir organization should receive the	2002 MBAF if different from th	e person in Question 2.		
Name/Title	Phone number	Street address	City ZIP code		
	Mark one. If grantor is entity lease indicate affiliation. For d check "City government.")	· ·	ld a public hearing on and ling business subsidies in tat. §116J.994? <i>(Mark one.)</i>		
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> </ul>		<ul> <li>* Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u>)</li> <li>□ No</li> <li>□ We held a public hearing but have not yet adopted</li> </ul>			
	<ul> <li>State government</li> <li>Other (Please specify.)</li> </ul>		criteria (Indicate date of initial hearing) Other (Please attach explanation.)		

3. 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.)

14. Name of business or organization receiving subsidy or financial assistance15. Address where business subsidy or financial will be used							
SHARK INDUSTRIES	5700 BUCK DRIVE ROCKFORD MN 55. Street address City ZIP of						
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>Q Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)</li> </ul>							
* No			· 				
Name of parent corporation	Street address	City	State ZIP code				

17. Industry of recipient's facility (Mark one.):	
* Manufacturing	□ Finance, Insurance, Real Estate Frade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreem	ent? (Mark one.)
<ul> <li>Yes (Indicate city and state of previous address and reason</li> <li>No (Go to Question 19.</li> </ul>	recipient did not complete this project at that address.)
CHICAGO, ILReason project not completed	at previous address
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
* Remained at previous location	rent Minnesota location 🛛 Relocated outside Minnesota
ection 3 General Information About the Agreem	ent
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$200,000	<b>DECEMBER 14, 2000</b>
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.) JULY 31, 2001	n the business subsidy or financial assistance. For example, is placed into service, or the recipient occupied the property,
<ul> <li>23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li> <li>* business subsidy</li> </ul>	e four types of financial assistance (see Question 25) required to
<ul><li>24. If the agreement provided a business subsidy, please indicate the type(s).</li></ul>	<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy
<ul> <li>* loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
not applicable, assistance was not in the form of TIF	* Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	No     Constant(a) and value of the concernant(a
<ul> <li>economic development</li> <li>mined underground space</li> </ul>	Grantor(s) and value of the agreement(s
hazardous substance subdistrict	TIF\$135,000           Grantor         Value (\$)
	Grantor Value (\$)

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and the

<ol> <li>Minn. Stat. §116J.994 r of the following public p</li> </ol>				ts state a public p	ourpose. Which
<ul> <li>Enhancing economic diversity</li> <li>Creating high-quality job growth</li> <li>Job retention</li> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>					pose)
Stabilizing the community	у		·····		
29. Indicate whether the age at the time of this report				recipient had atta	ined those goals
			Goals Targ	get attainment	All goals attained? & 11, 8
				(month & year)	attained?
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> </ul>				<u>Y 2003</u>	□ Yes XNo
C) Other wage goals	r retention goal	5			☐Yes ☐No ☐Yes ☐No
D) Other goals other than w	age and job goa	ls	□ Yes □ No		□Yes □No
(Please attach descriptions ( attainment if not documente					
	age hourly value ll-time equivale	e of any employer-pronts if you are unable	ovided health insurance <b>goa</b> to separate goals by full- a	ls for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99					<b>\$_</b>
\$9.00 to \$10.99	_18_				\$77
\$11.00 to \$12.99	2			<u></u>	\$.77_
\$13.00 to \$14.99	4				\$77
\$15.00 and higher	_4				\$77
	Irly value of an	y employer-provided	nber of actual jobs created a health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indic	
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
less than \$7.00		<u> </u>			\$
\$7.00 to \$8.99		<u> </u>			\$
\$9.00 to \$10.99					s
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					\$
\$15.00 and higher					\$8.87

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

(Do not complete this section if you completed i	t on another 2001 MBAF sub	mitted to DTED.)				
<ol> <li>During the period January 1, 2000 through Decembe report as required by Minn. Stat. §116J.993 and §116J</li> </ol>		we any recipients who failed to				
Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)						
* No						
Name of recipient Type of subsidy or assistar	nce (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 see	ection.) * No (Stop here and su	bmit 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.):						
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<pre>recipient relocated to a differ dother (Specify reason.)</pre>	ent community				
37. To date, has the recipient fulfilled its repayment oblig	gation? (Mark one.)					
□ Yes □ No, recipient <u>has begun</u> to repay the assistant	ce. DNo, recipient has not begu	<u>n</u> to repay the assistance.				
38. Has the agreement been amended to extend the recipi	ient's deadline for fulfilling its oblig	ations? (Mark one.)				
	🗆 Yes 🛛 No					
39. Describe the steps being taken to bring recipient into	compliance or recoup the subsidy:					
		· · · · · · · · · · · · · · · · · · ·				

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

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

Or fax to: (651) 215-3841

Page 4 of 7

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LY. H. original received 5/2/01

00-0717

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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

#### Section 1 Information About Grantor

1. Name of grantor (funding	gentity)	2. Name of person completing this form		
DTED (MINNES	SOTA INVESTMENT FUND)	PAUL A. MOE		
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101	
County RAMSEY 7. Phone number		8. Fax number	9. E-mail address	
651-297-1391		651-296-5287	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
created by gov't agency,	(Mark one. If grantor is entity , please indicate affiliation. For uld check "City government.")	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)		
City government		* Yes (Indicate hearing dat	e - 7-27-00 and <u>a</u>	nttach criteria)
County government		□ No		
C Regional government		We held a public hearing but have not yet adopted		
* State government		criteria (Indicate date of initial hearing)		
Other (Please specify.)		• 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.)

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used			
PARK INDUSTRIES, INC.	6301 SAUK VIEW DRIVE Street address	SAUK RAPIDS City	MN 56301 ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)				
<ul> <li>Yes (Indicate name and address of parent corporation below</li> <li>* No</li> </ul>	. If more than one, indicate u	ltimate owner.)		
Name of parent corporation	Street address Cit	y St	ate ZIP code	

17. Industry of recipient's facility (Mark one.):	
<ul> <li>* Manufacturing □ Service</li> <li>□ Retail Trade □ Wholesale 1</li> </ul>	□ Finance, Insurance, Real Estate Trade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreem	nent? (Mark one.)
<ul> <li>Yes (Indicate city and state of previous address and reason</li> <li>* No (Go to Question 19.)</li> </ul>	n recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	at previous address
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
* Remained at previous location	erent Minnesota location D Relocated outside Minnesota
Section 3 General Information About the Agreem	ient
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$150,000	MAY 8, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.) MARCH 2000	m the business subsidy or financial assistance. For example, as placed into service, or the recipient occupied the property,
be reported? (Mark one.)	e four types of financial assistance (see Question 25) required to
* business subsidy	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
□ not applicable, agreement provided financial assistance	□ not applicable, agreement provided a business subsidy
<ul> <li>loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
* not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>	* No Grantor(s) and value of the agreement(s
hazardous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

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28. Minn. Stat. §116J.994 r of the following public p				nts state a public p	ourpose. Which	
<ul> <li>Enhancing economic diversity</li> <li>Creating high-quality job growth</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>						
29. Indicate whether the ag at the time of this repor				recipient had atta	ined those goals	
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> </ul>	r retention goal	s	established? date	rget attainment s (month & year) UNE 2002	All goals All goals All goals All goals All yes Do No Yes No Yes No Yes No Yes No	
(Please attach descriptions) attainment if not documente						
	age hourly valu ll-time equivale	e of any employer-pronts if you are unable	ovided health insurance <b>go</b> to separate goals by full-	als for those jobs		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00					\$	
\$7.00 to \$8.99					\$_	
\$9.00 to \$10.99	1				s_3.75	
\$11.00 to \$12.99	_25	<u></u>			\$4.00_	
\$13.00 to \$14.99					s	
\$15.00 and higher	4				<b>\$</b> 5.00	
	urly value of an you are unable	y employer-provided to separate job crea	health insurance for those tion into full- and part-tim	jobs. (Only indic		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00		_1			s4.13	
\$7.00 to \$8.99					\$	
\$9.00 to \$10.99	5	_1_			<b>s_4</b> .13	
\$11.00 to \$12.99	14	1		<u></u>	\$4.13	
\$13.00 to \$14.99	3				\$4.13	
\$15.00 and higher	_10_				\$4.13	
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (s		and 31) and fulfilled <u>all ob</u> No	ligations stipulate	d in the agreement?	

* Yes 🛛 No

2001 Minnesota Business Assistance Form

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 recipient. Attach additional pages if necessary.)	rt and the value of subsidy or finan	icial assistance awarded to that		
* No				
Name of recipient Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance		
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we				
Yes (Complete the remainder of this sec	tion.) * No (Stop here and sui	bmit form to DTED .)		
35 39. Provide the following information for each recip were to be attained by the time of reporting. (Attac		her terms of an agreement that		
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Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance		
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance		
36. Reason(s) for default (Mark all that apply.):				
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community		
37. To date, has the recipient fulfilled its repayment obligation	ation? (Mark one.)			
<b>Yes</b> No, recipient <u>has begun</u> to repay the assistance. <b>No</b> , recipient <u>has not begun</u> to repay the assistance.				
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)				
🗅 Yes 🗆 No				
39. Describe the steps being taken to bring recipient into c	ompliance or recoup the subsidy:			

## Return your completed MBAF(s) by <u>April 1, 2001</u>, to:

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

Or fax to: (651) 215-3841

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00-0693



## 2001 Minnesota Business Assistance Form

## l. Y.H. original received 5/2/01

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#### Section 1 Information About Grantor

1. Name of grantor (funding	entity)	2. Name of person completing this form			
DTED (MINNES	OTA INVESTMENT FUND)	PAUL A. MOE			
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101		
6. County RAMSEY	7. Phone number	8. Fax number	9. E-mail address		
	651-297-1391	651-296-5287	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
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For uld check "City government.")	<ol> <li>Has your organization h adopted criteria for awa compliance with Minn.</li> </ol>	rding business su	bsidies in
City government		* Yes (Indicate hearing dat	e - 7-27-00 and <u>a</u>	uttach criteria)
County government	5	□ No	_	
Regional government		Use held a public hearing	but have not yet	adopted
* State government		criteria (Indicate date of	initial hearing -	· · )
Other (Please specify.)	1	Other (Please attach expl		

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.)

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistant will be used			l assistance
MINNESOTA ELEVATOR, INC.	19336 607 TH AVE Street address	MANKATO City	MN	56001 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<ul> <li>Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)</li> <li>* No</li> </ul>				
Name of parent corporation	Street address	City	State	ZIP code

□ Finance, Insurance, Real Estate e Trade □ Construction □ Other (please specify)
ement? (Mark one.)
con recipient did not complete this project at that address.)
ed at previous address
or relocated elsewhere if not awarded this business subsidy or
fferent Minnesota location 🛛 Relocated outside Minnesota
ment
21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
MAY 31, 2000
rom the business subsidy or financial assistance. For example, was placed into service, or the recipient occupied the property,
the four types of financial assistance (see Question 25) required to
□ financial assistance
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
<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
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 (\$)

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

28. Minn. Stat. §116J.994 n of the following public p	requires that bu	siness subsidy and fir	ancial assistance agreement	ts state a public p	purpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	growth		<ul> <li>Increasing tax base (c</li> <li>Other (please specify)</li> </ul>		irpose)
29. Indicate whether the ag at the time of this report				ecipient had atta	ined those goals
<ul> <li>A) Specific wage and job ge</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> <li>(Please attach descriptions)</li> </ul>	r retention goal vage and job goa	s als	established? dates	et attainment (month & year) (month & year) EMBER 2002	All goals
attainment if not documente					
	age hourly valu	e of any employer-pro	reation and/or retention goa ovided health insurance goa to separate goals by full- a FTE (only if goals not stated as FT/PT) Job Creation	ls for those jobs.	
no hourly wage-level goal					\$
less than \$7.00					s
\$7.00 to \$8.99	5				\$_3.00
\$9.00 to \$10.99	6				s_3.00_
\$11.00 to \$12.99					\$3.00_
\$13.00 to \$14.99	3				s
\$15.00 and higher	4				<b>s_</b> 3.00_
date and the actual ho	urly value of an <i>you are unable</i>	y employer-provided to separate job creat	ber of <b>actual</b> jobs created a health insurance for those j tion into full- and part-time	obs. <u>(Only</u> indic	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					s
\$7.00 to \$8.99		<u> </u>			\$
\$9.00 to \$10.99	6				s3.01
\$11.00 to \$12.99	6				\$3.01
\$13.00 to \$14.99	1				s3.01
315:00 10 314:55	<u> </u>				

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

* Yes 🛛 No

Section 5 Recipients Failing to Fulfill Obligation (Do not complete this section if you completed it o		nitted 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 recipient. Attach additional pages if necessary.)	and the value of subsidy or financ	cial assistance awarded to that			
* No					
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	alue of subsidy or assistance			
34. Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were					
Yes (Complete the remainder of this section	on.) * No (Stop here and sub.	mit form to DTED .)			
35 39. Provide the following information for each recipier were to be attained by the time of reporting. (Attach		her terms of an agreement that			
35. Information on recipient and agreement:					
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance			
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance			
36. Reason(s) for default (Mark all that apply.):					
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differe</li> <li>other (Specify reason.)</li> </ul>	nt community			
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 con	mpliance 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

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00-069 2



## L.Y.H. original exceived 5/2/01

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

## Section 1 Information About Grantor

<ol> <li>Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)</li> </ol>		•	
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		5. ZIP code	55101
County RAMSEY 7. Phone number 651-297-1391			dress @state.mn.us
r organization should receive the	2002 MBAF if different from the	ne person in Quest	tion 2.
Phone number	Street address	City	ZIP code
Mark one. If grantor is entity lease indicate affiliation. For d check "City government.")	adopted criteria for awar	ding business sub	sidies in
<ul> <li>City government</li> <li>County government</li> <li>Designed supersystem</li> </ul>		* Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u> )	
<ul> <li>Regional government</li> <li>State government</li> <li>Other (<i>Please specify.</i>)</li> </ul>		criteria (Indicate date of initial hearing) Other (Please attach explanation.)	
	TA INVESTMENT FUND) SQ., 121 7 TH PLACE EAST 7. Phone number 651-297-1391 r organization should receive the Phone number Mark one. If grantor is entity lease indicate affiliation. For	TA INVESTMENT FUND)       PA         SQ., 121 7 TH PLACE EAST       4. City SAINT PAUL         7. Phone number 651-297-1391       8. Fax number 651-296-5287         r organization should receive the 2002 MBAF if different from the Phone number         Phone number       Street address         Image: Address indicate affiliation. For I check "City government.")       12. Has your organization he adopted criteria for aware compliance with Minn. S         * Yes (Indicate hearing date D No       No         We held a public hearing be criteria (Indicate date of it	TA INVESTMENT FUND)       PAUL A. MOE         SQ., 121 7 TH PLACE EAST       4. City SAINT PAUL       5. ZIP code         7. Phone number 651-297-1391       8. Fax number 651-296-5287       9. E-mail add paul.a.moe         r organization should receive the 2002 MBAF if different from the person in Quest         Phone number       Street address       City         Phone number       Street address       City         In the person in Quest       12. Has your organization held a public hearin adopted criteria for awarding business subd compliance with Minn. Stat. §116J.994? (// * Yes (Indicate hearing date - 7-27-00 and att No         We held a public hearing but have not yet ad criteria (Indicate date of initial hearing

14. Name of business or organization receiving subsidy or financial assistance	15. Address whe will be used	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>		
GENMAR HOLDING/LUND BOATS	P.O. BOX 248 Street address	NEW YORK MILLS City	5	MN 56567 ZIP code
16. Does the recipient have a parent corporation? (Mark or	ne.)			
<ul> <li>Yes (Indicate name and address of parent corporation b</li> <li>* No</li> </ul>	pelow. If more than one,	indicate ultimate own	er.)	
GENMAR HOLDINGS, INC.	100 SO. 5 TH ST. Street address	MINNEAPOLIS City	MN State	55402_ ZIP code

17. Industry of recipient's facility (Mark one.):	
<ul> <li>Manufacturing</li> <li>Service</li> <li>Retail Trade</li> <li>Wholesale T</li> </ul>	□ Finance, Insurance, Real Estate rade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreem	ent? (Mark one.)
<ul> <li>Yes (Indicate city and state of previous address and reason</li> <li>No (Go to Question 19.)</li> </ul>	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	at previous address
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
* Remained at previous location	rent Minnesota location
ection 3 General Information About the Agreem	ent
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$500,000	NOVEMBER, 2000
whichever is earlier.) JUNE, 2001	e four types of financial assistance (see Question 25) required to
23. Does the agreement provide a business subsidy of one of the business subsidy of one of the business subsidy of the business subsidy * business subsidy	
24. If the agreement provided a business subsidy, please indicate the type(s).	<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy
<ul> <li>loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
* not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	* No
<ul> <li>economic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	Grantor(s) and value of the agreement(s
	Grantor Value (\$)
	Grantor Value (\$)

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

Chancing economic div	ersity	-	<ul> <li>Increasing tax base (c</li> </ul>	annot be only pu	irpose)
<ul> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	growth		Other (please specify)		
29. Indicate whether the ag at the time of this repor			s of goals, and whether the r date(s) for each goal.)	ecipient had atta	-
A) Specific wage and job g 3) Other job-creation and/o C) Other wage goals D) Other goals other than w	r retention goal	S	established? dates	et attainment (month & year) E 2003	All goals attained? Yes No Yes No Yes No Yes No Yes No
Please attach descriptions attainment if not documente					
agreement and the aver	age hourly valu	e of any employer-pr	creation and/or retention goa ovided health insurance goa to separate goals by full- an	ls for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00				<u></u>	۶
\$7.00 to \$8.99					\$
\$9.00 to \$10.99	_62				s_3.86
\$11.00 to \$12.99	14				\$3.86_
\$13.00 to \$14.99					s
\$15.00 and higher	_3_				<b>s_</b> 3.86_
date and the actual ho	urly value of an	y employer-provided	nber of <b>actual</b> jobs created a health insurance for those jo tion into full- and part-time	obs. ( <u>Only</u> indic	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00				<u> </u>	s
					\$
\$7.00 to \$8.99					s
\$7.00 to \$8.99 \$9.00 to \$10.99					
					۶
\$9.00 to \$10.99					s s

2001 Minnesota Business Assistance Form

Do not complete this section if you completed it on another 2001 MBAF submitted to DTED,)						
	<ol> <li>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.)</li> </ol>					
□ Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	rt and the value of subsidy or finan	ncial assistance awarded to that				
* No						
Name of recipient Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance				
<ol> <li>34. Did your organization have any recipients who failed tagreement signed on or after January 1, 2000, that wer</li> </ol>						
Yes (Complete the remainder of this sec	tion.) * No (Stop here and sub	bmit form to DTED .)				
35 39. Provide the following information for each recipi were to be attained by the time of reporting. (Attac		ther terms of an agreement that				
35. Information on recipient and agreement:						
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance				
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance				
36. Reason(s) for default (Mark all that apply.):						
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community				
37. To date, has the recipient fulfilled its repayment obligation	ation? (Mark one.)					
Q Yes O No, recipient <u>has begun</u> to repay the assistance	e. D No, recipient <u>has not begu</u>	n 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 c	39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:					
	<del></del>					

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

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

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

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

#### Section 1 Information About Grantor

1. Name of grantor (funding DTED (MINNES	entity) OTA INVESTMENT FUND)	2. Name of person completing this form PAUL A. MOE		
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101	
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.u	
10. Please indicate who in y	our organization should receive the	2002 MBAF if different from th	ne person in Question 2.	
Name/Title	Phone number	Street address	City ZIP cod	
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For uld check "City government.")		Id a public hearing on and ding business subsidies in tat. §116J.994? <i>(Mark one.)</i>	

<ul> <li>City government</li> <li>County government</li> </ul>	* Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u> ) D No
Regional government	We held a public hearing but have not yet adopted
* State government	criteria (Indicate date of initial hearing)
Other (Please specify.)	□ 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.)

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where business subsidy or financial assistance will be used			
UNITED STRUCTURAL COMPONENTS	4141 30 TH AVE S. Street address	MOORHEAD City	MN 56560 ZIP code	
16. Does the recipient have a parent corporation? (Mark one				
<ul> <li>Yes (Indicate name and address of parent corporation bel</li> <li>* No</li> </ul>	ow. If more than one, indic	cate ultimate owner.)		
Name of parent corporation	Street address	City	State ZIP code	

<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	Service Wholesale Trade	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please specify)</li> </ul>
18. Did the recipient relocate as a result of signing	ig this agreement? (M	Aark one.)
<ul> <li>Yes (Indicate city and state of previous addressing to the state of th</li></ul>	ess and reason recipi	ent did not complete this project at that address.)
City/State of previous address Reason project 1	not completed at prev	vious address
19. Would the recipient have remained in previo financial assistance? (Mark one.)	us location or relocat	ted elsewhere if not awarded this business subsidy or
Remained at previous location	ocated to different M	linnesota location 🛛 Relocated outside Minnesota
Section 3 General Information About t	he Agreement	
20. Total dollar value of business subsidy or finar assistance (Please separate by type - see Ques and 25 - and indicate only principal amount	ncial 21.	Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$470,000		OCTOBER, 2000
		usiness subsidy or financial assistance. For example, ed into service, or the recipient occupied the property,
	UARY, 2001	·····
be reported? (Mark one.)		types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, indicate the type(s).	please 25.	If the assistance was one of the four types of financial assistance, please indicate the type(s).
🗇 not combined le concernent provided financial co		
not applicable, agreement provided financial as:	sistance 🛛 🗆 n	ot applicable, agreement provided a business subsidy
<ul> <li>hot appricable, agreement provided financial as:</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	as as to pres	
<ul> <li>* loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	ing, please 27.	ot applicable, agreement provided a business subsidy ssistance for property polluted by contaminants ssistance for renovating building stock or bringing it up to code, and assistance provided for designated historic servation districts, when 50% or less of total cost ssistance for pollution control or abatement
<ul> <li>loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul> 26. If the assistance included tax increment finance indicate the type of TIF district? (Mark one.)	ing, please 27. TIF Q Y	ot applicable, agreement provided a business subsidy ssistance for property polluted by contaminants ssistance for renovating building stock or bringing it up o code, and assistance provided for designated historic servation districts, when 50% or less of total cost ssistance for pollution control or abatement ssistance for a TIF soils condition district Are any other grantors providing a business subsidy or inancial assistance to the same project? <i>(Mark one.)</i> 'es <i>(Specify each grantor and the value of their</i>
<ul> <li>* loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment finance indicate the type of TIF district? (Mark one.)</li> <li>* not applicable, assistance was not in the form of redevelopment</li> <li>renewal and renovation</li> </ul>	ing, please 27. TIF Q Y	ot applicable, agreement provided a business subsidy ssistance for property polluted by contaminants ssistance for renovating building stock or bringing it up o code, and assistance provided for designated historic servation districts, when 50% or less of total cost ssistance for pollution control or abatement ssistance for a TIF soils condition district Are any other grantors providing a business subsidy or inancial assistance to the same project? (Mark one.) 'es (Specify each grantor and the value of their ssistance below; attach an additional sheet if necessary.)
<ul> <li>* loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul> 26. If the assistance included tax increment finance indicate the type of TIF district? (Mark one.) * not applicable, assistance was not in the form of construction <ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>	ing, please 27. TIF Que Y * No	ot applicable, agreement provided a business subsidy ssistance for property polluted by contaminants ssistance for renovating building stock or bringing it up o code, and assistance provided for designated historic servation districts, when 50% or less of total cost ssistance for pollution control or abatement ssistance for a TIF soils condition district Are any other grantors providing a business subsidy or inancial assistance to the same project? (Mark one.) 'es (Specify each grantor and the value of their ssistance below; attach an additional sheet if necessary.)
<ul> <li>* loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment finance indicate the type of TIF district? (Mark one.)</li> <li>* not applicable, assistance was not in the form of redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> </ul>	ing, please 27. TIF Que Y * No	ot applicable, agreement provided a business subsidy ssistance for property polluted by contaminants ssistance for renovating building stock or bringing it up to code, and assistance provided for designated historic servation districts, when 50% or less of total cost ssistance for pollution control or abatement ssistance for a TIF soils condition district Are any other grantors providing a business subsidy or inancial assistance to the same project? (Mark one.) Tes (Specify each grantor and the value of their ssistance below; attach an additional sheet if necessary.) o ntor(s) and value of the agreement(s

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

Enhancing economic diversity Creating high-quality job growth Job retention Stabilizing the community			<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>		
9. Indicate whether the ag at the time of this repor				e recipient had atta	ined those goals
A) Specific wage and job go 3) Other job-creation and/o C) Other wage goals D) Other goals other than w	r retention goal	S	established? date ★ Yes □ No <u>JU</u> □ Yes □ No	rget attainment s (month & year) NE 2003	All goals attained? & Yes X No Yes No Yes No Yes No Yes No
Please attach descriptions ttainment if not documente					
	age hourly valu	e of any employer-pro	creation and/or retention g ovided health insurance go to separate goals by full- FTE (only if goals not stated as FT/PT)	als for those jobs.	
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
no hourly wage-level goal					s
less than \$7.00				<u> </u>	s
\$7.00 to \$8.99					\$
\$9.00 to \$10.99	40				s_2.00_
\$11.00 to \$12.99	6	<u></u>			\$2.00_
\$13.00 to \$14.99	8	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<b>s_</b> 2.00_
\$15.00 and higher	9				s2.00
	urly value of an	y employer-provided	nber of <b>actual</b> jobs created health insurance for those <i>tion into full- and part-tim</i> FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	jobs. ( <u>Only</u> indic	
less than \$7.00				<del></del>	\$
\$7.00 to \$8.99				·	\$
\$9.00 to \$10.99		<u> </u>			\$
39.00 10 310.99					\$
\$11.00 to \$12.99					
					3

(Do not complete this section if you completed it o		mitted to DTED.)
33. During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.99		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or finar	ncial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were</li> </ol>		
<b>Yes</b> (Complete the remainder of this section)	on.) * No (Stop here and su	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Attach</li> <li>35. Information on recipient and agreement:</li> </ul>		ther terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	rent community
37. To date, has the recipient fulfilled its repayment obligation	ion? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistance.	No, recipient <u>has not begu</u>	in to repay the assistance.
38. Has the agreement been amended to extend the recipien	t's deadline for fulfilling its oblig	gations? (Mark one.)
a	Yes 🛛 No	
39. Describe the steps being taken to bring recipient into co	mpliance or recoup the subsidy:	
·		

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

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

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

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

#### Section 1 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 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101	-
5. County RAMSEY 7. Phone number 651-297-1391		8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.	mn.uş
10. Please indicate who in y	our organization should receive the	2002 MBAF if different from t	he person in Question 2.	
Name/Title	Phone number	Street address	City ZIP	code
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For Ild check "City government.")		eld a public hearing on and ding business subsidies in Stat. §116J.994? <i>(Mark on</i>	ı
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u>)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>		
through December 31, 2	gned any agreements to award a bu 000 that is required to be reported u mplete the remainder of the form.)		d §116J.994? (Mark one.)	

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assi will be used			assistance
GOLD'N PLUMP POULTRY	14244 EAST HWY 24, Street address	COLD SPRING City	M	N 56320 ZIP code
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>Yes (Indicate name and address of parent corporation below.</li> <li>* No</li> </ul>	If more than one, indica	ite ultimate owner	.)	
Name of parent corporation	Street address	City	State	ZIP code

	<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	<ul><li>Services</li><li>Wholesale Trade</li></ul>	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please specify)</li> </ul>
18. Did the recipier	nt relocate as a result of	signing this agreement	
<ul> <li>Yes (Indicate city</li> <li>No (Go to Quest)</li> </ul>		address and reason reci	ipient did not complete this project at that address.)
City/State of previo	us address Reason pr	oject not completed at p	previous address
19. Would the recip financial assistant		previous location or relo	ocated elsewhere if not awarded this business subsidy or
* Remained a	at previous location	Relocated to different	t Minnesota location 🛛 Relocated outside Minnesota
ection 3 Genera	l Information Ab	out the Agreement	t
assistance (Plea.	e of business subsidy o se separate by type - se dicate only principal an	e Questions 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
	\$71,000		June 30, 2000
	improvements were fin		he business subsidy or financial assistance. For example, laced into service, or the recipient occupied the property,
23. Does the agreent be reported? (Man	rk one.)		our types of financial assistance (see Question 25) required to
24. If the agreement indicate the type(	provided a business sul s).	osidy, please 2	<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>
🗆 not applicable, ag	eement provided finan	cial assistance	not applicable, agreement provided a business subsidy
preferential use of land contribution	duction or deferral		<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
	included tax increment of TIF district? (Mark o		27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
* not applicable, assi	stance was not in the fo	orm of TIF	□ Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renov</li> <li>soils condition</li> </ul>	ation		* No
<ul> <li>economic develop</li> <li>mined undergroun</li> <li>hazardous substan</li> </ul>	d space		Grantor(s) and value of the agreement(s):
2020 0400.411		Ī	Grantor Value (\$)
			Grantor Value (\$)

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

<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>* Other (please specify) PROVIDE AND EXPAND HEAI CARE SERVICES</li> </ul>		
29. Indicate whether the agr at the time of this report				recipient had atta	ined those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	r retention goals	5	established? dates * Yes 🗆 No <u>June</u> O Yes O No O Yes O No	get attainment (month & year) 2002	All goals attained? Yes \$1 No Yes No Yes No Yes No Yes No
(Please attach descriptions o attainment if not documented					
job creation goals in ful	age hourly value	e of any employer-pr nts if you are unable <b>Part-time</b> /	ovided health insurance go to separate goals by full- o FTE (only if goals not	als for those jobs.	itions.)
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					٢
less than \$7.00	<u>-</u> -				s
\$7.00 to \$8.99	_35				\$
£0.00 to £10.00					s
\$9.00 to \$10.99					\$
\$9.00 to \$10.99 \$11.00 to \$12.99					
				<u> </u>	s
\$11.00 to \$12.99					\$ \$
<ul> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>1. For each of the followindate and the actual hour</li> </ul>	urly value of any	y employer-provided	nber of actual jobs created health insurance for those <i>tion into full- and part-time</i> FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	jobs. <u>(Only</u> indic	s
<ul> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>1. For each of the followindate and the actual hour full-time equivalents if the second s</li></ul>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Onlv</u> indic e positions.) Job	s ince the benefit tate job creation in Hourly Value of
<ul> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>1. For each of the followindate and the actual hour full-time equivalents if the second s</li></ul>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Onlv</u> indic e positions.) Job	s ance the benefit tate job creation in Hourly Value of Health Insurance
<ul> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>1. For each of the followind date and the actual hour full-time equivalents if the second /li></ul>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Onlv</u> indic e positions.) Job	s ince the benefit <i>tate job creation in</i> Hourly Value of Health Insurance S
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher \$1. For each of the followind date and the <b>actual</b> hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Onlv</u> indic e positions.) Job	S nce the benefit bate job creation in Hourly Value of Health Insurance S S
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher \$1. For each of the followind date and the <b>actual</b> how full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Onlv</u> indic e positions.) Job	s nce the benefit bate job creation in Hourly Value of Health Insurance S S S

Do not complete this section if you completed	l it on another 2001 MBAF sub	mitted to DTED.)
33. During the period January 1, 2000 through Decem report as required by Minn. Stat. §116J.993 and §11		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to r recipient. Attach additional pages if necessary.)		ncial assistance awarded to that
* No		
Name of recipient Type of subsidy or assist	cance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that		
Yes (Complete the remainder of this	section.) * No (Stop here and su	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each rewere to be attained by the time of reporting. (A</li> <li>35. Information on recipient and agreement:</li> </ul>		ther terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	-
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assist	ance. DNo, recipient has not begi	<u>in</u> to repay the assistance.
38. Has the agreement been amended to extend the rec	ipient's deadline for fulfilling its oblig	gations? (Mark one.)
	🗅 Yes 🗆 No	
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	
·		

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

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

Or fax to: (651) 215-3841

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

#### Section 1 Information About Grantor

1. Name of grantor (funding en DTED (RURAL JO	tity) B CREATION GRANT)	2. Name of person completing PAU	this form L A. MOE
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY 7. Phone number 651-297-1391		<ol> <li>Fax number 651-296-5287</li> </ol>	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.)		
City government		* Yes (Indicate hearing dat	e - 7-27-00 and <u>a</u>	ittach criteria)
County government		🗅 No		
Regional government		U We held a public hearing	but have not yet a	adopted
* State government		criteria (Indicate date of	initial hearing -	)
Other (Please specify.)		Other (Please attach expl		

3. 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.)

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business sub will be used	osidy or financial	assistance
SCHWAN'S SALES ENTERPRISES	115 WEST COLLEGE DRIVE, Street address	MARSHALL City	MN 56258 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 ultim	ate owner.)	
* No Name of parent corporation	Street address City	State	ZIP code

	<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	Service	Grante, Insuran	
		U Wholesale Trade		Other (please specify)
-	ent relocate as a result of			
Yes (Indicate c * No (Go to Que		ddress and reason recip	pient did not complete tl	his project at that address.)
City/State of prev	ious address Reason pro	oject not completed at p	previous address	
	cipient have remained in p ance? ( <i>Mark one.)</i>	previous location or relo	ocated elsewhere if not a	warded this business subsidy or
* Remained	d at previous location	Relocated to different	Minnesota location	C Relocated outside Minnesota
ection 3 Gene	ral Information Abo	out the Agreement	t	
assistance (Ple	llue of business subsidy of case separate by type - see indicate only principal an	Questions 24		ed (In addition to the agreement ates the agreement was amended.)
	\$45,000		Jun	e 30, 2000
	te improvements were fini			nancial assistance. For example, e recipient occupied the property,
	•	June 30, 2000		
23. Does the agree be reported? (M		subsidy or one of the fou	ur types of financial assi	istance (see Question 25) required to
		business subsidy	financial assistance	
24. If the agreemer indicate the type	nt provided a business sub e(s).	sidy, please 2	25. If the assistance was assistance, please inc	one of the four types of financial dicate the type(s).
🗅 not applicable, a	greement provided financ	ial assistance	not applicable, agreem	nent provided a business subsidy
☐ guarantee of pay ☐ contribution of p	reduction or deferral ment oroperty or infrastructure of governmental facilities n	[ [ [	assistance for renovati to code, and assistance	
	e included tax increment of TIF district? (Mark or			ors providing a business subsidy or othe same project? (Mark one.)
* not applicable, a	ssistance was not in the fo	orm of TIF		ntor and the value of their the an additional sheet if necessary.)
redevelopment renewal and rend soils condition	ovation	*	No	
<ul> <li>constitution</li> <li>economic develo</li> <li>mined undergrou</li> <li>hazardous substa</li> </ul>	ind space	G	Grantor(s) and value of t	he agreement(s
a nazaruous sudsta		G	Grantor	Value (\$)
			Grantor	Value (\$)

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

<ol> <li>Enhancing economic div Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ol>	growth		<ul> <li>Increasing tax base (cat</li> <li>Other (please specify)</li> </ul>		pose)
29. Indicate whether the ag at the time of this report			s of goals, and whether the r date(s) for each goal.)	ecipient had atta	ined those goals
A) Specific wage and job g B) Other job-creation and/c C) Other wage goals D) Other goals other than w Please attach descriptions	or retention goal wage and job goa of goals and pr	s als ogress toward	established? dates * Yes □ No <u>June</u> □ Yes □ No	et attainment (month & year) 2000	All goals attained? g. ‡.   Yes Do Yes No Yes No Yes No
ttainment if not document		· · · · · · · · · · · · · · · · · · ·	creation and/or retention gos	ls stated in the	
agreement and the aver	age hourly valu	e of any employer-pr	ovided health insurance goa to separate goals by full- a	ls for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					۶
\$7.00 to \$8.99	_25				\$
\$9.00 to \$10.99					s
\$11.00 to \$12.99					\$
\$13.00 to \$14.99	<u> </u>				s
\$15.00 and higher					\$
date and the actual ho	urly value of an	y employer-provided	nber of <b>actual</b> jobs created a health insurance for those ju tion into full- and part-time FTE (only if unable to	obs. <u>(Only</u> indic	
Hourly Wage (excluding benefits)	Job Creation	Part-time/ Seasonal/Temp. Job Creation	FIE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					s
\$7.00 to \$8.99	_25				\$
\$9.00 to \$10.99					s
\$11.00 to \$12.99					s
					s
\$13.00 to \$14.99					

<ul> <li>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.)</li> <li>□ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)</li> <li>* No</li> <li>Name of recipient</li></ul>	(Do not complete this .	section if you completed	it on another 2001 MBAF su	bmitted to DTED.)
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.)            Q 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         Street address of recipient       City/ZIP code of recipient         Outstanding value of subsidy or assistance       subsidy or assistance         36. Reason(s) for default (Mark all that apply:):       recipient relocated to a different community         recipient was unable to fill vacant positions       □ recipient flocated to a different community         ?       To date, has the recipient fulfilled its repayment obligation? (Mark one.)         ?       No, recipient has begun to repay the assistance.       No, recipient has not begun to repay the assistance.         37. To date, has the recipient been amended to extend the recipient'				nave any recipients who failed to
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         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 cased operation         □ recipient was unable to fill vacant positions         37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)         □ Yes       No, recipient has begun to repay the assistance.         38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)			port and the value of subsidy or find	incial assistance awarded to that
34. 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         Street address of recipient       City/ZIP code of recipient         36. Reason(s) for default (Mark all that apply.):       □ recipient relocated to a different community         37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)       □ 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.	* No			
agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? ( <i>Mark one.</i> ) 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             Street address of recipient             Gity/ZIP code of recipient             Gity/ZIP code of recipient             Gity/ZIP code of recipient             Attach adply:             recipient ceased operation             recipient was unable to fill vacant positions             7 yes             Yes             Yes             Yes             Yes             Yes             Yes             Yes	Name of recipient	Type of subsidy or assista	ance (See Questions 24 and 25.)	Value of subsidy or assistance
35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages 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         37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)         Yes       No, recipient has begun to repay the assistance.         38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)         Yes       No				
were to be attained by the time of reporting. (Attach additional pages if necessary.) 35. Information on recipient and agreement:   Name of recipient in default Type of subsidy or assistance   Initial value of subsidy or assistance Initial value of subsidy or assistance   Street address of recipient City/ZIP code of recipient   Outstanding value of subsidy or assistance Outstanding value of subsidy or assistance   36. Reason(s) for default (Mark all that apply.): Outstanding value of recipient relocated to a different community   recipient ceased operation Outer (Specify reason.)   37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)   Yes No, recipient has begun to repay the assistance.   38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)	The Yes (Co	omplete the remainder of this s	section.) * No (Stop here and s	ubmit form to DTED .)
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         37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)       37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)         38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)	were to be attained	by the time of reporting. (At		
36. Reason(s) for default (Mark all that apply.):            recipient ceased operation             recipient was unable to fill vacant positions             7. To date, has the recipient fulfilled its repayment obligation? (Mark one.)             Yes             No, recipient has begun to repay the assistance.             38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)             Yes	Name of recipient in defau	ılt	Type of subsidy or assistance	
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> <li>other (Specify: reason.)</li> <li>37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)</li> <li>Yes No, recipient has begun to repay the assistance.</li> <li>No, recipient has not begun to repay the assistance.</li> <li>38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)</li> <li>Yes No</li> </ul>	Street address of recipient		City/ZIP code of recipient	
<ul> <li>recipient was unable to fill vacant positions</li> <li>other (Specify reason.)</li> <li>37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)</li> <li>Yes ONO, recipient has begun to repay the assistance.</li> <li>No, recipient has not begun to repay the assistance.</li> <li>38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)</li> <li>Yes ONO</li> </ul>	36. Reason(s) for default	(Mark all that apply.):		
<ul> <li>Yes No, recipient has begun to repay the assistance.</li> <li>No, recipient has not begun to repay the assistance.</li> <li>38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)</li> <li>Yes No</li> </ul>			-	erent community
<ul> <li>38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)</li> <li>Yes O No</li> </ul>	37. To date, has the recipi	ent fulfilled its repayment obl	igation? (Mark one.)	
□ Yes □ No	Q Yes Q No, recipient	<u>has begun</u> to repay the assista	nce. D No, recipient <u>has not beg</u>	<u>un</u> to repay the assistance.
· · · · · · · · · · · · · · · · · · ·	38. Has the agreement bee	en amended to extend the recip	pient's deadline for fulfilling its obl	igations? (Mark one.)
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:			🗅 Yes 🗆 No	
	39. Describe the steps bei	ng taken to bring recipient int	o compliance or recoup the subsidy:	:

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

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

Or fax to: (651) 215-3841

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00-0689



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

#### Section 1 Information About Grantor

1. Name of grantor (funding	entity)	2. Name of person completin PA	g this form
DTED (MINNES	OTA INVESTMENT FUND)		UL A. MOE
3. Street address 500 METR	O SQ., 121 7 th PLACE EAST	4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number	8. Fax number	9. E-mail address
	651-297-1391	651-296-5287	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.)		
City government		* Yes (Indicate hearing dat	e - 7-27-00 and g	ittach criteria)
County government	-	🗅 No	_	
C Regional government	-	U We held a public hearing	but have not yet	adopted
* State government		criteria (Indicate date of		
Other (Please specify.)		Other (Please attach expla		

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.)

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	<ol> <li>Address where bu will be used</li> </ol>	siness subsidy or fin	nancial assistance
EUROPEAN ROASTERIE, INC.	250 W. BRADSHAW Street address	LE CENTER City	MN 56057 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<ul> <li>Yes (Indicate name and address of parent corporation below.</li> <li>* No</li> </ul>	If more than one, indic	ate ultimate owner.	)
Name of parent corporation	Street address	City	State ZIP code

<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	<ul> <li>Service</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please specify)</li> </ul>
18. Did the recipient relocate as a result of	signing this agreement?	(Mark one.)
<ul> <li>Yes (Indicate city and state of previous</li> <li>No (Go to Question 19.)</li> </ul>	address and reason recip	pient did not complete this project at that address.)
MONTGOMERY, MN City/State of previous address Reason pr	RURAL A	
19. Would the recipient have remained in financial assistance? (Mark one.)	previous location or reloc	cated elsewhere if not awarded this business subsidy or
Remained at previous location	* Relocated to different	Minnesota location
Section 3 General Information Ab	out the Agreement	
20. Total dollar value of business subsidy of assistance (Please separate by type - see and 25 - and indicate only principal as	e Questions 24	<ol> <li>Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</li> </ol>
\$225 ,000		AUGUST 10, 2000
		business subsidy or financial assistance. For example, aced into service, or the recipient occupied the property,
, 	DECEMBER 30, 2000	
be reported? (Mark one.)	·	r types of financial assistance (see Question 25) required to financial assistance
24. If the agreement provided a business sub indicate the type(s).	osidy, please 25	<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>
not applicable, agreement provided finance	cial assistance	not applicable, agreement provided a business subsidy
<ul> <li>loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	ם ص ص	assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic reservation 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 indicate the type of TIF district? (Mark o		7. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
* not applicable, assistance was not in the f	orm of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	*)	No
<ul> <li>economic development</li> <li>mined underground space</li> </ul>	G	rantor(s) and value of the agreement(s
hazardous substance subdistrict	G	rantor Value (\$)

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

at the time of this report. <i>(Fill in the boxes and attainment date(s) for each goal.)</i> Goals established?  A) Specific wage and job goals to be attained within 2 years  A) Specific wage and job goals to be attained within 2 years  A) Specific wage and job goals to be attained within 2 years  A) Specific wage and job goals to be attained within 2 years  A) Specific wage and job goals to be attained within 2 years  A) Specific wage and job goals to be attained within 2 years  A) Specific wage and job goals to be attained within 2 years  A) Specific wage and job goals to be attained within 2 years  A) Specific wage and job goals to be attained within 2 years  A) Specific wage and job goals to be attained within 2 years  A) Specific wage and job goals to be attained within 2 years  A) Specific wage and job goals to be attained within 2 years  A) Specific wage and job goals to be attained within 2 years  A) Specific wage and job goals to be attained within 2 years  P (each descriptions of goals and progress toward  Hourly Wage Seasonal/Temp.  FIL (only if goals related as FT/PT)  Share attach specifies  Full-time Seasonal/Temp.  FIE (only if goals related as FT/PT)  Job Creation No hourly wage-level goal Specifies  S	r the recipient had att Target attainment dates (month & year) <u>DECEMBER 2002</u>  DECEMBER 2002  on goals stated in the se goals for those job full- and part-time po	All goals attained? Yes ANO Yes NO Yes NO Yes NO Yes NO
Goals         A) Specific wage and job goals to be attained within 2 years         B) Other job-creation and/or retention goals         C) Other wage goals         D) Other goals other than wage and job goals         Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)         Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)         Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)         Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)         Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)         Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)         Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)         Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)         Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)         Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)         Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)         Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)         Building benefits)       Fu	Target attainment dates (month & year) <u>DECEMBER 2002</u> 	All goals attained? Yes No Yes No Yes No Yes No Yes No S. ( <u>Only</u> indicate ositions.) Hourly Value of Health Insurance S S
A) Specific wage and job goals to be attained within 2 years       established?         A) Specific wage and job goals to be attained within 2 years       * Yes □ No         B) Other job-creation and/or retention goals       □ Yes □ No         C) Other wage goals       □ Yes □ No         D) Other goals other than wage and job goals       □ Yes □ No         D) Other goals other than wage and job goals       □ Yes □ No         Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)       • Yes □ No         30. For each of the following wage categories, indicate the job creation and/or retention agreement and the average hourly value of any employer-provided health insurance job creation goals in full-time equivalents if you are unable to separate goals by f         Hourly Wage       Job       Seasonal/Temp.         (excluding benefits)       Creation       Job Creation         no hourly wage-level goal	dates (month & year) DECEMBER 2002 DECEMBER 2002	Yes       No         Yes       No         Yes       No         Yes       No         Yes       No         Yes       No         Second
B) Other job-creation and/or retention goals       Yes       No         C) Other wage goals       Yes       No         C) Other goals other than wage and job goals       Yes       No         D) Other goals other than wage and job goals       Yes       No         Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)       Yes       No         30. For each of the following wage categories, indicate the job creation and/or retention agreement and the average hourly value of any employer-provided health insurance job creation goals in full-time equivalents if you are unable to separate goals by j         Hourly Wage       Job       Seasonal/Temp.         Hourly Wage       Job       Seasonal/Temp.         istated as FT/PT)       job Creation       Job Creation         no hourly wage-level goal	on goals stated in the ce goals for those job full- and part-time po not	Yes       No         Hourly Value of       Yes         S       S         S
Ittainment if not documented in Question 30.)         0. For each of the following wage categories, indicate the job creation and/or retention agreement and the average hourly value of any employer-provided health insurance job creation goals in full-time equivalents if you are unable to separate goals by for the separate goals by for the sequence of the following wage equivalents if you are unable to separate goals by for the sequence of the following wage equivalents if you are unable to separate goals by for the sequence of the following wage equivalents if you are unable to separate goals by for the sequence of the sequence of the following wage equivalents if you are unable to separate goals by for the sequence of the following wage equivalents if you are unable to separate goals by for the sequence of the following wage equivalents if you are unable to separate goals by for the sequence of the following wage equivalents if you are unable to separate goals by for the sequence of the following wage equivalents if you are unable to separate goals by for the sequence of the following wage equivalents if you are unable to separate goals by for the sequence of the following wage equivalents if you are unable to separate goals by for the sequence of the following wage equivalents if you are unable to separate goals by for the sequence of the sequen	ee goals for those job full- and part-time po not Job	os. ( <u>Only</u> indicate ositions.) Hourly Value of Health Insurance S S S
agreement and the average hourly value of any employer-provided health insurance job creation goals in full-time equivalents if you are unable to separate goals by for the separate goals by for the sequence of the second sequence of the second	ee goals for those job full- and part-time po not Job	os. ( <u>Only</u> indicate ositions.) Hourly Value of Health Insurance S S S
Hourly Wage (excluding benefits)         Job Creation         Seasonal/Temp. Job Creation         stated as FT/PT) Job Creation           no hourly wage-level goal	Job	Health Insurance s s \$
less than \$7.00		s \$
\$7.00 to \$8.99		\$
\$9.00 to \$10.99       _15		
\$11.00 to \$12.99       8		s
\$13.00 to \$14.99		
\$15.00 and higher4		\$
		s
1 For each of the following wave categories, indicate the number of actual jobs cre		s
date and the actual hourly value of any employer-provided health insurance for th full-time equivalents if you are unable to separate job creation into full- and part Full-time Part-time/ FTE (only if unable Hourly Wage Job Seasonal/Temp. separate FT/PT)	hose jobs. <i>(Only</i> indi t-time positions.) e to Job	icate job creation in Hourly Value of
(excluding benefits) Creation Job Creation Job Creation	Retention	Health Insurance
less than \$7.00		
\$7.00 to \$8.99		\$ \$
\$9.00 to \$10.99		s
\$11.00 to \$12.99		s
\$13.00 to \$14.99		ss

🛛 Yes 🛛 * No

(Do not complete this section if you completed it	on another 2001 MBAF sub	mitted to DTED.)
33. During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J.9		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	t and the value of subsidy or finar	ncial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed t agreement signed on or after January 1, 2000, that were</li> </ol>		
Yes (Complete the remainder of this sector)	tion.) * No (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each recipi were to be attained by the time of reporting. (Attack		ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obliga	tion? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistance	. DNo, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the recipier	nt's deadline for fulfilling its oblig	ations? (Mark one.)
	Yes 🛛 No	
39. Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy:	

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

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

Or fax to: (651) 215-3841

Page 4 of 7

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

## Section 1 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 TH 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 ad <u>bart.bevin</u>	dress s@state.mn.us
10. Please indicate who in y	our organization should receive the	2002 MBAF if different from	the person in Ques	tion 2.
Name/Title	Phone number	Street address	City	ZIP code
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For uld check "City government.")	<ol> <li>Has your organization h adopted criteria for awa compliance with Minn.</li> </ol>	rding business sub	sidies in
<ul> <li>City government</li> <li>County government</li> </ul>		* Yes (Indicate hearing da. □ No	te - 9-24-99- and	attach criteria
<ul> <li>Regional government</li> <li>* State government</li> </ul>		We held a public hearing criteria (Indicate date op)	finitial hearing	
Other (Please specify.)		Other (Please attach expl	anation)	

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where business subsidy or financial assistance will be used
ALEXANDRIA EXTRUSION	401 CO. ROAD 22 NWALEXANDRIAMN 56308Street addressCityZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<ul> <li>Yes (Indicate name and address of parent corporation below * No</li> </ul>	. If more than one, indicate ultimate owner.)

Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
<ul> <li>* Manufacturing</li> <li>C Service</li> <li>C Retail Trade</li> <li>C Wholesale Trade</li> </ul>	□ Finance, Insurance, Real Estate rade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreement	ent? (Mark one.)
<ul> <li>Yes (Indicate city and state of previous address and reason</li> <li>No (Go to Question 19.</li> </ul>	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed a	at previous address
19. Would the recipient have remained in previous location or r financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
Remained at previous location Relocated to different action	rent Minnesota location 🛛 📮 Relocated outside Minnesota
Section 3 General Information About the Agreeme	o <b>nt</b>
<ol> <li>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.)</li> </ol>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$100,000	APRIL 16, 2000
<ul> <li>whichever is earlier.) MAY 1, 2000</li> <li>23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li> <li>* business subsidy</li> </ul>	e four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy
<ul> <li>* loan</li> <li>□ grant (i.e., forgivable loan)</li> <li>□ tax abatement</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic</li> </ul>
<ul> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	preservation districts, when 50% or less of total cost assistance for pollution control or abatement assistance for a TIF soils condition district
<ul> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	assistance for pollution control or abatement
<ul> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul> 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	<ul> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a business subsidy or</li> </ul>
<ul> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment financing, please</li> </ul>	<ul> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> <li>Yes (Specify each grantor and the value of their</li> </ul>

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<ol> <li>Minn. Stat. §116J.994 r of the following public p</li> </ol>					urpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax b</li> <li>Other (please sp</li> </ul>	ase (cannot be only pur <i>becify)</i>	pose)
9. Indicate whether the age at the time of this report					ined those goals
Specific wage and job goals to be attained within 2 years		Goals established? □ Yes □ No	Target attainment dates (month & year)	All goals attained? ⊐Yes ⊐No	
C) Other wage goals	bb-creation and/or retention goals       * Yes INo       DECEMBER 2002       I         rage goals       I Yes INo       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		□Yes XNo£7.4 □Yes □No □Yes □No		
Please attach descriptions o attainment if not documente					
0. For each of the followin agreement and the avera job creation goals in fu	ige hourly valu	e of any employer-pr	ovided health insuran	ce goals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals stated as FT/PT Job Creation		Hourly Value of Health Insurance
no hourly wage-level goal					٢
less than \$7.00	2				<b>\$</b> 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		<u> </u>			\$
\$15.00 and higher	3				\$5.19
1. For each of the followin date and the <b>actual</b> hou full-time equivalents if	irly value of an	y employer-provided	health insurance for	those jobs. ( <u>Only</u> indic rt-time positions.)	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT Job Creation	") Job Retention	Hourly Value of Health Insurance
less than \$7.00	<u> </u>	<u> </u>	<del>-</del>		s
\$7.00 to \$8.99	2				\$2.00
	10	_			\$2.00
\$9.00 to \$10.99					\$
\$9.00 to \$10.99 \$11.00 to \$12.99					<b>1</b>
					\$

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Do not complete this section if you completed	d it on another 2001 MBAF sul	bmitted to DTED.)
<ol> <li>During the period January 1, 2000 through Decen report as required by Minn. Stat. §116J.993 and §1</li> </ol>		nave any recipients who failed to
Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary.		nncial assistance awarded to that
* No		
Name of recipient Type of subsidy or assis	stance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who fai agreement signed on or after January 1, 2000, that	were required to be fulfilled by the ti	me of this report? (Mark one.)
Yes (Complete the remainder of this	s section.) * No (Stop here and s	ubmit form to DTED .)
<ul> <li>35 39. Provide the following information for each rewrite to be attained by the time of reporting. (2)</li> <li>35. Information on recipient and agreement:</li> </ul>		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
6. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a diffe</li> <li>other (Specify reason.)</li> </ul>	erent community
7. To date, has the recipient fulfilled its repayment o	bligation? (Mark one.)	
Yes ON, recipient <u>has begun</u> to repay the assis	tance. 🛛 🗅 No, recipient <u>has not beg</u>	un to repay the assistance.
8. Has the agreement been amended to extend the real	cipient's deadline for fulfilling its obli	igations? (Mark one.)
	🗆 Yes 🗖 No	
39. Describe the steps being taken to bring recipient in	nto compliance or recoup the subsidy:	

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

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

Or fax to: (651) 215-3841

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

#### Section 1 Information About Grantor

1. Name of grantor (funding er DTED (CHALLEN		2. Name of person completing BAR	this form T BEVINS	
3. Street address 500 METRO	SQ., 121 7 th PLACE EAST	4. City SAINT PAUL	5. ZIP code	55101
6. County RAMSEY	County RAMSEY 7. Phone number 651-297-1170		9. E-mail ad <u>bart.bevin</u> s	dress s@state.mn.us
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Ques	tion 2.
Name/Title	Phone number	Street address	City	ZIP code
	Mark one. If grantor is entity lease indicate affiliation. For l check "City government.")	<ol> <li>Has your organization held adopted criteria for awardin compliance with Minn. Sta</li> </ol>	ng business sub	sidies in
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>Yes (Indicate hearing date -</li> <li>No</li> <li>We held a public hearing but criteria (Indicate date of ini Other (Please attach expland)</li> </ul>	t have not yet ac itial hearing	lopted
	ed any agreements to award a bus 0 that is required to be reported u			
* Yes (Comp	olete the remainder of the form.)	□ No ( <u>Stop here,</u> go to sectio	n 5 on page 4.)	

14. Name of business or organization receiving subsidy or financial assistance	15. Address where b will be used	usiness subsidy or fi	nancial assistance	
LAREX, INC.	1101 NW 3 RD ST Street address	COHASSET City	MN 55721 ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)				
<ul> <li>Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)</li> <li>* No</li> </ul>				
Name of parent corporation	Street address	City	State ZIP code	

* Manuf		rvice	G Finance, Insura	
		olesale Trade		Other (please specify)
18. Did the recipient relocate a		<b>c</b> ,	,	
<ul> <li>Yes (Indicate city and state</li> <li>No (Go to Question 19.</li> </ul>	e of previous address an	nd reason recipi	ent did not complet	e this project at that address.)
City/State of previous address			· · · · · · · · · · · · · · · · · ·	
19. Would the recipient have refinancial assistance? (Mark of Mark of		cation or relocat	ed elsewhere if not	awarded this business subsidy or
* Remained at previous	location 🖸 Relocated	d to different M	innesota location	Relocated outside Minnesota
ection 3 General Inform	nation About the A	greement		
20. Total dollar value of busine assistance (Please separate and 25 - and indicate only	by type - see Questions	24	date, indicate any	ned (In addition to the agreement dates the agreement was amended.)
\$175,0	00		JU	LY 18, 2000
	ents were finished, equip			înancial assistance. For example, he recipient occupied the property,
Door the agreement provide		· · · · · · · · · · · · · · · · · · ·	wes of financial as	sictance (see Question 25) required to
23. Does the agreement provide be reported? (Mark one.)	e a business subsidy or o	one of the four t		sistance (see Question 25) required to
		one of the four t ubsidy	ancial assistance	
	e a business subsidy or o * business su	one of the four t ubsidy	ancial assistance If the assistance wa	sistance (see Question 25) required to as one of the four types of financial ndicate the type(s).
be reported? (Mark one.) 4. If the agreement provided a	e a business subsidy or o * business su business subsidy, please	one of the four t ubsidy	ancial assistance If the assistance wa assistance, please i	is one of the four types of financial
<ul> <li>be reported? (Mark one.)</li> <li>4. If the agreement provided a indicate the type(s).</li> </ul>	e a business subsidy or o * business subsidy, please wided financial assistan deferral frastructure	one of the four t ubsidy	ancial assistance If the assistance wa assistance, please i t applicable, agreer ssistance for proper ssistance for renova o code, and assistan servation districts, v ssistance for polluti	is one of the four types of financial ndicate the type(s).
<ul> <li>be reported? (Mark one.)</li> <li>4. If the agreement provided a indicate the type(s).</li> <li>an not applicable, agreement proloan</li> <li>b grant (i.e., forgivable loan)</li> <li>c tax abatement</li> <li>c TIF or other tax reduction or of guarantee of payment</li> <li>c contribution of property or info</li> <li>c preferential use of governmen</li> <li>c land contribution</li> </ul>	e a business subsidy or o * business sub business subsidy, please wided financial assistan deferral frastructure tal facilities x increment financing, p	one of the four t ubsidy	ancial assistance If the assistance wa assistance, please i t applicable, agreer ssistance for proper ssistance for renova o code, and assistan servation districts, v ssistance for polluti ssistance for a TIF s	as one of the four types of financial ndicate the type(s). nent provided a business subsidy ty polluted by contaminants ting building stock or bringing it up ce provided for designated historic when 50% or less of total cost on control or abatement
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a indicate the type(s).</li> <li>2 not applicable, agreement proloan</li> <li>2 grant (i.e., forgivable loan)</li> <li>2 tax abatement</li> <li>2 TIF or other tax reduction or of guarantee of payment</li> <li>2 contribution of property or inf.</li> <li>2 preferential use of governmen</li> <li>2 land contribution</li> <li>3 other (Specify subsidy type.)</li> <li>6. If the assistance included tax</li> </ul>	e a business subsidy or o * business sub business subsidy, please wided financial assistan deferral frastructure ital facilities x increment financing, p ict? (Mark one.)	one of the four t absidy	ancial assistance If the assistance wa assistance, please i t applicable, agreer ssistance for proper ssistance for renova o code, and assistan servation districts, w ssistance for polluti ssistance for a TIF s Are any other gran inancial assistance i es (Specify each gr	as one of the four types of financial ndicate the type(s). nent provided a business subsidy ty polluted by contaminants ting building stock or bringing it up ce provided for designated historic when 50% or less of total cost on control or abatement soils condition district
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a indicate the type(s).</li> <li>2 not applicable, agreement provided a grant (i.e., forgivable loan)</li> <li>2 grant (i.e., forgivable loan)</li> <li>2 tax abatement</li> <li>2 TIF or other tax reduction or of guarantee of payment</li> <li>2 contribution of property or info</li> <li>3 preferential use of government</li> <li>4 land contribution</li> <li>3 other (Specify subsidy type.)</li> <li>6. If the assistance included tax indicate the type of TIF distribution</li> </ul>	e a business subsidy or o * business sub business subsidy, please wided financial assistan deferral frastructure ital facilities x increment financing, p ict? (Mark one.)	one of the four t absidy	ancial assistance If the assistance wa assistance, please i t applicable, agreer ssistance for proper ssistance for renova o code, and assistan servation districts, w ssistance for polluti ssistance for a TIF s Are any other gran inancial assistance for es (Specify each gr ssistance below; att	as one of the four types of financial indicate the type(s). Inent provided a business subsidy ty polluted by contaminants ting building stock or bringing it up ce provided for designated historic when 50% or less of total cost on control or abatement soils condition district tors providing a business subsidy or to the same project? (Mark one.) antor and the value of their
be reported? (Mark one.) 4. If the agreement provided a indicate the type(s). 1 not applicable, agreement pro loan 1 grant (i.e., forgivable loan) 1 tax abatement 1 TIF or other tax reduction or of 1 guarantee of payment 2 contribution of property or inf 2 preferential use of government 1 and contribution 2 other (Specify subsidy type.) 6. If the assistance included tax indicate the type of TIF distri not applicable, assistance was 1 redevelopment 1 renewal and renovation	e a business subsidy or o * business subsidy, please business subsidy, please wided financial assistan deferral frastructure ital facilities x increment financing, p ict? (Mark one.) s not in the form of TIF	one of the four t ibsidy	ancial assistance If the assistance wa assistance, please i t applicable, agreer ssistance for proper ssistance for renova o code, and assistan servation districts, w ssistance for polluti ssistance for a TIF s Are any other gran inancial assistance for es (Specify each gr ssistance below; att	as one of the four types of financial indicate the type(s). Inent provided a business subsidy ty polluted by contaminants ting building stock or bringing it up ce provided for designated historic when 50% or less of total cost on control or abatement soils condition district tors providing a business subsidy or to the same project? (Mark one.) antor and the value of their ach an additional sheet if necessary.)

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of the following public p	requires that bus ourposes were st	ated in the agreement	nancial assistance agreement? (Mark all that apply.)	its state a public p	urpose. which
<ul> <li>Enhancing economic diversity</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	growth		<ul> <li>Increasing tax base (c</li> <li>Other (please specify)</li> </ul>		pose)
<ol> <li>Indicate whether the ag at the time of this report</li> </ol>			s of goals, and whether the <i>date(s) for each goal.)</i>	recipient had atta	ined those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>C) Other goals other than w</li> </ul>	or retention goals	5	established? dates * Yes □ No <u>DEC</u> □ Yes □ No □ Yes □ No	get attainment (month & year) CEMBER 2002	All goals attained? Yes No Yes No Yes No Yes No Yes No
Please attach descriptions ttainment if not documente					
agreement and the aver	age hourly value	e of any employer-pro	reation and/or retention go ovided health insurance go to separate goals by full- a	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99					\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					s
	15				\$2.34
\$15.00 and higher		ries indicate the nur		and/or retained ai	nea tha hanafit
<ol> <li>For each of the following date and the actual horizontal sectors.</li> </ol>	urly value of any	y employer-provided	ther of actual jobs created health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT) Job Creation	jobs. <u>(Onlv</u> indic	
<ul> <li>For each of the following date and the actual hour full-time equivalents if</li> <li>Hourly Wage</li> </ul>	urly value of any <i>fyou are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Only</u> indic. e positions.) Job	ate job creation in Hourly Value of
For each of the following date and the <b>actual</b> hour full-time equivalents if Hourly Wage (excluding benefits)	urly value of any <i>fyou are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Only</u> indic. e positions.) Job	ate job creation in Hourly Value of
<ul> <li>For each of the following date and the actual how full-time equivalents if Hourly Wage (excluding benefits)</li> <li>less than \$7.00</li> </ul>	urly value of any <i>fyou are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Only</u> indic. e positions.) Job	ate job creation in Hourly Value of Health Insurance S
<ul> <li>For each of the following date and the actual how full-time equivalents if Hourly Wage (excluding benefits)         less than \$7.00         \$7.00 to \$8.99</li> </ul>	urly value of any <i>fyou are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Only</u> indic. e positions.) Job	ate job creation in Hourly Value of Health Insurance s \$
<ul> <li>For each of the following date and the actual how full-time equivalents if Hourly Wage (excluding benefits)         <pre>less than \$7.00</pre>     \$7.00 to \$8.99     \$9.00 to \$10.99 </li> </ul>	urly value of any <i>fyou are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Only</u> indic. e positions.) Job	ate job creation in Hourly Value of Health Insurance s \$ \$ \$

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(Do not complete this section if you completed it	on another 2001 MBAF sub	mitted to DTED.)					
33. During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J.9		we any recipients who failed to					
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	rt and the value of subsidy or finan	ncial assistance awarded to that					
* No							
Name of recipient Type of subsidy or assistance	ce (See Questions 24 and 25.)	Value of subsidy or assistance					
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that were							
Yes (Complete the remainder of this sec	tion.) * No (Stop here and su	bmit 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	Name of recipient in default     Type of subsidy or assistance     Initial value of subsidy or assistance						
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 differ	ent community					
□ recipient was unable to fill vacant positions	• other (Specify reason.)						
37. To date, has the recipient fulfilled its repayment obligation	ation? (Mark one.)						
□ Yes □ No, recipient <u>has begun</u> to repay the assistance	e. D No, recipient <u>has not begu</u>	n to repay the assistance.					
38. Has the agreement been amended to extend the recipie	nt's deadline for fulfilling its oblig	ations? (Mark one.)					
C	Yes 🖸 No						
39. Describe the steps being taken to bring recipient into c	compliance or recoup the subsidy:						

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

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

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

00-1016



2.4. 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 <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
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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 en DTED (CHALLENC		2. Name of person completing BAR	this form T BEVINS	
3. Street address 500 METRO	SQ., 121 7 TH 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 <u>bart.bevins⁄a state.mn.us</u>	
10. Please indicate who in your	organization should receive the 2	2002 MBAF if different from the	person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	lark one. If grantor is entity ease indicate affiliation. For 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.)		
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>* Yes (Indicate hearing date - 9-24-99- and <u>attach criteria</u>)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>		
<ul> <li>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.)</li> <li>* Yes (Complete the remainder of the form.) No (Stop here, go to section 5 on page 4.)</li> </ul>				
Section 2 Information At	out Recipient			
14. Name of business or organ receiving subsidy or finance		15. Address where business sub will be used	osidy or financial assistance	
ACCELERATED F	YAYMENTS, INC.	320 7 TH AVE TWO HARE Street address	BORS MN 55616 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.) * No

Name of parent corporation Street address

State

City

ZIP code

		<u></u>	
17. Industry of rec	ipient's facility (Mark one.,		
	<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	<ul><li>Service</li><li>Wholesale Tr</li></ul>	□ Finance, Insurance, Real Estate ade □ Construction □ Other (please specify)
18. Did the recipie	nt relocate as a result of sig	gning this agreeme	nt? (Mark one.)
<ul> <li>Yes (Indicate cline)</li> <li>No (Go to Question)</li> </ul>		dress and reason i	recipient did not complete this project at that address.)
City/State of previo	ous address Reason proje	ect not completed a	t previous address
	pient have remained in pre- nce? <i>(Mark one.)</i>	vious location or re	elocated elsewhere if not awarded this business subsidy or
Remained	at previous location	Relocated to differ	ent Minnesota location
action 3 Gener	al Information Abou	t the Agreeme	nt
20. Total dollar val assistance (Plea	ue of business subsidy or finger $Q$ and $Q$	inancial Duestions 24	<ol> <li>Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</li> </ol>
una 25 - una m	\$116,000	ani jor touns.)	SEPTEMBER 23, 2001 OCT 24, 2000 L.T.H. 9/9/1
	e improvements were finish		the business subsidy or financial assistance. For example, placed into service, or the recipient occupied the property,
whichever is earli		EBRUARY 8, 200	1
		osidy or one of the	four types of financial assistance (see Question 25) required to
be reported? (Ma		isiness subsidy	financial assistance
24. If the agreement indicate the type(	provided a business subsic (s).	ly, please	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
🗅 not applicable, ag	reement provided financial	assistance	* not applicable, agreement provided a business subsidy
	eduction or deferral nent operty or infrastructure f governmental facilities		<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
	included tax increment fin of TIF district? (Mark one.		27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
not applicable, as	sistance was not in the for	m of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
) redevelopment ) renewal and renov ) soils condition ) economic develop ) mined undergrour	oment nd space		* No Grantor(s) and value of the agreement(s Grantor Value (\$)
⊐ hazardous substar			Grantor Value (\$)

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

<ol> <li>Minn. Stat. §116J.994</li> <li>of the following public p</li> </ol>			nancial assistance agreemer nt? (Mark all that apply.)	nts state a public p	urpose. Which
<ul> <li>Enhancing economic diversity</li> <li>Creating high-quality job growth</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>			<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>		
29. Indicate whether the ag at the time of this report				recipient had atta	ined those goals
<ul> <li>A) Specific wage and job goals to be attained within 2 years</li> <li>B) Other job-creation and/or retention goals</li> <li>C) Other wage goals</li> <li>D) Other goals other than wage and job goals</li> <li>(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)</li> </ul>			established? dates * Yes ⊐ No <u>DE</u> ⊐ Yes ⊐ No	get attainment s (month & year) CEMBER 2002	All goals attained? Yes X No Yes No Yes No Yes No
30. For each of the followin agreement and the aver	ng wage categor age hourly value	ies, indicate the job e of any employer-pr	creation and/or retention go ovided health insurance go to separate goals by full- o	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp, Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	<u> </u>				s
less than \$7.00					S
\$7.00 to \$8.99	58		<u> </u>		\$.53
\$9.00 to \$10.99					S
\$11.00 to \$12.99					S
\$13.00 to \$14.99					\$
\$15.00 and higher					S
	urly value of an	y employer-provided	nber of <b>actual</b> jobs created I health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	jobs. <u>(Only</u> indic	
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
less than \$7.00					s
\$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	<u></u>			\$1.43
\$15.00 and higher	3				\$1.43
\$15.00 and higher 32. Has the recipient achie (Mark one.)		ee Questions 29, 30	and 31) and fulfilled <u>all obl</u> * No	igations stipulated	

(Do not complete this section if you completed it	on another 2001 MBAF sub	mitted to DTED.)
33. During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J.		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	ort and the value of subsidy or finar	icial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistant	ce (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we		
Yes (Complete the remainder of this see	ction.) * No (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each recip were to be attained by the time of reporting. (Attac		ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	-
37. To date, has the recipient fulfilled its repayment oblig	ation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistance	e. 🖸 No, recipient <u>has not begu</u>	in to repay the assistance.
38. Has the agreement been amended to extend the recipie	ent's deadline for fulfilling its oblig	gations? (Mark one.)
	Yes No	
39. Describe the steps being taken to bring recipient into	compliance or recoup the subsidy:	
		· · · · · · · · · · · · · · · · · · ·
L <del>enense en anteres anteres</del>		

## Return your completed MBAF(s) by <u>April 1, 2001</u>, to:

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

Or fax to: (651) 215-3841

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# 2001 Minnesota Business Assistance Form

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

### Section 1 Information About Grantor

1. Name of grantor (funding entity)		2. Name of person completing this form		
DTED (CHALLENGE GRANT)		BART BEVINS		
3. Street address 500 METF	CO SQ., 121 7 TH PLACE EAST	4. City SAINT PAUL	5. ZIP code 55101	
6. County RAMSEY	7. Phone number	8. Fax number	9. E-mail address	
	651-297-1170	651-296-5287	<u>bart.bevins@state.mn.us</u>	
10. Please indicate who in y	our organization should receive th	e 2002 MBAF if different from th	ne person in Question 2.	

Name/Title	Phone number	Street address	City	ZIP code
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For uld check "City government.")	<ol> <li>Has your organization h adopted criteria for awa compliance with Minn.</li> </ol>	rding business su	bsidies in
City government		* Yes (Indicate hearing dat	e - 9-24-99- and	l <u>attach criteria</u> )
County government		⊐ No		
Regional government		□ We held a public hearing	but have not yet a	dopted
* State government		criteria (Indicate date of	initial hearing -	)
Other (Please specify.)		□ Other (Please attach expl		

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.) □ No (Stop here, go to section 5 on page 4.)

14. Name of business or organization receiving subsidy or financial assistance	15. Address where busi will be used	ness subsidy or f	inancial assistance
CENTRAL MARBLE PRODUCTS	10499 HWY 10 NW Street address	RICE City	MN 56367 ZIP code
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>Yes (Indicate name and address of parent corporation belo * No</li> </ul>	w. If more than one, indic	ate ultimate own	er.)
Name of parent corporation	Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.):	
<ul> <li>* Manufacturing □ Service</li> <li>□ Retail Trade □ Wholesale T</li> </ul>	□ Finance, Insurance, Real Estate rade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreem	ent? (Mark one.)
<ul> <li>Yes (Indicate city and state of previous address and reason</li> <li>* No (Go to Question 19.</li> </ul>	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	at previous address
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
□ Remained at previous location □ Relocated to diffe	rent Minnesota location 🛛 Relocated outside Minnesota
ection 3 General Information About the Agreem	ent
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$100,000	MARCH 31, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment wa whichever is earlier.) MARCH 31, 2000	n the business subsidy or financial assistance. For example, s placed into service, or the recipient occupied the property,
	e four types of financial assistance (see Question 25) required to
be reported? (Mark one.)	
* business subsidy	financial assistance
<ol> <li>If the agreement provided a business subsidy, please indicate the type(s).</li> </ol>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
I not applicable, agreement provided financial assistance	* not applicable, agreement provided a business subsidy
<ul> <li>* loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
16. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
) redevelopment ) renewal and renovation ) soils condition	* No
Deconomic development Dimined underground space Dihazardous substance subdistrict	Grantor(s) and value of the agreement(s Grantor Value (\$) Grantor Value (\$)

2001 Minnesota Business Assistance Form

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28. Minn. Stat. §116J.994 of the following public p	requires that bus ourposes were st	siness subsidy and fir ated in the agreemen	nancial assistance agreeme t? (Mark all that apply.)	nts state a public p	purpose. Which	
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	growth		<ul> <li>Increasing tax base (c</li> <li>Other (please specify)</li> </ul>		pose)	
29. Indicate whether the ag at the time of this repor				recipient had atta	ined those goals	
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> </ul>	r retention goals	5	established? date * Yes 🗆 No <u>DE</u>	rget attainment s (month & year) CEMBER 2002	All goals attained? <b>p. 4. H. 8</b> Yes <b>X</b> No Yes No Yes No Yes No	y390
(Please attach descriptions attainment if not documente						
	age hourly value	e of any employer-pr	creation and/or retention g ovided health insurance go to separate goals by full-	als for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00					S	
\$7.00 to \$8.99					\$	
\$9.00 to \$10.99	6				S	
\$11.00 to \$12.99				22	S	
\$13.00 to \$14.99					\$	
\$15.00 and higher					\$	
	urly value of any	y employer-provided	nber of <b>actual</b> jobs created health insurance for those <i>tion into full- and part-tim</i>	jobs. ( <u>Onlv</u> indic		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00				- <u></u>	s	
\$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	I			3	\$1.44	
\$15.00 and higher				9	\$1.73	
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (se	-	and 31) and fulfilled <u>all ob</u> * No	ligations stipulated	d in the agreement?	

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development

(Do not complete this section if you completed it o	on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.99</li> </ol>		we any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or finan	icial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were</li> </ol>		
Yes (Complete the remainder of this section	ion.) * No (Stop here and sul	bmit form to DTED .)
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Attach		her terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	□ recipient relocated to a differ □ other (Specify reason.)	-
37. To date, has the recipient fulfilled its repayment obligat	ion? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistance.	□ No, recipient <u>has not begu</u>	n to repay the assistance.
38. Has the agreement been amended to extend the recipien	t's deadline for fulfilling its oblig	ations? (Mark one.)
د	Yes 🗆 No	
39. Describe the steps being taken to bring recipient into co	mpliance or recoup the subsidy:	
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		<u></u>

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

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

Or fax to: (651) 215-3841

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# 2001 Minnesota Business Assistance Form

# e.t. H. original received 5/ 31/01

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

### Section 1 Information About Grantor

<ol> <li>Name of grantor (funding entity) DTED (CHALLENGE GRANT)</li> </ol>	2. Name of person completing this form BART BEVINS
3. Street address 500 METRO SQ., 121 7 TH PLA	AST 4. City SAINT PAUL 5. ZIP code 55101
6. County RAMSEY 7. Phone numb 651-297-	8. Fax number 651-296-5287 9. E-mail address bart.bevins@state.mn.us

Name/Title	Phone number	Street address	City	ZIP code
11. Classification of grantor (Mark created by gov't agency, please example, a city EDA would che	indicate affiliation. For	<ol> <li>Has your organization h adopted criteria for awa compliance with Minn.</li> </ol>	rding business su	ibsidies in
City government		* Yes (Indicate hearing dat	e - 9-24-99- and	d <u>attach criteria</u> )
County government		⊐ No		
Regional government		Use held a public hearing	but have not yet	adopted
* State government		criteria (Indicate date of	initial hearing -	)
□ Other (Please specify:)		Cher (Please attach expl	anation.)	

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.) 3 No (Stop here, go to section 5 on page 4.)

### Section 2 Information About Recipient

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where business will be used	subsidy or financial	assistance
TURNING LEAF, LLC	1920 TURNING LEAF LN Street address	ALEXANDRIA City	MN 56308 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<ul> <li>Yes (Indicate name and address of parent corporation below * No</li> </ul>	v. If more than one, indicate u	ltimate owner.)	
Name of parent corporation	Street address City	/ State	e ZIP code

2001 Minnesota Business Assistance Form

17. Industry of recipient's facility (Mark one.):	
<ul> <li>Manufacturing</li> <li>Service</li> <li>Retail Trade</li> <li>Wholesale Trade</li> </ul>	□ Finance, Insurance, Real Estate ade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreeme	ent? (Mark one.)
<ul> <li>Yes (Indicate city and state of previous address and reason * No (Go to Question 19.</li> </ul>	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed a	at previous address
19. Would the recipient have remained in previous location or r financial assistance? (Mark one.)	elocated elsewhere if not awarded this business subsidy or
□ Remained at previous location □ Relocated to differ	rent Minnesota location
ection 3 General Information About the Agreeme	ent
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$150,000	JUNE 20, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.) JUNE, 2000	
<ul><li>23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li><li>* business subsidy</li></ul>	four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s).	<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>
$\Box$ not applicable, agreement provided financial assistance	* not applicable, agreement provided a business subsidy
<ul> <li>* loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
* not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	* No
<ul> <li>conomic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	Grantor(s) and value of the agreement(s Grantor Value (\$)
	Grantor Value (\$)
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28. Minn. Stat. §116J.994 of the following public p			nancial assistance agreements (Mark all that apply.)	nts state a public p	ourpose. Which	
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	growth		<ul> <li>Increasing tax base (</li> <li>Other (please specify)</li> </ul>		rpose)	
29. Indicate whether the ag at the time of this report				recipient had atta	ined those goals	
<ul> <li>A) Specific wage and job ge</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> <li>(Please attach descriptions)</li> </ul>	r retention goal age and job goa	s	established? date * Yes □ No <u>DE</u> □ Yes □ No	rget attainment is (month & year) CEMBER 2002	All goals attained? Yes No 2.2. Yes No Yes No Yes No Yes No	18 30
attainment if not documente	ed in Question 3	:0.)				
	age hourly valu	e of any employer-pro	creation and/or retention ge ovided health insurance go to separate goals by full-	als for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					٢	
less than \$7.00					S	
\$7.00 to \$8.99	20			18	S	
\$9.00 to \$10.994	4			3	S	
\$11.00 to \$12.99					S	
\$13.00 to \$14.99					S	
••••••						
\$15.00 and higher	3			5	S	
<ul><li>\$15.00 and higher</li><li>31. For each of the following date and the actual horizontal sectors.</li></ul>	ing wage catego urly value of an	y employer-provided to separate job crea	health insurance for those tion into full- and part-tim	and/or retained si jobs. ( <u>Only</u> indic	ince the benefit	
<ul><li>\$15.00 and higher</li><li>31. For each of the following date and the actual horizontal sectors.</li></ul>	ing wage catego urly value of an	y employer-provided	health insurance for those	and/or retained si jobs. ( <u>Only</u> indic	ince the benefit	
<ul> <li>\$15.00 and higher</li> <li>31. For each of the following date and the actual how full-time equivalents if</li> <li>Hourly Wage</li> </ul>	ing wage catego urly value of an <i>you are unable</i> Full-time Job	y employer-provided <i>to separate job crea</i> Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tim FTE (only if unable to separate FT/PT)	and/or retained si jobs. <u>(Only</u> indic the positions.) Job	ince the benefit rate job creation in Hourly Value of	
<ul> <li>\$15.00 and higher</li> <li>31. For each of the following date and the actual how full-time equivalents if</li> <li>Hourly Wage (excluding benefits)</li> </ul>	ing wage catego urly value of an <i>you are unable</i> Full-time Job	y employer-provided <i>to separate job crea</i> Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tim FTE (only if unable to separate FT/PT)	and/or retained si jobs. <u>(Only</u> indic the positions.) Job	ince the benefit cate job creation in Hourly Value of Health Insurance	
\$15.00 and higher 31. For each of the followidate and the actual hore full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ing wage catego urly value of an <i>you are unable</i> Full-time Job Creation	y employer-provided to separate job creat Part-time/ Seasonal/Temp. Job Creation	health insurance for those tion into full- and part-tim FTE (only if unable to separate FT/PT)	and/or retained si jobs. <u>(Only</u> indic the positions.) Job	ince the benefit cate job creation in Hourly Value of Health Insurance S	
<ul> <li>\$15.00 and higher</li> <li>31. For each of the following date and the actual how full-time equivalents if Hourly Wage (excluding benefits) <ul> <li>less than \$7.00</li> <li>\$7.00 to \$8.99</li> </ul> </li> </ul>	ing wage catego urly value of an <i>you are unable</i> Full-time Job Creation 16	y employer-provided to separate job creat Part-time/ Seasonal/Temp. Job Creation	health insurance for those tion into full- and part-tim FTE (only if unable to separate FT/PT)	and/or retained si jobs. <u>(Only</u> indic the positions.) Job	ince the benefit sate job creation in Hourly Value of Health Insurance S \$	
<ul> <li>\$15.00 and higher</li> <li>31. For each of the following date and the actual how full-time equivalents if the full-time equivalents of the fourly Wage (excluding benefits) less than \$7.00</li> <li>\$7.00 to \$8.99</li> <li>\$9.00 to \$10.99</li> </ul>	ing wage catego urly value of an <i>you are unable</i> Full-time Job Creation 16 11	y employer-provided to separate job creat Part-time/ Seasonal/Temp. Job Creation	health insurance for those tion into full- and part-tim FTE (only if unable to separate FT/PT)	and/or retained si jobs. <u>(Only</u> indic the positions.) Job	ince the benefit sate job creation in Hourly Value of Health Insurance S S	

2001 Minnesota Business Assistance Form

(Do not complete this section if you completed it o	n another 2001 MBAF subr	mitted to DTED.)					
<ol> <li>During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.99</li> </ol>		ve any recipients who failed to					
Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)							
* No							
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance					
<ol> <li>34. Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were</li> </ol>							
Yes (Complete the remainder of this section	ion.) * No (Stop here and sub	bmit form to DTED .)					
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Attach		her terms of an agreement that					
35. Information on recipient and agreement:							
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance					
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance					
36. Reason(s) for default (Mark all that apply.):							
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	-					
37. To date, has the recipient fulfilled its repayment obligat	ion? (Mark one.)						
□ Yes □ No, recipient <u>has begun</u> to repay the assistance.	□ No, recipient <u>has not begu</u>	n 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 co	ompliance or recoup the subsidy:						

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

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

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2001 Minnesota Business Assistance Form

# f. J. H. original received 5/31/01

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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 DTED (CHALLE	entity) NGE GRANT)	2. Name of person completing this form BART BEVINS		
3. Street address 500 METR	O SQ., 121 7 TH PLACE EAST	4. City SAINT PAUL	5. ZIP code	55101
6. County RAMSEY	County RAMSEY 7. Phone number 651-297-1170		9. E-mail ad <u>bart.bevin</u>	dress s@state.mn.us
10. Please indicate who in yo	our organization should receive the	2002 MBAF if different from t	he person in Ques	ition 2.
Name/Title	Phone number	Street address	City	ZIP code
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For Id check "City government")	<ol> <li>Has your organization he adopted criteria for awar compliance with Minn.</li> </ol>	ding business sub	sidies in
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> </ul>		<ul> <li>Yes (Indicate hearing date</li> <li>□ No</li> <li>□ We held a public hearing be criteria (Indicate date of</li> </ul>	out have not yet ac	dopted

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used			ssistance			
TRACY MINNTRONIX, CORP	1045CRAIG AVE Street address	TRACY City		MN 56175 ZIP code			
16. Does the recipient have a parent corporation? (Mark one.)							
<ul> <li>Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)</li> <li>* No</li> </ul>							
Name of parent corporation	Street address	City	State	ZIP code			

* Manufacturing	□ Finance, Insurance, Real Estate Trade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreem	ent? (Mark one.)
<ul> <li>Yes (Indicate city and state of previous address and reason</li> <li>* No (Go to Question 19.</li> </ul>	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	at previous address
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
□ Remained at previous location □ Relocated to diffe	erent Minnesota location
ection 3 General Information About the Agreem	ent
<ol> <li>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.)</li> </ol>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$150,000	MARCH 29, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.)	m the business subsidy or financial assistance. For example, as placed into service, or the recipient occupied the property,
MARCH 29, 2000	
<ol> <li>Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li> </ol>	e four types of financial assistance (see Question 25) required to
* business subsidy	financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
□ not applicable, agreement provided financial assistance	* not applicable, agreement provided a business subsidy
* loan grant (i.e., forgivable loan) tax abatement	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> </ul>
<ul> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	□ assistance for a TIF soils condition district
<ul> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	
<ul> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul> 26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	<ul> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> <li>Yes (Specify each grantor and the value of their</li> </ul>
<ul> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</li> <li>* not applicable, assistance was not in the form of TIF</li> <li>redevelopment</li> <li>renewal and renovation</li> </ul>	<ul> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> <li>Yes (Specify each grantor and the value of their</li> </ul>
<ul> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul> 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 <ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>	<ul> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> <li>Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</li> <li>* No</li> <li>Grantor(s) and value of the agreement(s Grantor Value (\$)</li> </ul>
<ul> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul> 26. If the assistance included tax increment financing, please	<ul> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> <li>Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</li> <li>* No</li> <li>Grantor(s) and value of the agreement(s</li> </ul>

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of the following public p			ancial assistance agreement? (Mark all that apply.)	its state a public p	ourpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax base (c</li> <li>Other (please specify)</li> </ul>		rpose)
9. Indicate whether the again at the time of this report				recipient had atta	ined those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	r retention goals age and job goa	ls	established? dates * Yes ⊐ No <u>DEC</u>	get attainment (month & year) <u>CEMBER 2002</u>	All goals attained? Yes X No Yes No Yes No Yes No Yes No
Please attach descriptions on the second s					
	age hourly value	e of any employer-pro	reation and/or retention <b>go</b> ovided health insurance <b>go</b> <i>to separate goals by full- c</i>	als for those jobs	
	Full-time	Part-time/	FTE (only if goals not		
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
	Job		stated as FT/PT)		-
(excluding benefits)	Job		stated as FT/PT)		Health Insurance
(excluding benefits) no hourly wage-level goal	Job		stated as FT/PT)		Health Insurance
(excluding benefits) no hourly wage-level goal less than \$7.00	Job Creation		stated as FT/PT)		Health Insurance s S
(excluding benefits) no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99	Job Creation 		stated as FT/PT)		Health Insurance s S \$.35
(excluding benefits) no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.994	Job Creation 		stated as FT/PT)		Health Insurance s S S.35 S.35 S.35
(excluding benefits) no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.994 \$11.00 to \$12.99	Job Creation 		stated as FT/PT)		Health Insurance s S S.35 S.35 S.35 S
(excluding benefits) 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 \$15.00 and higher	Job Creation 28 3 3 ng wage catego urly value of any	Job Creation	stated as FT/PT) Job Creation	Retention	Health Insurance S S.35 S.35 S S S S.35 S S S S S S S S S S S S S
(excluding benefits) 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 \$15.00 and higher	Job Creation 28 3 3 ng wage catego urly value of any	Job Creation	stated as FT/PT) Job Creation	Retention	Health Insurance S S.35 S.35 S S S S.35 S S S S S S S S S S S S S
(excluding benefits) 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 \$15.00 and higher 31. For each of the followin date and the actual hou full-time equivalents if Hourly Wage	Job Creation 28 3 3 mg wage catego urly value of any you are unable Full-time Job	Job Creation  ries, indicate the num y employer-provided to separate job creat Part-time/ Seasonal/Temp.	stated as FT/PT) Job Creation	Retention  and/or retained si jobs. ( <u>Only</u> indic positions.) Job	Health Insurance S S.35 S.35 S S S S.35 Ince the benefit bate job creation in Hourly Value of
(excluding benefits) 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 \$15.00 and higher 31. For each of the followin date and the actual hou full-time equivalents if Hourly Wage (excluding benefits)	Job Creation 28 3 3 mg wage catego urly value of any you are unable Full-time Job	Job Creation  ries, indicate the num y employer-provided to separate job creat Part-time/ Seasonal/Temp.	stated as FT/PT) Job Creation	Retention  and/or retained si jobs. ( <u>Only</u> indic positions.) Job	Health Insurance S S S.35 S.35 S S S S.35 Ince the benefit trate job creation in Hourly Value of Health Insurance

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00			6		s
\$7.00 to \$8.99			4	20	\$.70
\$9.00 to \$10.99		_	4	5	\$.70
\$11.00 to \$12.99		<u> </u>			\$
\$13.00 to \$14.99		<u> </u>	2		S
\$15.00 and higher			3	4	\$.70
32. Has the recipient achie (Mark one.)	eved <u>all goals</u> (s		nd 31) and fulfilled <u>all oblig</u> * No	gations stipulate	d in the agreement?

2001 Minnesota Business Assistance Form

(Do not complete this section if you completed it	on another 2001 MBAF sub-	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J.</li> </ol>		we any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	ort and the value of subsidy or finan	icial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistant	ce (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we		
Yes (Complete the remainder of this see	ction.) * No (Stop here and sub	bmit form to DTED .)
35 39. Provide the following information for each recip were to be attained by the time of reporting. (Attac		her terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment oblig	ation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistant	e. 🖸 No, recipient <u>has not begu</u>	<u>n</u> to repay the assistance.
38. Has the agreement been amended to extend the recipie	ent's deadline for fulfilling its oblig	ations? (Mark one.)
	Yes No	
39. Describe the steps being taken to bring recipient into	compliance or recoup the subsidy:	

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

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

Or fax to: (651) 215-3841

Page 4 of 7

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# 2001 Minnesota Business Assistance Form

E.F.H. original received 5/31/0/

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

### Section 1 Information About Grantor

1. Name of grantor (funding en DTED (CHALLEN)		2. Name of person completing this form BART BEVINS					
3. Street address 500 METRO	SQ., 121 7 th 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 ad <u>bart.bevins</u>	dress s@state.mn.us			
10. Please indicate who in your	r organization should receive the	2002 MBAF if different from the	person in Ques	tion 2.			
Name/Title	Phone number	Street address	City	ZIP code			
	lark one. If grantor is entity lease indicate affiliation. For l check "City government.")	<ol> <li>Has your organization held adopted criteria for awardin compliance with Minn. Sta</li> </ol>	ng business sub	sidies in			
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>Yes (Indicate hearing date -</li> <li>No</li> <li>We held a public hearing but criteria (Indicate date of init)</li> <li>Other (Please attach explanation)</li> </ul>	have not yet ad tial hearing	lopted			
	<ul> <li>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.)</li> </ul>						
* Yes (Comp	elete the remainder of the form.)	□ No ( <u>Stop here,</u> go to section	n 5 on page 4.)				

14. Name of business or organization receiving subsidy or financial assistance	15. Address where busine will be used	ss subsidy or fina	incial a	ssistance			
BEDFORD TECHNOLOGY, LLC	2424 ARMOUR BLVD Street address	WORTHINGT City	ON	MN 56187 ZIP code			
16. Does the recipient have a parent corporation? (Mark one.)							
<ul> <li>Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)</li> <li>* No</li> </ul>							
Name of parent corporation	Street address	City	State	ZIP code			

17. Industry of recipient's facil	lity (Mark one.):		
* Manufa □ Retail 1		Service Wholesale Trade	□ Finance, Insurance, Real Estate □ Construction □ Other (please specify)
18. Did the recipient relocate a	s a result of signing	this agreement? (1	Mark one.)
<ul> <li>Yes (Indicate city and state</li> <li>* No (Go to Question 19.</li> </ul>	of previous address	and reason recip	ient did not complete this project at that address.)
City/State of previous address	Reason project not	t completed at pre	vious address
19. Would the recipient have re financial assistance? (Mark e		location or reloca	ted elsewhere if not awarded this business subsidy or
Remained at previous	location D Reloc	ated to different N	finnesota location 🛛 Relocated outside Minnesota
ection 3 General Inform	ation About the	Agreement	
20. Total dollar value of busines assistance (Please separate and 25 - and indicate only	ss subsidy or financi by type - see Questic	al 21.	Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$199,0		( iouns.)	JULY 7, 2000
	nts were finished, eq	quipment was plac	business subsidy or financial assistance. For example, red into service, or the recipient occupied the property,
		VARY 14, 2000	
22 Door the concerned	a husiness subsidy	or one of the four	
be reported? (Mark one.)	a business subsidy	or one of the four	types of financial assistance (see Question 25) required to
	* business		types of financial assistance (see Question 25) required to nancial assistance
be reported? (Mark one.)	* busines	s subsidy 🔾 fi	
be reported? (Mark one.) 24. If the agreement provided a	* business	s subsidy	nancial assistance If the assistance was one of the four types of financial
be reported? (Mark one.) 24. If the agreement provided a lindicate the type(s).	* business business subsidy, plo vided financial assis deferral frastructure	s subsidy	nancial assistance If the assistance was one of the four types of financial assistance, please indicate the type(s).
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a lindicate the type(s).</li> <li>anot applicable, agreement pro</li> <li>ban</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or construction of property or information of property or information of governmen</li> <li>and contribution</li> </ul>	* business business subsidy, plo vided financial assis deferral frastructure tal facilities x increment financin	s subsidy	If the assistance was one of the four types of financial assistance, please indicate the type(s). ot applicable, agreement provided a business subsidy assistance for property polluted by contaminants assistance for renovating building stock or bringing it up o code, and assistance provided for designated historic eservation districts, when 50% or less of total cost assistance for pollution control or abatement
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a lindicate the type(s).</li> <li>24. If the agreement provided a lindicate the type(s).</li> <li>25. If the assistance included tax</li> </ul>	* business business subsidy, plo vided financial assis deferral frastructure tal facilities x increment financin ct? (Mark one.)	s subsidy	If the assistance was one of the four types of financial assistance, please indicate the type(s). ot applicable, agreement provided a business subsidy assistance for property polluted by contaminants assistance for renovating building stock or bringing it up o code, and assistance provided for designated historic eservation districts, when 50% or less of total cost assistance for a TIF soils condition district Are any other grantors providing a business subsidy or

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<ul> <li>28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpoof the following public purposes were stated in the agreement? (Mark all that apply.)</li> <li>□ Enhancing economic diversity</li> <li>□ Increasing tax base (cannot be only purpoof the community)</li> <li>□ Other (please specify)</li> <li>□ Stabilizing the community</li> </ul>	
<ul> <li>Creating high-quality job growth □ Other (please specify)</li> <li>□ Job retention</li> </ul>	ise)
29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)	d those goals
B) Other job-creation and/or retention goals       □ Yes □ No         C) Other wage goals       □ Yes □ No	All goals attained? 2+++ 3/3 Yes No Yes No Yes No Yes No Yes No
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. ( <u>c</u> job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time position	
Full-time Part-time/ FTE ( <u>onlv</u> if goals not Hourly Wage Job Seasonal/Temp. stated as FT/PT) Job (excluding benefits) Creation Job Creation Retention	Hourly Value of Health Insurance
no hourly wage-level goal	s
less than \$7.00	\$
\$7.00 to \$8.99 <b>20</b>	<b>\$1.50</b>
\$9.00 to \$10.994	s
\$11.00 to \$12.99	S
\$13.00 to \$14.99	\$
\$15.00 and higher	S
31. For each of the following wage categories, indicate the number of <b>actual</b> jobs created and/or retained since date and the <b>actual</b> hourly value of any employer-provided health insurance for those jobs. (Only indicate full-time equivalents if you are unable to separate job creation into full- and part-time positions.)	
Full-time Part-time/ FTE ( <u>only</u> if unable to Hourly Wage Job Seasonal/Temp. separate FT/PT) Job (excluding benefits) Creation Job Creation Retention	Hourly Value of Health Insurance
less than \$7.00	s
\$7.00 to \$8.99 1	\$1.50
\$9.00 to \$10.99 <b>2</b>	\$1.50

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00		<u> </u>			s
\$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 achie (Mark one.)	eved <u>all goals</u> (s		nd 31) and fulfilled <u>all oblig</u> * No	gations stipulated	d in the agreement?

2001 Minnesota Business Assistance Form

(Do not complete this section if you completed it	on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J.9</li> </ol>		ive any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	rt and the value of subsidy or finan	ncial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed t agreement signed on or after January 1, 2000, that wer		
Yes (Complete the remainder of this sec	tion.) * No (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each recipi were to be attained by the time of reporting. (Attac		ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obligation	ation? (Mark one.)	
Q Yes O No, recipient <u>has begun</u> to repay the assistance	e. DNo, recipient <u>has not begu</u>	n to repay the assistance.
38. Has the agreement been amended to extend the recipie	nt's deadline for fulfilling its oblig	ations? (Mark one.)
C	Yes 🗆 No	
39. Describe the steps being taken to bring recipient into c	ompliance or recoup the subsidy:	

# Return your completed MBAF(s) by <u>April 1, 2001</u>, to:

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

Or fax to: (651) 215-3841



# 00-1021 2001 Minnesota Business Assistance Form

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

### Section 1 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 METRC	SQ., 121 7 th PLACE EAST	4. City SAINT PAUL 5. ZIP code 55101		
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 9. E-mail address 651-296-5287 <u>bart.bevins@st</u>		
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
	Mark one. If grantor is entity lease indicate affiliation. For d check "City government.")	<ol> <li>Has your organization held adopted criteria for awardii compliance with Minn. Sta</li> </ol>	ng business subsidies in	
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> <li>Other (Please attach explanation.)</li> <li>* Yes (Indicate hearing date - 9-24-99- and attach criteria (Indicate hearing date - 9-24-99- and attach criteria (Indicate hearing date - 9-24-99- and attach criteria (Indicate hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> </ul>			t have not yet adopted tial hearing)	
<ol> <li>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.)</li> </ol>				
* Yes (Com	plete the remainder of the form.)	□ No (Stop here, go to sectio	n 5 on page 4.)	

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where bus will be used	15. Address where business subsidy or financial assistance will be used		
<b>BEDFORD TECHNOLOGY, LLC</b>	2424 ARMOUR BLV Street address	D WORTHINGTO	N	MN 56187 ZIP code
16. Does the recipient have a parent corporation? (Mark o	ne.)			
<ul> <li>Yes (Indicate name and address of parent corporation * No</li> </ul>	below. If more than one, indi	cate ultimate owner.)		
FIEDLER ENTERPRISES	1010 NE 11 th AVE	FARIBAULT N	ИN	55021
Name of parent corporation	Street address	City S	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
* Manufacturing D Service D Retail Trade D Wholesale T	□ Finance, Insurance, Real Estate Frade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreeme	ent? (Mark one.)
<ul> <li>Yes (Indicate city and state of previous address and reason</li> <li>No (Go to Question 19.</li> </ul>	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed a	at previous address
19. Would the recipient have remained in previous location or a financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
Remained at previous location Relocated to different action	rent Minnesota location 🖸 Relocated outside Minnesota
ection 3 General Information About the Agreemo	ent
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$110,000	AUGUST 14, 2000
whichever is earlier.)	n the business subsidy or financial assistance. For example, is placed into service, or the recipient occupied the property,
AUGUST 14, 2001	
23. Does the agreement provide a business subsidy or one of the 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).
not applicable, agreement provided financial assistance	* not applicable, agreement provided a business subsidy
<ul> <li>* loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
* not applicable, assistance was not in the form of TIF	□ Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
D redevelopment D renewal and renovation D soils condition	* No
sons condition     economic development     mined underground space     hazardous substance subdistrict	Grantor(s) and value of the agreement(s Grantor Value (\$) Grantor Value (\$)

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				<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>		
<ol> <li>Indicate whether the agr at the time of this report</li> </ol>			s of goals, and whether the r date(s) for each goal.)	ecipient had attai	ned those goals	
<ul> <li>A) Specific wage and job go</li> <li>A) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>A) Other goals other than wage</li> <li>A) Other goals other than wage</li> <li>A) Other goals other than wage</li> </ul>	retention goals age and job goa of goals and pro	s ls ogress toward	established? dates	et attainment (month & year) RUARY 2001	All goals attained? Yes No Yes No Yes No Yes No Yes No	
agreement and the avera	ige hourly value	e of any employer-pr	creation and/or retention gos ovided health insurance goa to separate goals by full- a	ls for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00					s	
\$7.00 to \$8.99					S	
\$9.00 to \$10.994		<u></u>			S	
\$11.00 to \$12.99					S	
\$13.00 to \$14.99				8	\$2.00	
\$15.00 and higher				1	\$2.00	
date and the <b>actual</b> hou	irly value of an	y employer-provided	nber of <b>actual</b> jobs created a health insurance for those j <i>tion into full- and part-time</i> FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	obs. <u>(Only</u> indica		
less than \$7.00					s	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99					s	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99				8	\$2.00	

(Do not complete this section if you completed i	t on another 2001 MBAF sub	mitted to DTED.)					
<ol> <li>During the period January 1, 2000 through Decembe report as required by Minn. Stat. §116J.993 and §116J</li> </ol>		ave any recipients who failed to					
Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)							
* No							
Name of recipient Type of subsidy or assistant	ce (See Questions 24 and 25.)	Value of subsidy or assistance					
<ol> <li>Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we</li> </ol>							
Yes (Complete the remainder of this see	ction.) * No (Stop here and su	bmit form to DTED .)					
35 39. Provide the following information for each recip were to be attained by the time of reporting. (Atta		ther terms of an agreement that					
35. Information on recipient and agreement:							
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance					
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance					
36. Reason(s) for default (Mark all that apply.):							
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community					
37. To date, has the recipient fulfilled its repayment oblig	gation? (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.)							
TYes No							
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:							

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

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

Or fax to: (651) 215-3841

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# 2001 Minnesota Business Assistance Form

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

### Section 1 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 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code	55101	
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 9. E-mail add 651-296-5287 <u>bart.bevins</u>		dress s(@state.mn.us	
10. Please indicate who in you	2002 MBAF if different from the	person in Quest	tion 2.		
Name/Title	Phone number	Street address	City	ZIP code	
	lark one. If grantor is entity lease indicate affiliation. For l check "City government.")	<ol> <li>Has your organization held adopted criteria for awardii compliance with Minn. Sta</li> </ol>	ng business subs	sidies in	
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> <li>Other (Please attach explanation.)</li> <li>Yes (Indicate hearing date - 9-24-99- and attach criteria attach criteria date - 9-24-99- and attach criteria attach criteria date - 9-24-99- and attach criteria attach crit</li></ul>					
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.) $\Box$ No (Stop here, go to section 5 on page 4.)					

14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>					
HARFEL, LLC	410 WEST ANOKA ST Street address	r DULUTH City	MN 55803 ZIP code			
16. Does the recipient have a parent corporation? (Mark one.)						
<ul> <li>Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)</li> <li>* No</li> </ul>						
Name of parent corporation	Street address	City	State ZIP code			

17. Industry of recipient's facility (Mark one.).	
□ Manufacturing □ Service □ Retail Trade * Wholesale Tr	□ Finance, Insurance, Real Estate rade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreement	ent? (Mark one.)
<ul> <li>Yes (Indicate city and state of previous address and reason</li> <li>No (Go to Question 19.</li> </ul>	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed a	at previous address
19. Would the recipient have remained in previous location or r financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
Remained at previous location Relocated to differ	rent Minnesota location
ection 3 General Information About the Agreeme	ent
<ol> <li>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.)</li> </ol>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$200,000	<b>SEPTEMBER 19, 2000</b>
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was which every is earlier.)	
whichever is earlier.) OCTOBER 31, 200	1
<ol> <li>Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li> </ol>	four types of financial assistance (see Question 25) required to
* business subsidy	G 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).
not applicable, agreement provided financial assistance	* not applicable, agreement provided a business subsidy
<ul> <li>* loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
* not applicable, assistance was not in the form of TIF	* Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	<ul> <li>No</li> <li>Grantor(s) and value of the agreement(s Grantor Value (\$)</li> <li>CITY OF DULUTH \$100,000</li> <li>Grantor Value (\$)</li> </ul>
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28. Minn. Stat. §116J.994 r of the following public p					urpose. Which	
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>			
29. Indicate whether the age at the time of this report				he recipient had attai	ned those goals	
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than way</li> <li>(Please attach descriptions of attainment if not documente)</li> </ul>	r retention goals age and job goa of goals and pro	s ls ogress toward	established? da * Yes 🖸 No 🚊	arget attainment tes (month & year) ECEMBER 2002	All goals attained? <b>£ 4. H</b> & Yes X No Yes No Yes No Yes No	8 30 0
	ige hourly value	e of any employer-pr	creation and/or retention ovided health insurance to separate goals by full	goals for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00					S	
\$7.00 to \$8.99					S	
\$9.00 to \$10.994					S	
\$11.00 to \$12.99					\$	
\$13.00 to \$14.99	10				S	
\$15.00 and higher					S	
	irly value of any	employer-provided	nber of <b>actual</b> jobs create health insurance for tho <i>tion into full- and part-ti</i>	se jobs. <u>(Only</u> indica		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00					s	
\$7.00 to \$8.99					\$	
\$9.00 to \$10.99		_			S	
\$11.00 to \$12.99					\$	
\$13.00 to \$14.99					\$	
\$15.00 and higher					S	
32. Has the recipient achier (Mark one.)	ved <u>all goals</u> (se		and 31) and fulfilled <u>all c</u> * No	bbligations stipulated	in the agreement?	

(Do not complete this section if you completed it	on another 2001 MBAF sub	mitted 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	e (See Questions 24 and 25.)	Value of subsidy or assistance			
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that wer					
Yes (Complete the remainder of this sec	tion.) * No (Stop here and su	bmit form to DTED .)			
<ul> <li>35 39. Provide the following information for each recipi were to be attained by the time of reporting. (Attac</li> <li>35. Information on recipient and agreement:</li> </ul>		ther terms of an agreement that			
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance			
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance			
36. Reason(s) for default (Mark all that apply.):					
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	rent community			
37. To date, has the recipient fulfilled its repayment obligation	ation? (Mark one.)				
□ Yes □ No, recipient <u>has begun</u> to repay the assistance	e. D No, recipient <u>has not beg</u>	in to repay the assistance.			
38. Has the agreement been amended to extend the recipie	nt's deadline for fulfilling its oblig	gations? (Mark one.)			
	Yes 🖸 No				
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:					
	<u> </u>				
	······································				

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

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

Or fax to: (651) 215-3841



# 2001 Minnesota Business Assistance Form

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

### Section 1 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 TH 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 <u>bart.bevins@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		
	lark one. If grantor is entity lease indicate affiliation. For l check "City government.")	<ol> <li>Has your organization held adopted criteria for awardir compliance with Minn. Sta</li> </ol>	ng business subsidies in		
□ City government * Yes (Indicate hearing date - 9-24-99- and <u>attach cr</u> □ County government □ No			9-24-99- and <u>attach criteria</u> )		
<ul> <li>Regional government</li> <li>* State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>We held a public hearing but criteria (Indicate date of ini)</li> <li>Other (Please attach explanation)</li> </ul>	tial hearing)		
<ol> <li>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.)</li> </ol>					
* Yes (Comp	* Yes (Complete the remainder of the form.)				

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where bus will be used	iness subsidy or fin	nancial assistance
CENTURY FIXTURES & MILLWORK	5175 260 TH ST. Street address	WYOMING City	MN 55092 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	•		······
<ul> <li>Yes (Indicate name and address of parent corporation below * No</li> </ul>	v. If more than one, indi	cate ultimate owne	r.)
Name of parent corporation	Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.):	
* Manufacturing D Service D Retail Trade D Wholesale Tr	□ Finance, Insurance, Real Estate rade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreeme	ent? (Mark one.)
<ul> <li>Yes (Indicate city and state of previous address and reason</li> <li>No (Go to Question 19.</li> </ul>	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed a	at previous address
19. Would the recipient have remained in previous location or r financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
□ Remained at previous location □ Relocated to differ	rent Minnesota location 🛛 Relocated outside Minnesota
ection 3 General Information About the Agreeme	ent
<ol> <li>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.)</li> </ol>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$199,000	DECEMBER 15, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.)	
JANUARY 1, 2000	
<ul> <li>23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li> <li>* business subsidy</li> </ul>	four types of financial assistance (see Question 25) required to
	T
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	* not applicable, agreement provided a business subsidy
<ul> <li>* loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	* No
sons condition     economic development     mined underground space     hazardous substance subdistrict	Grantor(s) and value of the agreement(s Grantor Value (\$)
	Grantor Value (\$)

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			nancial assistance agreement t? (Mark all that apply.)	ts state a public j	purpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	growth		<ul> <li>Increasing tax base (ca</li> <li>Other (please specify)</li> </ul>		rpose)
29. Indicate whether the ag at the time of this repor				ecipient had atta	ined those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> </ul>	r retention goals	S	established? dates	et attainment (month & year) EMBER 2002	All goals attained? Yes INO Yes No Yes No Yes No Yes No
(Please attach descriptions attainment if not documente					
	age hourly valu	e of any employer-pr	creation and/or retention gos ovided health insurance goa to separate goals by full- a FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Is for those jobs	
no hourly wage-level goal					s
less than \$7.00					S
\$7.00 to \$8.99					S
\$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
	urly value of an	y employer-provided	nber of <b>actual</b> jobs created a health insurance for those j <i>tion into full- and part-time</i>	obs. <u>(Onlv</u> indic	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	<u> </u>				s
\$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

32. Has the recipient achieved <u>all goals</u> (see Questions 29, 30 and 31) and fulfilled <u>all obligations</u> stipulated in the agreement? (Mark one.) * Yes □ No

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\$15.00 and higher

\$.22

(Do not complete this section if you completed	it on another 2001 MBAF subi	mitted to DTED.)	
33. During the period January 1, 2000 through Decemi report as required by Minn. Stat. §116J.993 and §11		ve any recipients who failed to	
Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary.)		cial assistance awarded to that	
* No			
Name of recipient Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance	
<ol> <li>Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that</li> </ol>			
Yes (Complete the remainder of this	section.) * No (Stop here and sul	bmit form to DTED .)	
<ul> <li>35 39. Provide the following information for each re were to be attained by the time of reporting. (A.</li> <li>35. Information on recipient and agreement:</li> </ul>		her terms of an agreement that	
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance	
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance	
36. Reason(s) for default (Mark all that apply.):			
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community	
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)		
Q Yes O No, recipient <u>has begun</u> to repay the assista	ance.	<u>n</u> to repay the assistance.	
38. Has the agreement been amended to extend the rec	ipient's deadline for fulfilling its oblig	ations? (Mark one.)	
	□Yes □No		
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:		

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

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

Or fax to: (651) 215-3841

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# 2001 Minnesota Business Assistance Form

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

#### Section 1 Information About Grantor

1. Name of grantor (funding ex DTED (CHALLEN		2. Name of person completing BAR	this form AT BEVINS
3. Street address 500 METRO	SQ., 121 7 th PLACE EAST	4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	County RAMSEY 7. Phone number 651-297-1170		9. E-mail address <u>bart.bevins@state.mn.us</u>
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Question 2.
Name/Title	Phone number	Street address	City ZIP code
	Mark one. If grantor is entity lease indicate affiliation. For l check "City government.")	<ol> <li>Has your organization held adopted criteria for awardin compliance with Minn. Sta</li> </ol>	ng business subsidies in
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (<i>Please specify.</i>)</li> </ul>		<ul> <li>Yes (Indicate hearing date -</li> <li>No</li> <li>We held a public hearing but criteria (Indicate date of ini</li> <li>Other (Please attach expland)</li> </ul>	t have not yet adopted itial hearing)
	ned any agreements to award a bus 10 that is required to be reported u		
* Yes (Com	plete the remainder of the form.)	□ No (Stop here, go to section	n 5 on page 4.)

14. Name of business or organization receiving subsidy or financial assistance	15. Address where busi will be used	ness subsidy or fir	iancial a	ssistance
DYCAST SPECIALITIES CORP	29468 STATE HWY 28 Street address	8 STARBUC City	K	MN 56381 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<ul> <li>Yes (Indicate name and address of parent corporation below * No</li> </ul>	. If more than one, indic	ate ultimate ownei	r.)	
Name of parent corporation	Street address	City	State	ZIP code

	ufacturing		ervice	G Finance, Insura	,
	ail Trade		holesale Trade	Construction	Other (please specify)
<ul> <li>8. Did the recipient reloca</li> <li>2 Yes (Indicate city and s</li> <li>No (Go to Question 19.</li> </ul>	tate of previous				e this project at that address.)
City/State of previous addre	ess Reason pr	oject not c	completed at pre	vious address	
9. Would the recipient ha financial assistance? (Ma		previous lo	ocation or reloc	ated elsewhere if not	awarded this business subsidy or
Remained at previ	ious location	Relocat	ed to different l	Ainnesota location	Relocated outside Minnesota
ction 3 General Info	rmation Ab	out the <b>A</b>	Agreement		
0. Total dollar value of bus assistance (Please separ and 25 - and indicate o	ate by type - see	e Question	s 24		ned (In addition to the agreement dates the agreement was amended.)
	00,000			FE	BRUARY29, 2000
	_				
3. Does the agreement probe reported? (Mark one.)	vide a business :	MAY 3, 2 subsidy or business s	one of the four	types of financial as nancial assistance	sistance (see Question 25) required to
be reported? (Mark one.)	vide a business : *	subsidy or business s	one of the four	nancial assistance	s one of the four types of financial
be reported? (Mark one.) 4. If the agreement provide	vide a business : * d a business sub	subsidy or business s psidy, plea	one of the four subsidy	nancial assistance If the assistance wa assistance, please in	s one of the four types of financial
<ul><li>be reported? (Mark one.)</li><li>4. If the agreement provide indicate the type(s).</li></ul>	vide a business s * d a business sub provided financ ) or deferral r infrastructure mental facilities	subsidy or business s bsidy, plea	one of the four subsidy	nancial assistance If the assistance wa assistance, please in ot applicable, agreen assistance for propert assistance for renova to code, and assistance eservation districts, v assistance for pollutio	is one of the four types of financial ndicate the type(s).
<ul> <li>be reported? (Mark one.)</li> <li>4. If the agreement provide indicate the type(s).</li> <li>not applicable, agreement</li> <li>loan grant (i.e., forgivable loan tax abatement</li> <li>TIF or other tax reduction guarantee of payment contribution of property o preferential use of governi land contribution</li> </ul>	vide a business sub d a business sub provided finance ) or deferral r infrastructure mental facilities e.) d tax increment	subsidy or business s bsidy, plea tial assista	one of the four subsidy	nancial assistance If the assistance wa assistance, please in ot applicable, agreen assistance for propert assistance for renova to code, and assistance eservation districts, v assistance for pollution assistance for a TIF s Are any other grant	is one of the four types of financial ndicate the type(s). nent provided a business subsidy ty polluted by contaminants ting building stock or bringing it up be provided for designated historic when 50% or less of total cost on control or abatement
be reported? <i>(Mark one.)</i> 4. If the agreement provide indicate the type(s). not applicable, agreement loan grant (i.e., forgivable loan tax abatement TIF or other tax reduction guarantee of payment contribution of property o preferential use of governi land contribution other <i>(Specify subsidy type</i> ) 5. If the assistance include indicate the type of TIF d not applicable, assistance	vide a business s * d a business sub provided finance ) or deferral r infrastructure mental facilities e.) d tax increment istrict? (Mark of	subsidy or business s bosidy, plea cial assista cial assista financing, <i>ne.)</i>	one of the four subsidy 1 ff se 25 nce * r 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nancial assistance If the assistance wa assistance, please in ot applicable, agreen assistance for propert assistance for prova to code, and assistance eservation districts, w assistance for pollution assistance for a TIF s Are any other grant financial assistance to Yes (Specify each groups)	is one of the four types of financial ndicate the type(s). nent provided a business subsidy ty polluted by contaminants ting building stock or bringing it up be provided for designated historic when 50% or less of total cost on control or abatement oils condition district
be reported? (Mark one.) 4. If the agreement provide indicate the type(s). 1 not applicable, agreement loan grant (i.e., forgivable loan tax abatement TIF or other tax reduction guarantee of payment contribution of property of preferential use of governa- land contribution other (Specify subsidy type 5. If the assistance included	vide a business s * d a business sub provided finance ) or deferral r infrastructure mental facilities e.) d tax increment istrict? (Mark of	subsidy or business s bosidy, plea cial assista cial assista financing, <i>ne.)</i>	one of the four subsidy 1 ff se 25 nce * r 1 pr 2 please 27 F 1 *	If the assistance If the assistance wa assistance, please in ot applicable, agreen assistance for proper assistance for renova to code, and assistance eservation districts, v assistance for pollution assistance for a TIF s Are any other grant financial assistance to Yes (Specify each grant assistance below; att	as one of the four types of financial indicate the type(s). Inent provided a business subsidy ty polluted by contaminants ting building stock or bringing it up be provided for designated historic when 50% or less of total cost on control or abatement oils condition district

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			nancial assistance agreements ( <i>Mark all that apply.)</i>	its state a public	purpose. Which
<ul> <li>Enhancing economic div</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communi</li> </ul>	o growth		<ul> <li>Increasing tax base (c</li> <li>Other (please specify)</li> </ul>		irpose)
29. Indicate whether the ag at the time of this repo			s of goals, and whether the <i>date(s) for each goal.)</i>	recipient had atta	ained those goals
<ul> <li>A) Specific wage and job g</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> </ul>	or retention goals	5	established? dates * Yes 🗅 No <u>JUN</u>	get attainment (month & year) E 2002	All goals attained? Yes A No 2.1.H 8/39 Yes No Yes No Yes No Yes No
(Please attach descriptions attainment if not document					
	rage hourly value	e of any employer-pr	creation and/or retention go ovided health insurance go to separate goals by full- a	als for those jobs	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99			30		s
\$9.00 to \$10.994					s
\$11.00 to \$12.99					S
\$13.00 to \$14.99					s
\$15.00 and higher		·	<u></u>		s
	ourly value of an	y employer-provided	nber of <b>actual</b> jobs created health insurance for those <i>tion into full- and part-time</i>	jobs. ( <u>Only</u> india	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					s
\$7.00 to \$8.99			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 <u>all goals</u> (see Questions 29, 30 and 31) and fulfilled <u>all obligations</u> stipulated in the agreement? (Mark one.)

2001 Minnesota Business Assistance Form

(Do not complete this section if you completed it	on another 2001 MBAF sub	mitted to DTED.)
33. During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J.		ive any recipients who failed to
□ Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	rt and the value of subsidy or finan	ncial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistant	ce (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we		
Yes (Complete the remainder of this sec	ction.) * No (Stop here and sub	bmit form to DTED .)
35 39. Provide the following information for each recip were to be attained by the time of reporting. (Attac		ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment oblig	ation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistanc	e. DNo, recipient <u>has not begu</u>	<u>n</u> to repay the assistance.
38. Has the agreement been amended to extend the recipie	ent's deadline for fulfilling its oblig	ations? (Mark one.)
c	Yes 🗆 No	
39. Describe the steps being taken to bring recipient into c	compliance or recoup the subsidy:	

### Return your completed MBAF(s) by <u>April 1, 2001</u>, to:

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

Or fax to: (651) 215-3841

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# 00-1025 2001 Minnesota Business Assistance Form

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- 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 R. warning. 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 en DTED (CHALLEN)		2. Name of person completing this form BART BEVINS		
3. Street address 500 METRO	SQ., 121 7 th PLACE EAST	4. City SAINT PAUL	5. ZIP code	55101
6. County RAMSEY	7. Phone number 651-297-1170	<ol> <li>Fax number 651-296-5287</li> </ol>	9. E-mail ad <u>bart.bevin</u>	dress s@state.mn.us
10. Please indicate who in your	r organization should receive the	2002 MBAF if different from the	person in Ques	tion 2.
Name/Title	Phone number	Street address	City	ZIP code
	lark one. If grantor is entity lease indicate affiliation. For l check "City government.")	<ol> <li>Has your organization held adopted criteria for awardin compliance with Minn. Sta</li> </ol>	ng business sub	sidies in
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>Yes (Indicate hearing date -</li> <li>No</li> <li>We held a public hearing but criteria (Indicate date of ini</li> <li>Other (Please attach explanation)</li> </ul>	t have not yet ac tial hearing	lopted
		iness subsidy or financial assistar nder Minn. Stat. §116J.993 and §		
* Yes (Comp	olete the remainder of the form.)	DNo (Stop here, go to section	n 5 on page 4.)	

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where will be used	business subsidy or fir	ancial assistance
FIRST PLAN OF MN	409 17 TH AVE Street address	TWO HARBORS City	MN 55616 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<ul> <li>Yes (Indicate name and address of parent corporation below * No</li> </ul>	<ul> <li>If more than one, i</li> </ul>	ndicate ultimate owner	r.)
Name of parent corporation	Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.):	
□ Manufacturing * Service □ Retail Trade □ Wholesale T	□ Finance, Insurance, Real Estate rade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreeme	ent? (Mark one.)
<ul> <li>Yes (Indicate city and state of previous address and reason</li> <li>No (Go to Question 19.</li> </ul>	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	at previous address
19. Would the recipient have remained in previous location or a financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
Remained at previous location     Relocated to different action	rent Minnesota location
ection 3 General Information About the Agreem	ent
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$85,000	JULY 19, 2000
<ol> <li>Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment wa whichever is earlier.)</li> </ol>	
JULY 19, 2000	
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.) * husiness subsidu	e four types of financial assistance (see Question 25) required to
* business subsidy	T
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).
$\Box$ not applicable, agreement provided financial assistance	* not applicable, agreement provided a business subsidy
<ul> <li>* loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
* not applicable, assistance was not in the form of TIF	□ Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	* No
<ul> <li>conomic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	Grantor(s) and value of the agreement(s Grantor Value (\$)
	Grantor Value (\$)

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<ol> <li>Minn. Stat. §116J.994 of the following public p</li> </ol>			nancial assistance agreement t? (Mark all that apply.)	s state a public p	purpose. Which
D Enhancing economic diversity Creating high-quality job growth D Job retention D Stabilizing the community			<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>		
9. Indicate whether the ag at the time of this report			s of goals, and whether the redate(s) for each goal.)	ecipient had atta	ined those goals
<ul> <li>A) Specific wage and job goals to be attained within 2 years</li> <li>B) Other job-creation and/or retention goals</li> <li>C) Other wage goals</li> <li>D) Other goals other than wage and job goals</li> </ul>			established? dates	et attainment (month & year) 2002	All goals attained? Yes I No Yes I No Yes I No Yes I No Yes I No
Please attach descriptions ttainment if not documente					
agreement and the avera	age hourly value	e of any employer-pro	creation and/or retention goa ovided health insurance goa to separate goals by full- ar	s for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00				<del></del>	S
\$7.00 to \$8.99	21				\$4.00
\$9.00 to \$10.994					S
\$11.00 to \$12.99					\$
\$13.00 to \$14.99	2				\$4.00
\$15.00 and higher	1				\$4.00
	urly value of an	y employer-provided	nber of <b>actual</b> jobs created a health insurance for those jo tion into full- and part-time	obs. <u>(Only</u> indic	
					1
	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
full-time equivalents if Hourly Wage	Job	Seasonal/Temp.	separate FT/PT)		
full-time equivalents if Hourly Wage (excluding benefits)	Job	Seasonal/Temp.	separate FT/PT)		Health Insurance
full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	Job	Seasonal/Temp.	separate FT/PT)		Health Insurance
full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	Job Creation	Seasonal/Temp.	separate FT/PT)		Health Insurance s \$
full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Job Creation	Seasonal/Temp.	separate FT/PT)		Health Insurance s \$ \$4.00

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(Do not complete this section if you completed )	it on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116.</li> </ol>		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to represent recipient. Attach additional pages if necessary.)	port and the value of subsidy or finat	ncial assistance awarded to that
* No		
Name of recipient Type of subsidy or assista	nce (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that w</li> </ol>		
Yes (Complete the remainder of this s	ection.) * No (Stop here and su	bmit form to DTED .)
<ul><li>35 39. Provide the following information for each recovered to be attained by the time of reporting. (Attained by the time of reporting.)</li></ul>		ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obli	gation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistar	nce. D No, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the recip	ient's deadline for fulfilling its oblig	gations? (Mark one.)
	🗆 Yes 🗆 No	
39. Describe the steps being taken to bring recipient into	compliance or recoup the subsidy:	
· · · · · · · · · · · · · · · · · · ·		

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

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

Or fax to: (651) 215-3841

Page 4 of 7

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## 2001 Minnesota Business Assistance Form

J. J. 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 <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

#### Section 1 Information About Grantor

1. Name of grantor (funding DTED (MINNES	g entity) SOTA INVESTMENT FUND)	2. Name of person completing this form PAUL A. MOE		
3. Street address 500 METF	O SQ., 121 7 TH 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 addres paul.a.moe@s		
10. Please indicate who in y	our organization should receive the	2002 MBAF if different from th	e person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")				

City government	* Yes (Indicate hearing date - 7-27-00 and attach criteria)
County government	D No
C Regional government	We held a public hearing but have not yet adopted
* State government	criteria (Indicate date of initial hearing)
Other (Please specify.)	□ 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.) DNo (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	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>		
SCHERPING SYSTEMS	801 KINGSLEY Street address	WINSTED City	MN 55395 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<ul> <li>Yes (Indicate name and address of parent corporation below.</li> <li>* No</li> </ul>	If more than one, ind	licate ultimate owi	ner.)
Name of parent corporation	Street address	City	State ZIP code

	rvice 10lesale Trade	□ Finance, Insurance, Real Estate □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing th		
<ul> <li>Yes (Indicate city and state of previous address at No (Go to Question 19.)</li> </ul>	-	
City/State of previous address Reason project not c	ompleted at pre	vious address
19. Would the recipient have remained in previous lo financial assistance? (Mark one.)	cation or reloca	ted elsewhere if not awarded this business subsidy or
* Remained at previous location	d to different M	finnesota location
ection 3 General Information About the A	greement	
0. Total dollar value of business subsidy or financial assistance (Please separate by type - see Question, and 25 - and indicate only principal amount for la	s 24	Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$150,000		APRIL 6, 2000
indicate the date improvements were finished, equi whichever is earlier.)		business subsidy or financial assistance. For example, red into service, or the recipient occupied the property,
<ol> <li>Does the agreement provide a business subsidy or be reported? (Mark one.)</li> <li>* business s</li> </ol>		types of financial assistance (see Question 25) required to nancial assistance
<ol> <li>If the agreement provided a business subsidy, pleas indicate the type(s).</li> </ol>	<u> </u>	If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistar	nce 🗆 r	not applicable, agreement provided a business subsidy
<ul> <li>loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	□ a t pre	assistance for property polluted by contaminants assistance for renovating building stock or bringing it up o code, and assistance provided for designated historic eservation districts, when 50% or less of total cost assistance for pollution control or abatement assistance for a TIF soils condition district
6. If the assistance included tax increment financing, indicate the type of TIF district? (Mark one.)		Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
not applicable, assistance was not in the form of TIF		(es (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
redevelopment renewal and renovation soils condition economic development mined underground space hazardous substance subdistrict	* N	
mazaruous substance subdistrict	Gra	untor Value (\$)
	Gra	ntor Value (\$)

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 $\left\{\begin{array}{c}1\\1\\1\\1\end{array}\right\}$ 

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

28. Minn. Stat. §116J.994 n of the following public p	requires that bu surposes were s	siness subsidy and fir tated in the agreemen	nancial assistance agreement ? (Mark all that apply.)	ts state a public p	urpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	growth		<ul> <li>Increasing tax base (c</li> <li>Other (please specify)</li> </ul>		rpose)
29. Indicate whether the ag at the time of this repor				ecipient had attai	ned those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> </ul>	r retention goal	S	established? dates * Yes D No <u>OCT</u>	et attainment (month & year) OBER 2002	All goals attained? Yes No Yes No Yes No Yes No
(Please attach descriptions attainment if not documente					
	age hourly valu	e of any employer-pro	reation and/or retention gos ovided health insurance goa to separate goals by full- a FTE (only if goals not stated as FT/PT) Job Creation	Is for those jobs.	
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99					S
\$9.00 to \$10.99					s
\$11.00 to \$12.99					\$
\$13.00 to \$14.99				<u></u>	s_32_
	50	<u></u>			s_32_ s_
\$15.00 and higher					
	urly value of an	y employer-provided	iber of <b>actual</b> jobs created a health insurance for those j tion into full- and part-time	obs. <u>(Only</u> indica	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00		<del></del>			s
\$7.00 to \$8.99		<u> </u>			\$
37.00 10 38.33					s
\$9.00 to \$10.99					
					\$
\$9.00 to \$10.99					\$ \$

2001 Minnesota Business Assistance Form

32. Has the recipient achieved <u>all goals</u> (see Questions 29,	30 and 31) and fulfilled all oblig	ations stipulated in the agreement?
(Mark one.)	Yes X No 4.7. H. 9/19	101
Section 5 Recipients Failing to Fulfill Obligation		
(Do not complete this section if you completed it c		mitted to DTED.)
33. During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.99		we any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	t and the value of subsidy or finan	icial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistance	c (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to		
agreement signed on or after January 1, 2000, that were	e required to be fulfilled by the tin	ne of this report? (Mark one.)
Yes (Complete the remainder of this sector)	ion.) * No (Stop here and su	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Attack 35. Information on recipient and agreement:</li> <li>Name of recipient in default</li> </ul>		ther terms of an agreement that Initial value of
		subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obligat	tion? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistance.	□ No, recipient <u>has not begu</u>	n to repay the assistance.
38. Has the agreement been amended to extend the recipien	it's deadline for fulfilling its oblig	ations? (Mark one.)
	Yes 🗅 No	
39. Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy:	
		_

Return your completed MBAF(s) by <u>April 1, 2001</u>, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO ). ( }_{

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## 2001 Minnesota Business Assistance Form

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

#### Section 1 Information About Grantor

ntity) FA INVESTMENT FUND)	2. Name of person completing this form PAUL A. MOE			
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		5. ZIP code	55101	
County RAMSEY 7. Phone number 651-297-1391		1	iress @state.mn.us	
r organization should receive the	2002 MBAF if different from the	e person in Quest	ion 2.	
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.)		
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u>)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>		
	TA INVESTMENT FUND) SQ., 121 7 TH PLACE EAST 7. Phone number 651-297-1391 r organization should receive the Phone number Mark one. If grantor is entity lease indicate affiliation. For	TA INVESTMENT FUND)       PAU         SQ., 121 7 TH PLACE EAST       4. City SAINT PAUL         7. Phone number       8. Fax number         651-297-1391       8. Fax number         r organization should receive the 2002 MBAF if different from the         Phone number       Street address         Phone number       Street address         If grantor is entity       12. Has your organization held adopted criteria for awardic compliance with Minn. Street address         Verse (Indicate hearing date - □ No       No         We held a public hearing buic criteria (Indicate date of in	TA INVESTMENT FUND)       PAUL A. MOE         SQ., 121 7 TH PLACE EAST       4. City SAINT PAUL       5. ZIP code         7. Phone number       8. Fax number       9. E-mail add         651-297-1391       8. Fax number       9. E-mail add         r organization should receive the 2002 MBAF if different from the person in Quest       9. E-mail add         Phone number       Street address       City         Phone number       Street address       City         I.2. Has your organization held a public hearing adopted criteria for awarding business subs compliance with Minn. Stat. §116J.994? (Methods)       * Yes (Indicate hearing date - 7-27-00 and attriation of the person	

#### Section 2 Information About Recipient

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where business subsidy or financial assistan will be used			ssistance
SYSTEMATIC REFRIGERATION, INC	6151 NORTH AVE NW Street address	RAMSEY City	•••	1N 55303 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<ul> <li>Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)</li> <li>* No</li> </ul>				
Name of parent corporation	Street address	City	State	ZIP code

	ent's facility (Mark on	_	
	<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	<ul><li>Service</li><li>Wholesale Tr</li></ul>	□ Finance, Insurance, Real Estate ade □ Construction □ Other (please specify)
18. Did the recipient	relocate as a result of s	igning this agreeme	nt? (Mark one.)
<ul> <li>Yes (Indicate city</li> <li>No (Go to Questic</li> </ul>		address and reason	recipient did not complete this project at that address.)
City/State of previous	address Reason pro	ject not completed a	it previous address
19. Would the recipie financial assistance		evious location or r	elocated elsewhere if not awarded this business subsidy or
* Remained at	previous location	Relocated to differ	ent Minnesota location 🛛 Relocated outside Minnesota
ection 3 General	Information Abo	ut the Agreeme	nt
assistance (Please	of business subsidy or separate by type - see cate only principal amo	Questions 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
	\$300,000	, and join to allow,	MAY 1, 2000
	nprovements were finis )		the business subsidy or financial assistance. For example, placed into service, or the recipient occupied the property,
23. Does the agreemer be reported? (Mark	one.)	ibsidy or one of the usiness subsidy	four types of financial assistance (see Question 25) required to
<ol> <li>If the agreement pr indicate the type(s).</li> </ol>	ovided a business subs	idy, please	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agree	ement provided financia	al assistance	□ not applicable, agreement provided a business subsidy
<ul> <li>loan</li> <li>grant (i.e., forgivable</li> <li>tax abatement</li> <li>TIF or other tax redu</li> <li>guarantee of paymen</li> <li>contribution of prop</li> <li>preferential use of ge</li> <li>land contribution</li> <li>other (Specify substate)</li> </ul>	action or deferral at erty or infrastructure overnmental facilities		<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
	cluded tax increment fi TIF district? (Mark one		27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
not applicable, assi	stance was not in the fo	orm of TIF	* Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
) redevelopment ) renewal and renovat ) soils condition			□ No
economic developme mined underground hazardous substance	space		Grantor(s) and value of the agreement(s Grantor Value (\$) _CITY OF RAMSEY \$540,000
			Grantor Value (\$)

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

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28. Minn. Stat. §116J.994 r of the following public p				its state a public p	urpose. Which
<ul> <li>Enhancing economic diversity</li> <li>Creating high-quality job growth</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>					pose)
29. Indicate whether the again at the time of this report				recipient had attai	-
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than way</li> <li>(Please attach descriptions of the second seco</li></ul>	r retention goal	s	established? dates	get attainment (month & year) Y 2002	All goals attained? J. H. O Yes No Yes No Yes No Yes No Yes No
attainment if not documente					
	age hourly value ll-time equivale	e of any employer-pro	ovided health insurance <b>go</b> to separate goals by full- o	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$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					s
	rly value of an	y employer-provided	nber of <b>actual</b> jobs created health insurance for those tion into full- and part-time FTE (only if unable to	jobs. <u>(Only</u> indica	
			separate FT/PT)	Job	Hourly Value of
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	Job Creation	Retention	Health Insurance
	Job	•		Retention	Health Insurance
(excluding benefits)	Job	•		Retention 	
(excluding benefits) less than \$7.00	Job	•		Retention 	s
(excluding benefits) less than \$7.00 \$7.00 to \$8.99	Job	•		Retention 	s \$
(excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Job	•		Retention 	s \$s

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Do not complete this section if you completed it	t on another 2001 MBAF su	bmitted to DTED.)
<ol> <li>During the period January 1, 2000 through Decembe report as required by Minn. Stat. §116J.993 and §116J</li> </ol>		nave any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	ort and the value of subsidy or find	ancial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistant	ice (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we		
Yes (Complete the remainder of this see	ction.) * No (Stop here and s	ubmit form to DTED .)
35 39. Provide the following information for each recip were to be attained by the time of reporting. (Atta		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a diffe</li> <li>other (Specify reason.)</li> </ul>	-
37. To date, has the recipient fulfilled its repayment oblig	gation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistant	ce. D No, recipient has not bee	gun to repay the assistance.
38. Has the agreement been amended to extend the recipi	ent's deadline for fulfilling its obl	igations? (Mark one.)
	Yes No	
39. Describe the steps being taken to bring recipient into	compliance or recoup the subsidy	

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

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

Or fax to: (651) 215-3841

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## 2001 Minnesota Business Assistance Form

l. J. H. original received 52101

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

#### Section 1 Information About Grantor

<ol> <li>Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)</li> </ol>		2. Name of person completing this form PAUL A. MOE		
3. Street address 500 METRO	) SQ., 121 7 TH PLACE EAST	4. City SAINT PAUL	5. ZIP code	55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 9. E-mail address 651-296-5287 paul.a.moe@state.r		
10. Please indicate who in yo	ur organization should receive the	2002 MBAF if different from the	person in Ques	tion 2.
Name/Title	Phone number	Street address	City	ZIP code
created by gov't agency,	Mark one. If grantor is entity please indicate affiliation. For ld check "City government.")	<ol> <li>Has your organization held adopted criteria for awardi compliance with Minn. Sta</li> </ol>	ng business sub	sidies in
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>Yes (Indicate hearing date -</li> <li>No</li> <li>We held a public hearing but criteria (Indicate date of ini Other (Please attach expland)</li> </ul>	t have not yet ac itial hearing	lopted
	ned any agreements to award a bus 00 that is required to be reported u			
* Yes (Con	plete the remainder of the form.)	No (Stop here, go to sectio	n 5 on page 4.)	

### Section 2 Information About Recipient

<ol> <li>Name of business or organization</li></ol>	15. Address where bu	<ol> <li>Address where business subsidy or financial assistance</li></ol>		
receiving subsidy or financial assistance	will be used	will be used		
LACROSSE MCCORMICK	1116 SO. OAK	LA CRESCEN'	T MN 55947	
	Street address	City	ZIP code	
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.</li> <li>Yes (Indicate name and address of parent corporation bel * No</li> </ul>	, ,	licate ultimate owner.)		
Name of parent corporation	Street address	City St	ate ZIP code	

<ul> <li>Manufacturing Service</li> <li>Retail Trade Wholesale</li> <li>18. Did the recipient relocate as a result of signing this agreer</li> </ul>	□ Finance, Insurance, Real Estate Trade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreer	Trade G Construction G Other (prease specify)
	ment? (Mark one.)
<ul> <li>Yes (Indicate city and state of previous address and reaso</li> <li>* No (Go to Question 19.</li> </ul>	m recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	d at previous address
19. Would the recipient have remained in previous location of financial assistance? (Mark one.)	r relocated elsewhere if not awarded this business subsidy or
□ Remained at previous location □ Relocated to diff	ferent Minnesota location 🛛 Relocated outside Minnesota
ection 3 General Information About the Agreen	nent
0. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$142,000	<b>DECEMBER 12, 2000</b>
	om the business subsidy or financial assistance. For example, vas placed into service, or the recipient occupied the property,
DECEMBER 12,	2000
be reported? (Mark one.)	he four types of financial assistance (see Question 25) required to
* business subsidy	☐ financial assistance
<ol> <li>If the agreement provided a business subsidy, please indicate the type(s).</li> </ol>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	□ not applicable, agreement provided a business subsidy
<ul> <li>f loan &amp;.1.H. 9  U  O </li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
6. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
) redevelopment ) renewal and renovation	D No
•	No       Grantor(s) and value of the agreement(s       Grantor     Value (\$)       Grantor     Value (\$)

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

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Enhancing economic dive Creating high-quality job Job retention			<ul> <li>Increasing tax base (c</li> <li>Other (please specify)</li> </ul>		irpose)
Stabilizing the community	ý			<u></u>	
<ol> <li>Indicate whether the again at the time of this report</li> </ol>			s of goals, and whether the <i>date(s) for each goal.)</i>	recipient had atta	-
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than wage</li> </ul>	r retention goal	S	established? dates	get attainment (month & year) EMBER 2002	All goals attained? Yes No Yes No Yes No Yes No Yes No
Please attach descriptions o ttainment if not documente					
	ige hourly valu	e of any employer-pro	creation and/or retention go ovided health insurance go to separate goals by full- o FTE (only if goals not	als for those jobs	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					\$
\$7.00 to \$8.99					S
\$9.00 to \$10.99	21				\$2.00
\$11.00 to \$12.99					S
\$13.00 to \$14.99					\$
\$15.00 and higher					\$
date and the actual hou	rly value of an	y employer-provided	nber of actual jobs created health insurance for those <i>tion into full- and part-time</i> FTE ( <u>onlv</u> if unable to separate FT/PT) Job Creation	jobs. <u>(Only</u> india	ince the benefit cate job creation in Hourly Value of Health Insurance
less than \$7.00	<u> </u>				s
					S
\$7.00 to \$8.99					s
\$7.00 to \$8.99					\$
\$7.00 to \$8.99 \$9.00 to \$10.99					\$ \$

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(Do not complete this section if you completed it		mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J.9</li> </ol>		we any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	t and the value of subsidy or finan	ncial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistanc	e (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed t agreement signed on or after January 1, 2000, that wer</li> </ol>		
Yes (Complete the remainder of this sec.	tion.) * No (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each recipi were to be attained by the time of reporting. (Attac		ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obligation	tion? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistance	e. O No, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the recipie	nt's deadline for fulfilling its oblig	gations? (Mark one.)
C	Yes 🗆 No	
39. Describe the steps being taken to bring recipient into c	ompliance or recoup the subsidy:	
	,	

## Return your completed MBAF(s) by <u>April 1, 2001</u>, to:

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

Or fax to: (651) 215-3841

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## 2001 Minnesota Business Assistance Form

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

#### Section 1 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 TH 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@stat		
10. Please indicate who in y	our organization should receive the	2002 MBAF if different from th	ne person in Ques	tion 2.
Name/Title	Phone number	Street address	City	ZIP code
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For uld check "City government.")	<ol> <li>Has your organization he adopted criteria for aware compliance with Minn. S</li> </ol>	ding business sub	sidies in
City government		* Yes (Indicate hearing date	- 7-27-00 and <u>at</u>	tach_criteria)
County government				
		□ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)		
<ul> <li>County government</li> <li>Regional government</li> <li>* State government</li> </ul>				iopieu

* Yes (Complete the remainder of the form.)  $\Box$  No (Stop here, go to section 5 on page 4.)

#### Section 2 Information About Recipient

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where business subsidy or financial assistance will be used		
ALPHAGRAPHICS GROUP, INC.	310 CANNON RIVER AVE Street address	RED WING City	MN 55066 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<ul> <li>Yes (Indicate name and address of parent corporation below * No</li> </ul>	. If more than one, indicate ult	mate owner.)	
Name of parent corporation	Street address City	Sta	te ZIP code

17. Industry of recipient's facility (Mark one.):	
* Manufacturing	□ Finance, Insurance, Real Estate rade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreement	ent? (Mark one.)
<ul> <li>Yes (Indicate city and state of previous address and reason</li> <li>* No (Go to Question 19.</li> </ul>	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	at previous address
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
Remained at previous location Relocated to diffe	rent Minnesota location 🛛 Relocated outside Minnesota
ection 3 General Information About the Agreem	ent
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$285,000	JUNE 27, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment wa whichever is earlier.)	n the business subsidy or financial assistance. For example, s placed into service, or the recipient occupied the property,
DECEMBER 31, 2	000
<ol> <li>Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li> </ol>	e four types of financial assistance (see Question 25) required to
* business subsidy	🗅 financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	□ not applicable, agreement provided a business subsidy
<ul> <li>Ioan J.I.M. Q(14/b)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
* not applicable, assistance was not in the form of TIF	* Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	C No
<ul> <li>condition</li> <li>conomic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	Grantor(s) and value of the agreement(s Grantor Value (\$) RED WING PORT AUTHORITY \$ 150,000
	Grantor Value (\$)

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

28. Minn. Stat. §116J.994 r of the following public p					ourpose. Which	
<ul> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax base</li> <li>Other (please spect)</li> </ul>		rpose)	
29. Indicate whether the ag at the time of this report				he recipient had atta		
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> </ul>	r retention goals	5	established? da * Yes ❑ No <u>D</u>	arget attainment tes (month & year) ECEMBER 2002 ECEMBER 2002	All goals attained? Yes No 47 Yes No 47 Yes No Yes No Yes No	8/22
(Please attach descriptions attainment if not documente						
	age hourly value	e of any employer-pr	creation and/or retention ovided health insurance to separate goals by ful	goals for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	ł
less than \$7.00					s	
\$7.00 to \$8.99		<u></u>			S	
\$9.00 to \$10.99					S	
\$11.00 to \$12.99				<u> </u>	S	
\$13.00 to \$14.99	57				\$2.96	
\$15.00 and higher					S	
	urly value of an	y employer-provided	nber of <b>actual</b> jobs create health insurance for tho <i>tion into full- and part-t</i> i	se jobs. <u>(Only</u> indic		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00					s	1
\$7.00 to \$8.99					S	
\$9.00 to \$10.99					٢	
\$11.00 to \$12.99					S	
\$13.00 to \$14.99					\$	
\$15.00 and higher	47				\$3.43	1
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (s		and 31) and fulfilled <u>all c</u> * No	obligations stipulate	d in the agreement?	]

i

(Do not complete this section if you completed it		mitted to DTED.)
33. During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J.		ave any recipients who failed to
☐ Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	ort and the value of subsidy or finar	ncial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistant	ce (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we		
Yes (Complete the remainder of this see	ction.) * No (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each recip were to be attained by the time of reporting. (Attac		ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment oblig	ation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistanc	e. DNo, recipient <u>has not begu</u>	<u>n</u> to repay the assistance.
38. Has the agreement been amended to extend the recipie	ent's deadline for fulfilling its oblig	ations? (Mark one.)
	Yes No	
39. Describe the steps being taken to bring recipient into a	compliance or recoup the subsidy:	

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

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

Or fax to: (651) 215-3841

## 00-0305



## 2001 Minnesota Business Assistance Form RECEIVED APR 0 \$ 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 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period 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) Montevideo Community Development Corp.	2. Name of person completing this form Scott Mara wardt	
3. Street address 103 Canton Ave. 2.0. Eox 676	4. City 5. ZIP code Montevideo 56265	
6. County Chippena (320)269-6575	8. Fax number (32D) ZL9-9340 eda emonteuideomn. D	orq
10. Please indicate who in your organization should receive the	2002 MBAF if different from the person in Question 2.	J
Name/Title Phone number	Street address City ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
☐ City government ☐ County government ☐ Regional government ☐ State government ③ Other (Please specify.) Corp. 501(c)(4)	<ul> <li>Yes (Indicate hearing date - 10-4-99 and attach criteria)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>	
<ol> <li>Has your organization signed any agreements to award a bus through December 31, 2000 that is required to be reported up</li> </ol>		
Yes (Complete the remainder of the form.)	□ 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	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>	
Ingram Rollers, Inc.	121 Vz N. 1st St., Monteuideo, MN 56265 Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)		
X Yes (Indicate name and address of parent corporation below. No Ritalka Inc. Name of parent corporation	If more than one, indicate ultimate owner.) 56265 11742 NO, First St., Montevideo, MN Street address City State 71P code	

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.)       Relocated outside Minnesota         19. Total dollar value of business subsidy or financial assistance? (Place separate value by type in Questions 24 and 25.)       Relocated the date the receipient will benefit from the business subsidy or financial assistance? (Place separate value by type in Questions 24 and 25.)         20. Total dollar value of business subsidy or financial assistance?       Questions 24 and 25.9         21. Date agreement signed (In addition to the agreement assistance?)       Questions 24 and 25.9         22. Benefit date (Indicate the date the receipient will benefit from the business subsidy or financial assistance?)       Questions 24 and 25.9         22. Desc the agreement provide a business subsidy or one of the four types of financial assistance?       For example.         23. Does the agreement provided a business subsidy. please indicate the type(s) and total dollar value for each type.       If the assistance (are provided a business subsidy.         24. If the agreement provided financial assistance       Min applicable, agreement provided a business subsidy.       If the agreement provided a business subsidy.         25. If the assistance for property polluted subsiness subsidy or financial assistance for provention of deferral subsidy type.       Subsistance for provided a business subsidy assistance for provided a business subsidy or financial assistance for property	⊠ Manufacturing ⊐ Retail Trade	<ul> <li>☐ Services</li> <li>☐ Wholesale Trade</li> </ul>	<ul> <li>Finance, Insuran</li> <li>Construction</li> </ul>	ce, Real Estate D Other (please specify)	v)
A No IGo to Question 19.)         City/State of previous address         Remained as previous location         Remained at previous location         Remain at previous location	18. Did the recipient relocate as a result of s	igning this agreement?	(Mark one.)		
9. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)       Relocated to different Minnesota location       Relocated outside Minnesota         2 Remained at previous location       Relocated to different Minnesota location       Relocated outside Minnesota         2 Remained at previous location       Relocated to different Minnesota location       Relocated outside Minnesota         2 Remained at previous location       Relocated to different Minnesota location       Relocated outside Minnesota         2 Remained at previous location       Relocated to different Minnesota location       Relocated outside Minnesota         2 Remained at previous location       Relocated to different Minnesota location       Relocated outside Minnesota         2 Remained at previous location       Relocated to different Minnesota location       Relocated to different Minnesota         2 Remained at previous location       Relocated to different Minnesota       Relocated to different Minnesota         2 Remained at previous location       Relocated to different Minnesota       Relocated to different Minnesota         2 Remained at feed different Minnesota       Remaines at the agreement mass ameded.)       Dec.       Z 9, 2.000         2 Remained at feed different Minnesota subsidy or one of the four types of financial assistance (see Question 25) required be reported? (Mark one.)       Z In the assistance (see Question 25) required asistance	⊇ Yes (Indicate city and state of previous ac № No (Go to Question 19.)	ldress and reason recipi	ient did not complete ti	his project at that addre.	5 <i>5. )</i>
financial assistance? (Mark one.)         ☐ Remained at previous location       ☐ Relocated to different Minnesota location       ☐ Relocated outside Minnesota         2ction 3 General Information About the Agreement         20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)       21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)         22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)         23. Dees the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required be reported? (Mark one.)         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         25. If the assistance was one of the four types of financial assistance.         26. If the agreement provided financial assistance         27. Are any other grantors provided a business subsidy or preservition distinct, when Strong regrestry subsidy type.)         26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)         28. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)         29. onot applicable, assistance was not in the f	City/State of previous address Reason pro	ject not completed at pr	evious address		
ection 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 adde, indicate any dates the agreement was amended)         22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)         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         24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.         24. If the agreement provided a financial assistance         24. If the agreement provided financial assistance         24. If the agreement provided financial assistance         25. If the assistance for property polluted subsiness subsidy         27. To other tax reduction or deferral subsidie of payment         28. addement         29. addement         29. Cottribution of property or infrastructure         29. Cottribution of of payment         29. Cottribution of of payment         29. Cott	•	revious location or reloc	ated elsewhere if not a	warded this business sul	bsidy or
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)       21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)         22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) Dec. 29, 2000         23. Does the agreement provide a business subsidy or one of the four types of financial assistance (Mark one.)       20.000         24. If the agreement provide 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         24. If the agreement provided a business subsidy. please indicate the type(s) and total dollar value for each type.       25. If the assistance for property polluted subsiness subsidy         25. If the assistance of payment       5       3         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 of financial assistance for a TIF soils condition district       5         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 of financial assistance to the same project? (Mark one.)         27. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	C Remained at previous location	Relocated to different	Minnesota location	Relocated outside M	innesota
assistance (Please separate value by type in Questions 24 and 25.)       date, indicate any dates the agreement was amended.)         \$\$ 80,000       Dec. 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.)         23. Dees the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required be reported? (Mark one.)         24. If the agreement provided a business subsidy. please indicate the type(s) and total dollar value for each type.         and contribution of property or infrastructure 5         and and renovation         soils condition         continuous of property or infrastructure 5         and contribution of property or infrastructure 5         and contribution of property or infrastructure 5         and contribution indicate the type of TIF district? (Mark one.)         24. If the assistance in	ection 3 General Information Abo	out the Agreement			
# \$0,000       Dec. 29, 2000         22. Benefit date (Indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)       Dec. 29, 2000         23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required be reported? (Mark one.)       Image: Comparison of the four types of financial assistance         24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.       Image: Comparison of the four types of financial assistance         24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.       Image: Comparison of the four types of financial assistance         24. If the agreement provided a business subsidy.       Image: Comparison of the four types of financial assistance         25. If the assistance included financial assistance       Image: Comparison of the four types of financial assistance for property polluted subject in the type of property or infrastructure substance to total cost         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 of financial assistance to the same project? (Mark one.)         27. 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 of financial assistance to the same project? (Mark one.)         28. If the assistance included tax increment fin	assistance (Please separate value by typ				
indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)         Dec. 29, 2000         23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required be reported? (Mark one.)         24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.         24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.         25. If the assistance was one of the four types of financial assistance.         26. If the agreement provided financial facilities 5         27. Are any other grantors providing a business subsidy type.)         26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)         26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)         26. If the assistance was not in the form of TIF         26. If the assistance was not in the form of TIF         26. If the assistance was not in the form of TIF         27. Are any other grantors providing a business subsidy of financial assistance below: attach an additional sheet if necessar; minered underground space         27. Are any other grantors and the value of their assistance below: attach an additional sheet if necessar; minered underground space         27. Are any other grantors and the value of their assistance below: attach an additional sheet if necessar; minered unde	,		Dec	. 29, 2000	)
be reported? (Mark one.)       I 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).         Protection of the four types of financial assistance       25. If the assistance was one of the four types of financial assistance, please indicate the type(s).         Protection of the four types of financial assistance       25. If the assistance was one of the four types of financial assistance, please indicate the type(s).         Protection of the four types of financial assistance       26. If the assistance for property or infrastructure s indicate the type of TIF district? (Mark one.)       27. Are any other grantors providing a business subsidy of financial assistance for a TIF soils condition district s indicate the type of TIF district? (Mark one.)         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 of financial assistance to the same project? (Mark one.)         A not applicable, assistance was not in the form of TIF       27. Are any other grantor and the value of their assistance below: attach an additional sheet if necessar; indicate the type of TIF district? (Mark one.)         A not applicable, assistance subdistrict       9 No	indicate the date improvements were fin	ished, equipment was p			•
indicate the type(s) and total dollar value for each type.   indicate the type(s) and total dollar value for each type.   assistance, please indicate the type(s).   inot applicable, agreement provided financial assistance   assistance, please indicate the type(s).   anot applicable, agreement provided financial assistance   assistance, please indicate the type(s).   assistance for property polluted   site assistance for property polluted   guarantee of payment   guarantee of payment   contribution of property or infrastructure   preferential use of governmental facilities   and contribution   guarantee for a TIF soils condition district   preferential use of governmental facilities   and contribution   sistance included tax increment financing, please   indicate the type of TIF district? (Mark one.)   A not applicable, assistance was not in the form of TIF redevelopment renewal and renovation soils condition soils condition conting und renovation soils condition control divelopment renewal and renovation soils condition control divelopment renewal and renovation and underground space hazardous substance subdistrict Anot applicable, assistance subdistrict and the agreement(s): First National Bank 10, 000	be reported? (Mark one.)			sistance (see Question 2	5) required to
<ul> <li>a loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>grant (i.e., forgivable loan)</li> <li>s</li> <li>a assistance for property polluted</li> <li>by contaminants</li> <li>a assistance for renovating building</li> <li>s tock or bringing it up to code, and</li> <li>a assistance provided for designated</li> <li>historic preservation districts, when</li> <li>preferential use of governmental facilities</li> <li>g and contribution</li> <li>g other (Specify subsidy type.)</li> <li>c. If the assistance included tax increment financing, please</li> <li>indicate the type of TIF district? (Mark one.)</li> <li>a not applicable, assistance was not in the form of TIF</li> <li>redevelopment</li> <li>redevelopment</li> <li>redevelopment</li> <li>redevelopment</li> <li>redevelopment</li> <li>and and renovation</li> <li>soils condition</li> <li>g contaminants</li> <li>g and targeround space</li> <li>hazardous substance subdistrict</li> </ul>					of financial
grant (i.e., forgivable loan) \$	not applicable, agreement provided finance	cial assistance	not applicable, agree	nent provided a busines	s subsidy
Itax abatement       S	⊠ loan (only principal) ⊃ grant (i.e., forgivable loan)	s <u>80,000</u>		y polluted	S
guarantee of payment       S         guarantee of payment       S         contribution of property or infrastructure       S         preferential use of governmental facilities       S         land contribution       S         other (Specify subsidy type.)       S         26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)       27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)         26. If the assistance was not in the form of TIF       Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessar, soils condition         redevelopment       No         soils condition       Grantor(s) and value of the agreement(s):         mined underground space       First National Bank	atax abatement		assistance for renovat		s
<ul> <li>contribution of property or infrastructure S</li></ul>					
<ul> <li>and contribution</li> <li>other (Specify subsidy type.)</li> <li>S</li> <li>S</li> <li>assistance for pollution control or s</li> <li>abatement</li> <li>assistance for a TIF soils condition district S</li> <li>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</li> <li>A not applicable, assistance was not in the form of TIF</li> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	contribution of property or infrastructure	s			
<ul> <li>abatement</li> <li>assistance for a TIF soils condition district</li> <li>Are any other grantors providing a business subsidy of financial assistance to the same project? (Mark one.)</li> <li>A not applicable, assistance was not in the form of TIF</li> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>					r
<ul> <li>assistance for a TIF soils condition district S</li> <li>assistance for a TIF soils condition district S</li> <li>assistance for a TIF soils condition district S</li> <li>assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</li> <li>A not applicable, assistance was not in the form of TIF</li> <li>aredevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>			•		3
indicate the type of TIF district? (Mark one.) anot applicable, assistance was not in the form of TIF redevelopment renewal and renovation soils condition economic development mined underground space hazardous substance subdistrict indicate the type of TIF district? (Mark one.) financial assistance to the same project? (Mark one.) Yes (Specify each grantor and the value of their assistance below: attach an additional sheet if necessar No Grantor(s) and value of the agreement(s): First National Bank \$ 170,000			assistance for a TIF s	oils condition district	S
assistance below: attach an additional sheet if necessar redevelopment renewal and renovation soils condition condi					
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> <li>Institution</li> </ul>	$\Delta$ not applicable, assistance was not in the f	form of TIF			
□ soils condition □ economic development □ mined underground space □ hazardous substance subdistrict □ soils condition Grantor(s) and value of the agreement(s): Eirst National Bank \$170,000	Tredevelopment				
□ economic development □ mined underground space □ hazardous substance subdistrict □ first National Bank \$ 170,000					
Dimined underground space hazardous substance subdistrict Eirst National Bank \$170,000	a sons condition		Grantor(s) and value of	the agreement(s):	
	<ul> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	E	First National	Bank \$ 170	,000
Grantor Value (\$)				·····	

 $\left\{ \begin{array}{c} 1\\ 1 \end{array} \right.$ 

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			ancial assistance agreement nt? (Mark all that apply.)	is state a public pu	irpose. Which	
Enhancing economic dive     Creating high-quality job     Job retention     Stabilizing the community	growth		<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>			
9. Indicate whether the agr at the time of this report				recipient had attai	ned those goals	
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	r retention goals age and job goa	ls	established? dates ∑al Yes ⊐ No ∑al Yes ⊐ No	tet attainment (month & year) -30-02 -30-02	All goals attained? AYes INo Yes No Yes No Yes No	
Please attach descriptions of attainment if not documented						
	age hourly value	e of any employer-pro	reation and/or retention go ovided health insurance go to separate goals by full- a FTE (only if goals not	als for those jobs.		
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					\$	
less than \$7.00		· · · · · · · · · · · · · · · · · · ·			s	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99	8			13	s	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99					s	
\$15.00 and higher		<u> </u>			s	
date and the <b>actual</b> ho	urly value of an <i>you are unable</i>	y employer-provided to separate job crea	nber of <b>actual</b> jobs created health insurance for those tion into full- and part-time	jobs. ( <u>Only</u> indic		
juii-lime equivalents ij	Full-time	Part-time/	FTE (only if unable to			
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	•	
Houriv Wage	Job	Seasonal/Temp.	separate FT/PT)	Job Retention	•	
Hourly Wage (excluding benefits)	Job	Seasonal/Temp.	separate FT/PT)		Health Insurance	
Hourly Wage (excluding benefits) less than \$7.00	Job Creation	Seasonal/Temp.	separate FT/PT)	Job Retention	Houriy Value of Health Insurance S S S	
Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	Job	Seasonal/Temp.	separate FT/PT)		Health Insuranc	
Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Job Creation	Seasonal/Temp.	separate FT/PT)		Health Insuranc	

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<ol> <li>During the period January 1, 20 report as required by Minn. Sta</li> </ol>	)00 through December 31, t. §116J.993 and §116J.99	2000, did your organization hat 4? (Mark one.)	ave any recipients who failed to
☐ Yes (Indicate the name of each ro recipient. Attach additional j		nd the value of subsidy or final	ncial assistance awarded to that
ANO			
Name of recipient Type	of subsidy or assistance (S	See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any agreement signed on or after Ja			
<b>U</b> Yes (Complete th	e remainder of this section	n.) 🏹 No (Stop here and su	bmit form to DTED .)
35 39. Provide the following info were to be attained by the		t failing to fulfill goals or any c additional pages if necessary.	
35. Information on recipient and ag	greement:		
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all	that apply.):		······································
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacan</li> </ul>		<pre>□ recipient relocated to a diffe</pre> □ other (Specify reason.)	rent community
37. To date, has the recipient fulfil	led its repayment obligatio	on? (Mark one.)	
□ Yes □ No, recipient <u>has begu</u>	n to repay the assistance.	□ No, recipient has not beg	un to repay the assistance.
38. Has the agreement been amend	ed to extend the recipient'	s deadline for fulfilling its obli	gations? (Mark one.)
	Y 🗆	es 🖸 No	
39. Describe the steps being taken	to bring recipient into corr	pliance or recoup the subsidy:	
	, 		

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

Or fax to: (651) 215-3841

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

#### Name of person completing this form Name of grantor (funding entity) 2 D٢ F arouardt JCOtt City 5. ZIP code 4. 3. Street address Monteur N3 Cantor 5626S 7. Phone number County 8. Fax number 9. E-mail address 6 269-6515 320) 320 269 340 eda@monteuidromn.ora 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. Name/Title Phone number ZIP code Street address Citv 11. Classification of grantor (Mark one. If grantor is entity 12. Has your organization held a public hearing on and created by gov t agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) X Yes (Indicate hearing date - 10-4-99 and attach criteria) City government ⊐ No → County government We held a public hearing but have not yet adopted Regional government □ State government criteria (Indicate date of initial hearing -A Other (Please specify.) 501 □ Other (Please attach explanation.)

#### Section 1 Information About Grantor

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) □ 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	<ol> <li>Address where business subsidy or tinancial assistance will be used</li> </ol>				
Micro-Dynamics Corporation	1633 9th St. No., Montevideo, MN 54245 Street address City State ZIP code				
16. Does the recipient have a parent corporation? (Mark one.)					
⊂ Yes (Indicate name and address of parent corporation below X No	If more than one, indicate ultimate owner.)				

Name of parent corporation	Street address	City	State	ZIP code

⊠ Manufacturing ⊐ Retail Trade	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please spec	ify)
18. Did the recipient relocate as a result of s	igning this agreement	? (Mark one.)	
☐ Yes (Indicate city and state of previous ad X No (Go to Question 19.)	dress and reason rec	ipient did not complete this project at that add	ress.)
City/State of previous address Reason pro	ject not completed at	previous address	
19. Would the recipient have remained in pr financial assistance? (Mark one.)	evious location or rel	ocated elsewhere if not awarded this business :	subsidy or
C Remained at previous location	Relocated to differen	nt Minnesota location	Minnesota
ection 3 General Information Abo	ut the Agreeme	nt	
20. Total dollar value of business subsidy o assistance ( <i>Please separate value by typand 25.</i> )		21. Date agreement signed (In addition to the date, indicate any dates the agreement was	-
\$ 150,000		2-07-2000	
indicate the date improvements were fin.		the business subsidy or financial assistance. F placed into service, or the recipient occupied	
be reported? (Mark one.)		four types of financial assistance (see Question	25) required to
24. If the agreement provided a business sub indicate the type(s) and total dollar values		25. If the assistance was one of the four types assistance, please indicate the type(s).	s of financial
☐ not applicable, agreement provided financ	ial assistance	🛱 not applicable, agreement provided a busin	ess subsidy
X loan (only principal) ⊐ grant (i.e., forgivable loan)	s <u>150,000</u>	assistance for property polluted by contaminants	\$
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> </ul>	s s s	assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when	S
□ preferential use of governmental facilities □ land contribution	s	50% or less of total cost assistance for pollution control or	s
□ other (Specify subsidy type.)	S	abatement assistance for a TIF soils condition district	s
26. If the assistance included tax increment indicate the type of TIF district? (Mark		27. Are any other grantors providing a busin financial assistance to the same project?	•
$oldsymbol{\lambda}$ not applicable, assistance was not in the fo	orm of TIF	X Yes (Specify each grantor and the value of assistance below; attach an additional she	
<ul> <li>redevelopment</li> <li>renewal and renovation</li> </ul>			. ,,
□ soils condition			
		Grantor(s) and value of the agreement(s):	
economic development			
		Montevideo Industrial &	),000

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Permi

of the following public	purposes were s	tated in the agreemen	ancial assistance agreemen nt? (Mark all that apply.)	its state a public pu	rpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		➤ Increasing tax base (ca	annot be only purp	ose)
<ol> <li>Indicate whether the age at the time of this report</li> </ol>	reement include t. (Fill in the bo	d the following types oxes and attainment d	of goals, and whether the late(s) for each goal.)	recipient had attain	ned those goals
				get attainment	All goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than w	r retention goals	i	X Yes ⊃ No <u>12</u> ⊃ Yes ⊃ No ⊃ Yes ⊃ No	(month & year) -31-01 1arch 2000	attained? Yes Mo Yes No Yes No Xes No
Please attach descriptions ( ittainment if not documente					
	age nourly value	e of any employer-pro	reation and/or retention ge ovided health insurance go to separate goals by full- o	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value o Health Insuranc
no hourly wage-level goal					s
less than \$7.00					\$
\$7.00 to \$8.99					s
\$9.00 to \$10.99	20				s
					s
\$11.00 to \$12.99				, <del></del>	\$
\$11.00 to \$12.99 \$13.00 to \$14.99					
					s
S13.00 to S14.99 S15.00 and higher S1. For each of the followindate and the <b>actual</b> ho	urly value of an	y employer-provided	nber of <b>actual</b> jobs created health insurance for those tion into full- and part-tim FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	jobs. ( <u>Only</u> indic	nce the benefit ale job creation in Hourly Value of
<ul> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>\$1. For each of the following date and the actual ho full-time equivalents if</li> <li>Hourly Wage</li> </ul>	urly value of an <i>Syou are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tim FTE ( <u>only</u> if unable to separate FT/PT)	: jobs. ( <u>Onlv</u> indic. e positions.)	nce the benefit ale job creation in Hourly Value of
<ul> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>\$1. For each of the followed date and the actual ho full-time equivalents if</li> <li>Hourly Wage (excluding benefits)</li> </ul>	urly value of an <i>Cyou are unable</i> Full-time Job Creation	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tim FTE ( <u>only</u> if unable to separate FT/PT)	: jobs. ( <u>Onlv</u> indic. e positions.)	nce the benefit ale job creation in Hourly Value of
S13.00 to S14.99 S15.00 and higher I. For each of the followind ate and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	urly value of an <i>Syou are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tim FTE ( <u>only</u> if unable to separate FT/PT)	: jobs. ( <u>Onlv</u> indic. e positions.)	nce the benefit
S13.00 to S14.99 S15.00 and higher S1. For each of the followind the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	urly value of an <i>Cyou are unable</i> Full-time Job Creation	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tim FTE ( <u>only</u> if unable to separate FT/PT)	: jobs. ( <u>Onlv</u> indic. e positions.)	nce the benefit ale job creation in Hourly Value of
<ul> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>\$1. For each of the following date and the actual ho full-time equivalents if</li> <li>Hourly Wage (excluding benefits)</li> <li>less than \$7.00</li> <li>\$7.00 to \$8.99</li> <li>\$9.00 to \$10.99</li> </ul>	urly value of an <i>Cyou are unable</i> Full-time Job Creation	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tim FTE ( <u>only</u> if unable to separate FT/PT)	: jobs. ( <u>Onlv</u> indic. e positions.)	nce the benefit ale job creation in Hourly Value of

Do not complete this section if you completed	it on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §1</li> </ol>		ave any recipients who failed to
Ses (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary.)		ncial assistance awarded to that
Name of recipient Type of subsidy or assist	nance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that</li> </ol>		
<b>Q</b> Yes (Complete the remainder of this	section.) 🛛 🗅 No (Stop here and su	bmit form 10 DTED .)
<ol> <li>35 39. Provide the following information for each rewere to be attained by the time of reporting.</li> </ol>		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	recipient relocated to a diffe temperature temperature	rent community
37. To date, has the recipient fulfilled its repayment of	oligation? (Mark one.)	
Yes Do, recipient has begun to repay the assist	ance. INO, recipient has not beg	un to repay the assistance.
38. Has the agreement been amended to extend the rec	upient's deadline for fulfilling its obli	gations? (Mark one.)
	⊇Yes ⊇No	
39. Describe the steps being taken to bring recipient ir	nto compliance or recoup the subsidy:	
	<u>,                                    </u>	······································

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

Or fax to: (651) 215-3841



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

#### 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		4. City	5. ZIP code	
505 WALNUT STREET,	SHITE 1	MONTICELLO	55362	
6. County WRIGHT			9. E-mail address okoropch@uslink.net	
10. Please indicate who in your	r 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.)		
CLC ity government		$\bigotimes Y$ es (Indicate hearing date - $\frac{9/13}{2}$ and <u>attach criteria</u> )		
Regional government		G We held a public hearing but have not yet adopted		
C State government		criteria (Indicate date of initial hearing)		
Other (Please specify.)		Other (Please attach explana	ilion.)	
through December 31, 2000		siness subsidy or financial assistan nder Minn. Stat. §116J.993 and § No ( <u>Stop here, go</u> to section	116J.994? (Mark one.)	
Section 2 Information At				
ſ	·····			
14. Name of business or organi receiving subsidy or financ		<ol> <li>Address where business sul will be used</li> </ol>	bsidy or financial assistance	
TWIN CITY DIE CASTI	INGS COMPANY	<u>520 CHELSEA ROAD</u> Street address City	MONTICELLO 55362 State 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.)
XXXo

Name of parent corporation

Street address

State

ZIP code

City

🖾 Manufacturing 🛛 Services 🔾 Retail Trade 🔹 🗅 Wholesale Trad	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction          <ul> <li>Other (please specify)</li> <li>Construction</li> <li>Other (please specify)</li> </ul> </li> </ul>
18. Did the recipient relocate as a result of signing this agreement	ent? (Mark one.)
Yes (Indicate city and state of previous address and reason r	ecipient did not complete this project at that address.)
City/State of previous address Reason project not completed a	at previous address
19. Would the recipient have remained in previous location or r financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
C Remained at previous location SR elocated to differ	rent Minnesota location XX Relocated outside Minnesota
ection 3 General Information About the Agreem	ent
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.)
\$500,000	June 8, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.) August 7, 2000	n the business subsidy or financial assistance. For example, as placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one of th be reported? (Mark one.) Statistical State Stat	e four types of financial assistance (see Question 25) required to financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	Expot applicable, agreement provided a business subsidy
XDpan (only principal)\$ 500,000grant (i.e., forgivable loan)\$	□ assistance for property polluted \$ by contaminants
Itax abatement   \$     TIF or other tax reduction or deferral   \$	□ assistance for renovating building S stock or bringing it up to code, and
guarantee of payment S	assistance provided for designated
contribution of property or infrastructure preferential use of governmental facilities \$	historic preservation districts, when 50% or less of total cost
□ land contribution \$	assistance for pollution control or     S
□ other (Specify subsidy type.) S	abatement assistance for a TIF soils condition district S
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
X And the second	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
□ redevelopment □ renewal and renovation	
soils condition     conomic development	Grantor(s) and value of the agreement(s):
I mined underground space	
hazardous substance subdistrict	HRA         \$225,000 TIF           Grantor         Value (\$)
	EDA \$100,000 Equipment Loan
	Grantor Value (\$)

28. Minn. Stat. §116J.994 req	uires that bu	siness subsidy and fi	nancial assistance agreemen	nts state a public	purpose. Which
<ul> <li>D Enhancing economic divers</li> <li>Creating high-quality job gr</li> <li>D Job retention</li> <li>D Stabilizing the community</li> </ul>	ity		<ul> <li>mt? (Mark all that apply.)</li> <li>Concreasing tax base (can be apply.)</li> <li>Other (please specify)</li> <li>Other (please specify)</li> <li>Other (please specify)</li> </ul>	·	
29. Indicate whether the agree at the time of this report.				recipient had att	ained those goals
<ul> <li>A) Specific wage and job goal</li> <li>B) Other job-creation and/or ri</li> <li>C) Other wage goals</li> <li>D) Other goals other than wag</li> </ul>	etention goal	s als	established? dates XXX:s	get attainment (month & year) ot. 1. 2002	
(Please attach descriptions of attainment if not documented i					
	e hourly valu	e of any employer-p	creation and/or retention ge rovided health insurance go to separate goals by full-	als for those job	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
XERENTRACEX.RCK			·		\$
AT LEAST \$8.50					\$
XXXXXXXXXXX					s
AtoLEAST, \$12.00	) 14		<u> </u>		S
<b>912-00-01-10</b> 9			<u> </u>		s
S1 5.00 million er					s
	y value of an	y employer-provided	nber of actual jobs created i health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (Only indi	
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
KXXXXXXXXXXX					s
XXXXXXXXXXX AT LEAST \$8.50	3				3 3/H~
XXXXXXXXXXXX		<u> </u>		. <u></u>	s/
AT Least \$12.00	<u> </u>				<u>s.92/</u> Hr
the ment					s
32. Has the recipient achieve (Mark one.)	d <u>all goals</u> (s		and 31) and fulfilled <u>all ob</u>	igations stipulate	ed in the agreement?

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(Do not complete this section if you completed	it on another 2001 MBAF subi	mitted to DIED.)
<ol> <li>During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §1</li> </ol>		ive any recipients who failed to
Yes (Indicate the name of each recipient failing to re recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	icial assistance awarded to that
Mar No		
Name of recipient Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that		
Yes (Complete the remainder of this :	section.) 🛛 🗖 No (Stop here and su	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each red were to be attained by the time of reporting. (35. Information on recipient and agreement:</li> </ul>		
55. Information on recipient and agreement.		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	
Q Yes Q No, recipient <u>has begun</u> to repay the assista	nce. ONo, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the reci	pient's deadline for fulfilling its oblig	gations? (Mark one.)
	🛛 Yes 🖾 No	
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	
	·	<u>.</u>

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

Or fax to: (651) 215-3841

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

Section 1 Information About Grantor

1. Name of grantor (funding er MONTICELLO ECONOMI	ntity) C DEVELOPMENT AUTHOR	2. Name of person completing ITY OLLIE KOROPCHA		
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 you	r organization should receive the	2002 MBAF if different from the	person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
<ul> <li>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.")</li> <li>4.1.1.7/200</li> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Cother (Please specify.) MONTICELLO EDA</li> </ul>		<ul> <li>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.)</li> <li>Yes (Indicate hearing date - 8/31/99 and attach criteria)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - )</li> <li>Other (Please attach explanation.) AMENDED 11/8/00</li> </ul>		
<ul> <li>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.)</li> <li>A Yes (Complete the remainder of the form.) INO (Stop here, go to section 5 on page 4.)</li> </ul>				
Section 2 Information Al				
14. Name of business or organ receiving subsidy or finance		<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>		
TWIN CITY DIE CAST	INGS COMPANY	520 CHELSEA RD E Street address City	MONTICELLO, MN 55362 State ZIP code	
16. Does the recipient have a p	parent corporation? (Mark one.)			

□ Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)

Name of parent corporation

State ZIP code

City

17. Industry of recipient's facility (Mark one	.):		
AManufacturing	<ul> <li>Services</li> <li>Wholesale Trad</li> </ul>	Finance, Insurance, Real Estate     Orbstruction Other (please specify)	
18. Did the recipient relocate as a result of si	gning this agreemer	nt? (Mark one.)	
□ Yes (Indicate city and state of previous ad →No (Go to Question 19.)	dress and reason rea	cipient did not complete this project at that address.)	ļ
City/State of previous address Reason proj	ect not completed a	t previous address	
19. Would the recipient have remained in profinancial assistance? (Mark one.)	evious location or re	elocated elsewhere if not awarded this business subsidy or	Í
C Remained at previous location	Relocated to differe	ent Minnesota location 🕱 Relocated outside Minnesota	<i>.</i> .
ection 3 General Information Abo	ut the Agreeme	ent	, J
20. Total dollar value of business subsidy of assistance (Please separate value by type and 25.)		21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)	
\$100,000		June 8, 2000	
	shed, equipment wa	the business subsidy or financial assistance. For example, as placed into service, or the recipient occupied the property,	1
be reported? (Mark one.)	ubsidy or one of the business subsidy	four types of financial assistance (see Question 25) required to	
24. If the agreement provided a business subs indicate the type(s) and total dollar value		<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>	
not applicable, agreement provided financi	al assistance	anot applicable, agreement provided a business subsidy	
<ul> <li>Hean (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	s 100,000 s s s s s s s	<ul> <li>assistance for property polluted</li> <li>by contaminants</li> <li>assistance for renovating building</li> <li>stock or bringing it up to code, and</li> <li>assistance provided for designated</li> <li>historic preservation districts, when</li> <li>50% or less of total cost</li> <li>assistance for pollution control or</li> <li>abatement</li> <li>assistance for a TIF soils condition district</li> </ul>	
26. If the assistance included tax increment f indicate the type of TIF district? (Mark of		27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)	
Anot applicable, assistance was not in the fo	rm of TIF	XX Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)	
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>		□ No	
conomic development		Grantor(s) and value of the agreement(s):	
<ul> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>		MONTICELLO HRA \$225,000 TIF	
		Grantor Value (\$) <u>City of Monticello</u> \$500,000 Equipment Grantor Value (\$)	nt Loan
		City of Monticello \$ 40,000 REDUCT. Trunk Fees	ION OF

 $\begin{pmatrix} 1 \\ 1 \end{pmatrix}$ 

<ol> <li>Minn. Stat. §116J.994 req of the following public pu</li> </ol>					purpose. Which
<ul> <li>Enhancing economic diversi</li> <li>Creating high-quality job gr</li> <li>Job retention</li> </ul>			Other (please spe	se (cannot be only pur ecify) ecify)	· · ·
□ Stabilizing the community			Other (please specified)	cify)	
29. Indicate whether the agree at the time of this report.					ained those goals
			Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals	s to be attain	ed within 2 years	XXXes D No	<u>Sept. 1, 200</u> 2	
B) Other job-creation and/or re			🗆 Yes 🗆 No		🛛 Yes 🖓 No
C) Other wage goals		-1-			
D) Other goals other than wage	e and job go:	315	🛛 Yes 🖾 No	······	□Yes □No
Please attach descriptions of a attainment if not documented i					
<ol> <li>For each of the following agreement and the average job creation goals in full-t</li> </ol>	e hourly valu	e of any employer-pr	rovided health insurar	ice goals for those job:	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals : stated as FT/PT) Job Creation		Hourly Value of Health Insurance
no hourly wage-level goal					s
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					s
ATOLEAST \$8.50			·		s
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					s
At LEAST \$12.00	) 14				s
<u>511.00</u>					s
S15.00 mathigher					s
31. For each of the following date and the actual hourly	y value of an	y employer-provided	l health insurance for	those jobs. (Only indi	
full-time equivalents if yo Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if unable separate FT/PT) Job Creation		Hourly Value of Health Insurance
full-time equivalents if yo Hourly Wage	Full-time Job	Part-time/ Seasonal/Temp.	separate FT/PT)	Job	
full-time equivalents if yo Hourly Wage (excluding benefits)	Full-time Job	Part-time/ Seasonal/Temp.	separate FT/PT)	Job	Health Insurance s
full-time equivalents if yo Hourly Wage (excluding benefits) Kett X X X X X X	Full-time Job	Part-time/ Seasonal/Temp.	separate FT/PT)	Job	Health Insurance S
full-time equivalents if yo Hourly Wage (excluding benefits) KXXXXXXXXXXX XXXXXXXXXXXX AT_LEAST \$8.50	Full-time Job Creation	Part-time/ Seasonal/Temp.	separate FT/PT)	Job	Health Insurance s
full-time equivalents if yo Hourly Wage (excluding benefits) KEXXXXXXXXXXXX XXXXXXXXXXXX	Full-time Job Creation	Part-time/ Seasonal/Temp.	separate FT/PT)	Job	

🗅 Yes 🛛 🖼 No

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(Do not complete this s	ection if you completed i	it on another 2001 MBAF subr	nitted to DTED.)
<ol> <li>33. During the period Janu report as required by M</li> </ol>	ary 1, 2000 through December Ainn. Stat. §116J.993 and §11	er 31, 2000, did your organization ha 6J.994? <i>(Mark one.)</i>	ve any recipients who failed to
	of each recipient failing to rep ditional pages if necessary.)	port and the value of subsidy or finan	cial assistance awarded to that
Ma No			
Name of recipient	Type of subsidy or assista	nce (See Questions 24 and 25.)	Value of subsidy or assistance
		d to achieve any goals or fulfill any c vere required to be fulfilled by the tin	
Tes (Con	mplete the remainder of this s	ection.) 🛛 🗖 No (Stop here and sul	bmit form to DTED .)
		ipient failing to fulfill goals or any of Attach additional pages if necessary.)	
35. Information on recipier	nt and agreement:	•	
Name of recipient in defaul	t	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (	Mark all that apply.):		
<ul> <li>recipient ceased operatio</li> <li>recipient was unable to f</li> </ul>		<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipie	ent fulfilled its repayment obl	igation? (Mark one.)	
□ Yes □ No, recipient <u>h</u>	i <u>as begun</u> to repay the assista	nce. DNo, recipient has not begu	n to repay the assistance.
38. Has the agreement been	n amended to extend the recip	pient's deadline for fulfilling its oblig	gations? (Mark one.)
		🗆 Yes 🔲 No	
39. Describe the steps bein	g taken to bring recipient into	o compliance or recoup the subsidy:	
			······································

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

Or fax to: (651) 215-3841

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# 2001 Minnesota Business Assistance Form RECEIVED MAY 2

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- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
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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)		2. Name of person completing this form			
City of Moorhead		Beth Grosen			
3. Street address		4. City	5. ZIP code		
500 Center Avenue	, PO Box 779	Moorhead	56 <b>56</b> 0	)	
6. County	7. Phone number	8. Fax number	9. E-mail ad	ddress	
Clay	218-299-5441	218-299-5399	beth.gro	sen@ci.moorh	ead.mn.u
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from	the person in Qu	estion 2.	I
Name/Title	Phone number	Street address	City	ZIP code	ł
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.")		<ol> <li>Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)</li> </ol>			, ,
XXCity government County government Regional government State government Other (Please specify.)		<ul> <li>XX Yes (Indicate hearing date)</li> <li>And attach criteria</li> /ul>			
13. Has your organization sign	ed any agreements to award a b 0 that is required to be reported	usiness subsidy or financial ass	istance from Janu		

X Ycs (Complete the remainder of the form.) INO (Stop here, go to section 5 on page 4.)

#### Section 2 Information About Recipient

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>			al assistance		
Brady Olson/Brady's Service Center, Inc	2404 8 St. Street address	S. Moorhe City	ead, MN State	56560 ZIP code		
16. Does the recipient have a parent corporation? (Mark one.)						
U Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) XX No						
Name of parent corporation	Street address	City	State	ZIP code		

17. Industry of rec	ipient's facility (Mark one	.):			
	<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	□ Services □ Wholesale Trad		urance, Real Estate n D Other (please speci	ſÿ
18. Did the recipie	nt relocate as a result of si	gning this agreemer	nt? (Mark one.)		
⊐ Yes (Indicate cit X No (Go to Quest		dress and reason re	cipient did not comple	ete this project at that addro	ess.)
City/State of previo	ous address Reason proj	ect not completed a	t previous address		
19. Would the reci financial assistan	nce? (Mark one.)			not awarded this business st	ıbsidy or
C Remained			rebuild on si ent Minnesota location		Ainnesota
	ral Information Abo				
20. Total dollar va	alue of business subsidy of ase separate value by type	r financial	21. Date agreement	t signed (In addition to the ny dates the agreement wa	
	\$ 43,250		12-18-2	2000	
	ite improvements were fini arlier.)			or financial assistance. Fo or the recipient occupied th	
23. Does the agree be reported? ()	Mark one.)	ubsidy or one of the business subsidy	four types of financia	assistance (see Question )	25) required to
	nt provided a business subs be(s) and total dollar valu			e was one of the four types se indicate the type(s).	of financial
I not applicable, a	greement provided financi	al assistance	XX not applicable, ag	reement provided a busine	ss subsidy
loan (only princi ع grant (i.e., forgiv		s	assistance for pro by contaminants	perty polluted	S
Lax abatement		s	assistance for ren		\$
J TIF or other tax : J guarantee of pay	reduction or deferral	S S	stock or bringing assistance provid	it up to code, and	
	property or infrastructure	s		tion districts, when	
	of governmental facilities	s	50% or less of to		5
l land contributior Kother (Specify su		s s	assistance for pol abatement	lution control or	\$
	y Development Zo			IF soils condition district	\$
	e included tax increment ( pe of TIF district? (Mark o			grantors providing a busine ance to the same project? (	
<b>K</b> not applicable, a	ssistance was not in the fo	orm of TIF		h grantor and the value of t ; attach an additional sheet	
l redevelopment					- //
D renewal and rene	ovation		XX No		
<ul> <li>soils condition</li> <li>cconomic development</li> </ul>	opment		Grantor(s) and valu	e of the agreement(s):	
D-mined undergrou	und space				
hazardous substa	ance subdistrict				
•			Grantor	Value (\$)	

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

<ol> <li>Minn. Stat. §116J.994 re of the following public p</li> </ol>	equires that bus purposes were s	iness subsidy and fin tated in the agreemer	ancial assistance agreemen nt? (Mark all that apply.)	ts state a public pu	rpose. Which	
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>XKStabilizing the community</li> </ul>	growth		XXIncreasing tax base (cannot be only purpose) Other (please specify)			
29. Indicate whether the agr at the time of this report	eement include . (Fill in the bo	d the following types exes and attainment a	s of goals, and whether the late(s) for each goal.)	recipient had attai	ned those goals	
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa (Please attach descriptions of attainment if not documented	retention goals age and job goa of goals and pro	ls pgress toward	established? dates XXYes I No I Yes I No I Yes I No	get attainment (month & year) 7/01/02	All goals attained? XXYes DNo Yes No Yes No Yes No	
	ige hourly value	e of any employer-pr	ovided health insurance go to separate goals by full- o	als for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Scasonal/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 <b>\$7</b> .00					s	
\$7.00 to \$8.99	_1				s	
\$9.00 to <b>\$</b> 10.99					s	
\$11.00 to <b>\$12</b> .99					s	
\$13.00 to <b>\$14.9</b> 9					s	
\$15.00 and higher				·	s	
<ul> <li>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.)</li> <li>Full-time Part-time/ FTE (only if unable to separate FT/PT) Job Retention Hourly Value of</li> </ul>						
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance	
less than \$7.00	<b>_</b>	1			s	
57.00 to 58.99	1				s	
\$9.00 to \$10.99	_ <b>_</b>				s	
\$11.00 to \$12.99		<u> </u>			\$	
\$13.00 to \$14.99					\$	
\$15.00 and higher					s	
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (se	· .	ind 31) and fulfilled <u>all ob</u> D No	ligations stipulated	i in the agreement?	
L						

2001 Minnesota Business Assistance Form

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### Section 5 Recipients Failing to Fulfill Obligations

33. During the period January 1, 2000	bu completed it on another 2001 MBAF sub through December 31, 2000, did your organization h 116J.993 and §116J.994? (Mark one.)	
•	ient failing to report and the value of subsidy or fina	incial assistance awarded to that
<b>DK</b> No	·	
Name of recipient Type of a	subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on or after Janua	cipients who failed to achieve any goals or fulfill any ry 1, 2000, that were required to be fulfilled by the ti mainder of this section.) IN No (Stop here and su	ime of this report? (Mark one.)
<ul> <li>35 39. Provide the following information were to be attained by the tim</li> <li>35. Information on recipient and agree</li> </ul>	ation for each recipient failing to fulfill goals or any e of reporting. (Attach additional pages if necessary ment:	other terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that	t apply.):	
☐ recipient ceased operation □ recipient was unable to fill vacant po	i recipient relocated to a difference of the second state of the s	erent community
37. To date, has the recipient fulfilled	its repayment obligation? (Mark one.)	
Yes ONo, recipient has begun to	repay the assistance. DNo, recipient has not been	gun to repay the assistance.
38. Has the agreement been amended t	o extend the recipient's deadline for fulfilling its obl	igations? (Mark one.)
	🗅 Yes 🗆 No	
39. Describe the steps being taken to b	ring recipient into compliance or recoup the subsidy	:

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

Or fax to: (651) 215-3841





### 2001 Minnesota Business Assistance Form RECEIVED MAY 2

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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 er	itity)	2. Name of person comple	ting this form		
City of Moorhead	City of Moorhead				
3. Street address		4. City	5. ZIP code	e	
500 Center Avenue	, PO Box 779	Moorhead	56560	)	
6. County	7. Phone number	8. Fax number	9. E-mail a	ddress	
Clay	218-299-5441	218-299-5399	beth.gro	sen@ci.moorhea	ad.mn.u
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from	the person in Qu	estion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
	Mark one. If grantor is entity lease indicate affiliation. For l check "City government.")	12. Has your organization adopted criteria for aw compliance with Minn	arding business su . Stat. §116J.994?	ubsidies in	
XXCity government		XX Ycs (Indicate hearing d	8/23/99 aleand	d <u>attach criteria</u> )	
Regional government     State government     Other (Please specify.)		<ul> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>			. *
13. Has your organization sign	ed any agreements to award a bi 0 that is required to be reported	usiness subsidy or financial as	sistance from Janı	- 1	
🖾 Ycs (Com)	olete the remainder of the form.)	□ No ( <u>Stop here,</u> go to se	ection 5 on page 4	(.)	

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where bu will be used	isiness subsid	ly or financia	assistance
Sterling Development Group	3333 Hwy 10 F Street address	<u>Moorh</u> City	nead MN State	56560 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			<u> </u>	
^{CI} Yes (Indicate name and address of parent corporation below. XXNo	If more than one, indic	cate ultimate	owner.)	
Name of parent corporation	Street address	City	State	ZIP code

□ Manufacturing □ Services XՃ Retail Trade □ Wholesale Trad	Construction  C
8. Did the recipient relocate as a result of signing this agreement	nt? (Mark one.)
Yes (Indicate city and state of previous address and reason re No (Go to Question 19.)	ccipient did not complete this project at that address.)
City/State of previous address Reason project not completed a	nt previous address
19. Would the recipient have remained in previous location or refinancial assistance? (Mark one.)	elocated elsewhere if not awarded this business subsidy or N/A
Remained at previous location     Relocated to differ	ent Minnesota location D Relocated outside Minnesota
ection 3 General Information About the Agreem	ent
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.)
\$234,300	4-17-00
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.) October 2000	n the business subsidy or financial assistance. For example, as placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.) XX business subsidy	e four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	XX not applicable, agreement provided a business subsidy
Loan (only principal)     S	C assistance for property polluted S by contaminants
Image: grant (i.e., forgivable loan)       S         Image: grant	<ul> <li>assistance for renovating building</li> <li>stock or bringing it up to code, and</li> <li>assistance provided for designated</li> <li>historic preservation districts, when</li> </ul>
Image: preferential use of governmental facilities       S         Image: preferential use o	50% or less of total cost         i assistance for pollution control or         \$
KD other (Specify subsidy type.)          Border City Development Zone \$ 234,300	abatement assistance for a TIF soils condition district S
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
I not applicable, assistance was not in the form of TIF	Ycs (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	XX No
cconomic development     imined underground space	Grantor(s) and value of the agreement(s):
hazardous substance subdistrict	Grantor Value (\$)

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

28. Minn. Stat. §116J.994 r of the following public	equires that bus purposes were s	iness subsidy and fin stated in the agreement	nncial assistance agreement nt? (Mark all that apply.)	nts state a public po	urpose. Which
XXEnhancing economic dive Creating high-quality job Job retention	growth		XX Increasing tax base (ca Other (please specify)		xose)
Stabilizing the community	y				· · · · · · · · · · · · · · · · · · ·
29. Indicate whether the age at the time of this report				recipient had attai	ined those goals
				get attainment	All goals
A) Specific wage and job go	als to be attaine	d within 2 years		s (month & y <b>car</b> ) -11-01	attained?
B) Other job-creation and/or	retention goals	5			
C) Other wage goals			🗆 Yes 🗆 No 🔄		Yes No
D) Other goals other than w	age and job goa	ls	🗆 Yes 🛈 No 🔄		Yes No
(Please attach descriptions attainment if not documente					
job creation goals in fu	age hourly value Il-time equivale Full-time	e of any employer-pr nts if you are unable Part-time/	ovided health insurance ge to separate goals by full- FTE (only if goals not	o <b>als</b> for those jobs. and part-time posi	itions.)
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retenti <b>on</b>	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00		100			s
\$7.00 to \$8.99	10				s
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99	<u></u>				s
\$15.00 and higher	<u></u>			<del></del> *	s
	urly value of an	y employer-provided	nber of actual jobs created health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	; jobs. ( <u>Only</u> indic	-
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance
less than \$7.00	_2		<del></del>		\$
\$7.00 to \$8.99	_3	_15			\$
\$9.00 to \$10.99	_5_				\$
\$11.00 to \$12.99	_1				s
\$13.00 to \$14.99	_2	·			\$
\$15.00 and higher				<u>-</u>	s
32. Has the recipient achie (Mark one.)	eved <u>all goals</u> (s	ee Questions 29, 30 a	and 31) and fulfilled <u>all ob</u>	ligations stipulated	d in the agreement?
		XXXX Yes (	D No		

2001 Minnesota Business Assistance Form

### Section 5 Recipients Failing to Fulfill Obligations

Do not complete this sect	ion if you completed it	on another 2001 MBAF sub	omitted to DTED.)
	1, 2000 through December n. Stat. §116J.993 and §116J	31, 2000, did your organization h I.994? <i>(Mark one.)</i>	ave any recipients who failed to
	ach recipient failing to repo onal pages if necessary.)	rt and the value of subsidy or fina	ncial assistance awarded to that
<b>KK</b> No		•	
Name of recipient	Type of subsidy or assistance	ce (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on or al	ter January 1, 2000, that we	to achieve any goals or fulfill any re required to be fulfilled by the ti	me of this report? (Mark one.)
U Yes (Compl	lete the remainder of this sec	tion.) 🛛 No (Stop here and su	ubmit form to DTED .)
	by the time of reporting. (Att	ient failing to fulfill goals or any	
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Ma	urk all that apply.):		
Trecipient ceased operation recipient was unable to fill	vacant positions	<pre> recipient relocated to a diffe diffe diffe diffe diffe</pre>	
37. To date, has the recipient	fulfilled its repayment oblig	ation? (Mark one.)	
TYes ONo, recipient has	begun to repay the assistanc	e. D No, recipient has not beg	un to repay the assistance.
38. Has the agreement been a	mended to extend the recipio	ent's deadline for fulfilling its obl	igations? (Mark one.)
	C	🗅 Yes 🖸 No	
39. Describe the steps being t	aken to bring recipient into	compliance or recoup the subsidy:	:
		·····	

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

Or fax to: (651) 215-3841

Page 4 of 4

Department of Trade and Economic Development



### 2001 Minnesota Business Assistance Form

# RECEIVED MAY 2

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

#### Section 1 Information About Grantor

1. Name of grantor (funding entity)		2. Name of person completing this form		
City of Moorhead		Beth Grosen		
	4. City	5. ZIP code		
PO Box 779	Moorhead	56560		
7. Phone number	8. Fax number	9. E-mail address		
218-299-5441	218-299-5399	beth.grosen@	ci.moorhead.mn.us	
Phone number	Street address		ZIP code	
lark one. If grantor is entity ease indicate affiliation. For check "City government.")	adopted criteria for aw	arding business subsidies Stat. §116J.994? (Mark	s in	
	<ul> <li>No</li> <li>We held a public hearing criteria (Indicate date of</li> </ul>	, but have not yet adopte f initial hearing	d a	
	PO Box 779 7. Phone number 218-299-5441 organization should receive the Phone number Phone number fark one. If grantor is entity ease indicate affiliation. For	Beth Grosen         4. City         PO Box 779       Moorhead         7. Phone number       8. Fax number         218-299-5441       218-299-5399         organization should receive the 2002 MBAF if different from         Phone number       Street address         Phone number       Street address         Phone number       I2. Has your organization adopted criteria for awa compliance with Minn.         XX Yes (Indicate hearing data of the streng data	Beth Grosen         4. City       5. ZIP code         PO Box 779       Moorhead       56560         7. Phone number       8. Fax number       9. E-mail address         218-299-5441       218-299-5399       beth.grosen@         organization should receive the 2002 MBAF if different from the person in Question       9. E-mail address         Phone number       Street address       City         Phone number       Street address       City         Phone number       I2. Has your organization held a public hearing on adopted criteria for awarding business subsidies compliance with Minn. Stat. §116J.994? (Mark         XX Yes (Indicate hearing date)       XX Yes (Indicate hearing date)	

3. 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.) INO (Stop here, go to section 5 on page 4.)

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where will be used	e business su	bsidy or financia	assistance
State Bank of Hawley	3004 14 St Street address	. S. Mo City	orhead MN State	56560 ZIP code
16. Does the recipient have a parent corporation? (Mark one.) Yes (Indicate name and address of parent corporation below. XX No	If more than one, in	ndicate ultim	ate owner.)	
Name of parent corporation	Street address	City	State	ZIP code

//State of previous address       Reason project not completed at previous address         Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or inancial assistance? (Mark one.)       Relocated outside Minnesota         XD Remained at previous location       Relocated to different Minnesota location       Relocated outside Minnesota         ion 3 General Information About the Agreement       Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25).       \$ 42,600         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       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.)         If the agreement provided a business subsidy, pleuse indicate the type(s) and total dollar value for each type.       25. If the assistance was one of the four types of financial assistance (see question 25) required to be conventing building \$	17. Industry of recipient's facility (Mark one.):				
Did the recipient relocate as a result of signing this agreemen? (Mark one.)         (es (Indicate city and state of previous address and reason recipient did not complete this project at that address.)         (State of previous address       Reason project not completed a previous address         Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)         XD Remained at previous location        Relocated to different Minnesota location          Into a different Minnesota location        Relocated outside Minnesota location          Into a doltary value of business subsidy or financial assistance?       21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement assistance (Please separate value by type in Questions 274 and 25.)         S 4 22,600       Description the husiness subsidy or financial assistance. For example, indicate the date the recipient will benefit from the husiness 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         Does the agreement provided a business subsidy or one of the four types of financial assistance (see Question 25) required the be reporte? (Mark one.)         If the agreement provided financial assistance         If the agreement provided financial assistance         If the agreement provided financial assistance         S = ordintris a reduction or deferal S = assistance fo				nce, Real Estate	
Vio (Go to Question 19.)         //State of previous address         Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or inancial assistance? (Mark one.)         XXD Remained at previous location       □ Relocated to different Minnesota location       □ Relocated outside Minnesota location         ion 3 General Information About the Agreement         Total dollar value of business subsidy or financial assistance? (Mark one.)         xXD Remained at previous location       □ Relocated to different Minnesota location       □ Relocated outside Minnesota location         ion 3 General Information About the Agreement         Sasistance (Places separate value by type in Questions 24 and 25.)       21. Date agreement signed (In addition to the agreement assistance)         and 25.)       § 422,600       21. Date agreement subsidy or financial assistance         Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance)       21. Date agreement was amended.)         November 2000       Does the agreement provide a business subsidy or one of the four types of financial assistance         indicate the type(s) and total dollar value for each type.       25. If the assistance (see Question 25) required to be crepted? (Mark one.)         22. If the agreement provided a business subsidy or one of the four types of financial assistance       25. If the assistance to the systep of provide 10 business subsidy         23. at appl	18. Did the recipient relocate as a result of signing	g this agreement?	(Mark one.)		
Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or innancial assistance? (Mark one.)         XD Remained at previous location       Relocated to different Minnesota location       Relocated outside Minnesota         ion 3 General Information About the Agreement       In addition to the agreement is gigned (In addition to the agreement date, indicate any dates the agreement was amended.)         and 25.       \$ 42,600       In 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       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.)         VXB business subsidy, please indicate the type(s) and total dollar value for each type.       If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.         and 1 (i.e., (rogitable can)       \$	□ Yes (Indicate city and state of previous address 웹 No (Go to Question 19.)	and reason recip	ient did not complete t	his project at that addres	3.)
XD Remained at previous location       Relocated to different Minnesota location       Relocated outside Minnesota         ion 3 General Information About the Agreement       Image: Control of the agreement signed (In addition to the agreement date, indicate ony dates the agreement was amended.)         and 25.)       \$ 42,600       Image: Control of the agreement was provided a business subsidy or financial assistance (If the agreement was provide a 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       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.)         Stab business subsidy, pleuse indicate the type(s) and total dollar value for each type.       Image: Control of the four types of financial assistance or agreement provided a business subsidy, pleuse indicate the type(s) and total dollar value for each type.         and contribution of property or infrastructure subscite the subscite of property polluted subsciences of payment agreement agreement financial assistance for property polluted subsciences of payment for other tax reduction or deferral subscite subscite the subscite subscite the type of TIF district? (Mark one.)       Subscience for a TIF soils condition district subscite subscite of pollution control or subscience for pollution control or subscience for pollution district subscite assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)         ot applicable, assistance was not in the form of TIF colls cordify each grantor and the value of their assi	City/State of previous address Reason project n	ot completed at pr	revious address		
ion 3 General Information About the Agreement         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.)         October 2000       0ctober 2000         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       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.)         Ub subiness 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         Date applicable, agreement provided financial assistance       25. If the assistance indicate the type(s).         Sai business subsidy or one of the four types of financial assistance of property polluted substiness subsidy or one of the four types of financial assistance indicate the type(s).         Sai batement       Sai batement         To other tax reduction or deferral subattered is a substance for property polluted subatters is a assistance.       Sai batement         So of a resoft otal cost if adde the seme provided framenet 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 on	<ol> <li>Would the recipient have remained in previou financial assistance? (Mark one.)</li> </ol>	is location or reloc	cated elsewhere if not	awarded this business su	bsidy or
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.)         October 2000       S 42,600         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         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.)         YMM business subsidy       Inancial assistance         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 of property polluted substiness subsidy or one of other tax reduction or deferral S         IF or other tax reduction or deferral S       3         Subatement growided financial assistance       3         Soft of the four types of or thistoric preservation districts, when Soft or the recipient of designate of property polluted s       5         Soft of the four type of grammatical facilities S       3         Soft of the four type of or The fastructure S       5         Soft of total cost       5         Berefit from the business subsidy type.       5         Soft of	XXD Remained at previous location	cated to different	Minnesota location	C Relocated outside M	linnesota
assistance (Please separate value by type in Questions 24 and 25.)       date, indicate any dates the agreement was amended.)         and 25.)       \$ 42,600         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         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.)         If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.         ot applicable, agreement provided financial assistance         Sum (only principal)       S	ection 3 General Information About t	he Agreement	t		
\$ 42,600       October 2000         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         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.)         If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.         ot applicable, agreement provided financial assistance         Sum (only principal)         Surate (for other tax reduction or deferral sus of governmental facilities Subsidy type.)         Surate (for cronvating building statce (for property or infrastructure Surf) subsidy type.)         Surf (Statce) for use of tax increment financing, please indicate the type of TIF district? (Mark one.)         If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)         Subsidy type.)       Subsidy type.)         Surf (Statce)       Subsidy type.)         Surf (Statce)       Surf (Statce)         Basistance included tax increment financing, please indicate subsidy or financial assistance or to the same project? (Mark one.)         Ottape (Statce)       Surf (Statce)         Ottape (Statce)       Surf (Statce)         Ottape (Statce)       Surf (S	assistance (Please separate value by type in Q				
indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)         November 2000         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.)         XXI business subsidy       □ financial assistance         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 of property polluted by contaminants         oat opplicable, agreement provided financial assistance       XXI hot applicable, agreement provided financial assistance         Date (i.e., forgivable loan)       \$	•		October 20	000	
be reported? (Mark one.)       XXX business subsidy       □ financial assistance         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).         ot applicable, agreement provided financial assistance       25. If the assistance was one of the four types of financial assistance, please indicate the type(s).         oan (only principal)       \$	indicate the date improvements were finished, whichever is earlier.) Novemb	, equipment was p per 2000	placed into service, or	the recipient occupied th	e property,
indicate the type(s) and total dollar value for each type.       assistance, please indicate the type(s).         ot applicable, agreement provided financial assistance       S         ot applicable, agreement provided financial assistance       S         pain (only principal)       S         pain (only principal)       S         pain (only principal)       S         pain (i.e., forgivable loan)       S         pain assistance for property polluted       S         pain assistance of payment       S         ontribution of property or infrastructure       S         and contribution       S         ther (Specify subsidy type.)       S         der City Development Zone       \$ 42,600         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.)         ot applicable, assistance was not in the form of TIF       Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary, edwelopment         enewal and renovation oils condition       Grantor(s) and value of the agreement(s):         oils condition       Grantor Value (S)	be reported? (Mark one.)			ssistance (see Question 2	.) required to
ban (only principal)       S					of financial
rant (i.e., forgivable loan)       S	니 not applicable, agreement provided financial as	sistance XX	a not applicable, agree	ment provided a busines	s subsidy
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.)         ot applicable, assistance was not in the form of TIF       Image: Comparison of the same project? (Mark one.)         ot applicable, assistance was not in the form of TIF       Image: Comparison of the same project? (Mark one.)         ot applicable, assistance was not in the form of TIF       Image: Comparison of the same project? (Mark one.)         ot applicable, assistance was not in the form of TIF       Image: Comparison of the same project? (Mark one.)         ot applicable, assistance was not in the form of TIF       Image: Comparison of the same project? (Mark one.)         ot applicable, assistance was not in the form of TIF       Image: Comparison of the same project? (Mark one.)         ot applicable, assistance was not in the form of TIF       Image: Comparison of the same project? (Mark one.)         ot applicable, assistance was not in the form of TIF       Image: Comparison of the same project?         edevelopment       Image: Comparison of the same project?       Image: Comparison of the same project?         condition       Image: Comparison of the same project?       Image: Comparison of the same project?         condition       Image: Comparison of the same project?       Image: Comparison of the same project?         azardous substance subdistrict       Image: Comparison of the same	<ul> <li>□ grant (i.e., forgivable loan)</li> <li>□ tax abatement</li> <li>□ TIF or other tax reduction or deferral</li> <li>□ guarantee of payment</li> <li>□ contribution of property or infrastructure</li> <li>□ preferential use of governmental facilities</li> <li>□ land contribution</li> <li>□ other (Specify subsidy type.)</li> </ul>	S C S S S S S S C S C	by contaminants assistance for renova stock or bringing it u assistance provided f historic preservatior 50% or less of total of assistance for polluti abatement	ating building up to code, and for designated a districts, when cost on control or	S S S S
assistance below; attach an additional sheet if necessary.         assistance subdistion         Grantor(s) and value of the agreement(s):         Grantor       Value (\$)		cing, please 2			
cedevelopment     xx       cnewal and renovation     xx       oils condition     Grantor(s) and value of the agreement(s):       nined underground space     azardous substance subdistrict		ſТIF C	JYcs (Specify each gr	antor and the value of th	heir
oils condition conomic development nined underground space azardous substance subdistrict Grantor Value (\$)	in redevelopment				,
nined underground space azardous substance subdistrict Grantor Value (\$)	□ renewal and renovation □ soils condition	KX	2 No		
Grantor Value (\$)	cconomic development     mined underground space     bazardous substance subdistrict	C	Grantor(s) and value of	f the agreement(s):	
		ā	Grantor	Value (\$)	
Grantor Value (\$)		1	Grantor	Value (\$)	<u>_</u>

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

28. Minn. Stat. §116J.994 re of the following public j			ancial assistance agreement? (Mark all that apply.)		urpose. Which
XXI Enhancing economic dive Creating high-quality job Job retention Stabilizing the community	growth		XXX Increasing tax base (c Other <i>(please specify</i> )		
29. Indicate whether the agr at the time of this report				e recipient had attai	ned those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than way</li> <li>(Please attach descriptions of attainment if not documented)</li> </ul>	retention goals age and job goa of goals and pro	s Is ogress toward	established? date XXX Yes O No <u>9</u> O Yes O No O Yes O No	rget attainment s (month & year) /1/02	All goals attained? Yes Yoo Yes No Yes No Yes No
	ige hourly value	e of any employer-pro	creation and/or retention g ovided health insurance g to separate goals by full-	oals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Cr <del>ea</del> tion	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99	<del></del>				s
\$9.00 to \$10.99	_1				s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher				<u> </u>	s
full-time equivalents if	urly valuc of an <i>you are unable</i> Full-time	y employer-provided <i>to separate job creat</i> <b>Part-time</b> /	health insurance for those tion into full- and part-tin FTE (only if unable to	e jobs. <i>(<u>Only</u> indic</i>	ate job creation in
Hourly Wage (excluding benefits)	Job Creation	Sensonal/Temp. Job Creation	separate FT/PT) Job Creation	JOD Ketenden	Hourly Value of Health Insurance
less than \$7.00					s
\$7.00 to <b>\$8.</b> 99					\$
\$9.00 to \$10.99	<del></del>				\$
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher					\$
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (s		and 31) and fulfilled <u>all ot</u> XNo	bligations stipulated	in the agreement?

2001 Minnesota Business Assistance Form

<ul> <li>action 5 Recipients Failing to Fulfill Oblight</li> <li>Do not complete this section if you completed</li> <li>33. During the period January 1, 2000 through Decempleted</li> <li>report as required by Minn. Stat. §116J.993 and §</li> </ul>	nber 31, 2000, did your organization nav 116J.994? (Mark one.)	
Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary.	report and the value of subsidy or finance	cial assistance awarded to that
XKNo		
Name of recipient Type of subsidy or assi	stance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who fa agreement signed on or after January 1, 2000, that</li> </ol>	iled to achieve any goals or fulfill any c t were required to be fulfilled by the tin	other obligations under an ne of this report? (Mark one.)
Yes (Complete the remainder of this)		
<ul> <li>35 39. Provide the following information for each were to be attained by the time of reporting.</li> </ul>		
<ol> <li>Information on recipient and agreement:</li> </ol>	(Anach daamonal pages ij necessary.)	
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment of	obligation? (Mark one.)	
Yes ONO, recipient <u>has begun</u> to repay the assis	stance. O No, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the re-	ecipient's deadline for fulfilling its oblig	gations? (Mark one.)
	🗅 Yes 🛛 No	
39. Describe the steps being taken to bring recipient	into compliance or recoup the subsidy:	

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

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

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Department of Trade and Economic Development

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# 2001 Minnesota Business Assistance Form MAY 2 2001

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- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by Jurie 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)		2. Name of person comple	ting this form	
City of Moorhead	Moorhead Beth Grosen			
3. Street address		4. City	5. ZIP code	
500 Center Avenue	, PO Box 779	Moorhead	56560	
6. County	7. Phone number	8. Fax number	9. E-mail a	dress
Clay	218-299-5441	218-299-5399	beth.gro	sen@ci.moorhead.
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from	the person in Qu	estion 2.
Name/Title	Phone number	Street address	City	ZIP code
	lark one. If grantor is entity lease indicate affiliation. For l check "City government.")	12. Has your organization adopted criteria for aw compliance with Minn	arding business su	bsidies in
XXCity government		XX Yes (Indicate hearing d	8/23/99 alc)- and	attach criteria)
County government		CI No		
C Regional government		🗋 🖸 We held a public hearing	g but have not yet	adopted
State government		criteria (Indicate date of initial hearing)		
Other (Please specify.)		U Other (Please attach exp	lanation.)	
	ed any agreements to award a bu 0 that is required to be reported			
X Yes (Com	plete the remainder of the form.)	🗅 No ( <u>Stop here, go</u> to se	ection 5 on page 4	,

### Section 2 Information About Recipient

XXNo	-			
16. Does the recipient have a parent corporation? (Mark one.)	If more than one, in	dicate ultimate	e owner.)	
United Structural Components, LLC	4141 30 Ave Street address	. S. Moor City	head MN State	56560 ZIP code
receiving subsidy or financial assistance	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>			

	C Services	Finance, Insurance, Real Estate	
	Wholesale Trade	Construction Other (please speci	ify)
18. Did the recipient relocate as a result of sign	ning this agreement?	(Mark one.)	
□ Yes (Indicate city and state of previous addr 数 No (Go to Question 19.)	ess and reason recipi	ient did not complete this project at that addr	ess.)
	Business	Startup	
City/State of previous address Reason project	t not completed at pr	evious address	· · · · · · · · · · · · · · · · · · ·
19. Would the recipient have remained in prev financial assistance? (Mark one.)	ious location or reloc	ated elsewhere if not awarded this business s	ubsidy or
□ Remained at previous location □ R	elocated to different	Minnesota location	Minnesota
ection 3 General Information Abou	t the Agreement		
20. Total dollar value of business subsidy or f assistance (Please separate value by type i and 25.)		1. Date agreement signed (In addition to the date, indicate any dates the agreement wa	
\$ 139,400		12-22-00	
whichever is earlier.)		e business subsidy or financial assistance. Fo laced into service, or the recipient occupied t	•
23. Does the agreement provide a business sub be reported? (Mark one.) 33 business sub		ur types of financial assistance (see Question financial assistance	25) required to
24. If the agreement provided a business subsic indicate the type(s) and total dollar value		<ol> <li>If the assistance was one of the four types assistance, please indicate the type(s).</li> </ol>	of financial
unot applicable, agreement provided financial	assistance XX	Inot applicable, agreement provided a busine	ess subsidy
니 Ioan (only principal) 니 grant (i.e., forgivable Ioan)	s C	assistance for property polluted by contaminants	S
Tax abatement	s □	assistance for renovating building	\$
UTIF or other tax reduction or deferral	s	stock or bringing it up to code, and	
니 guarantee of payment 니 contribution of property or infrastructure	s s	assistance provided for designated historic preservation districts, when	
□ preferential use of governmental facilities	s	50% or less of total cost	
land contribution		assistance for pollution control or	S
K) other (Specify subsidy type.)	<b>s</b>	abatement assistance for a TIF soils condition district	S
BordersCity Development Zone	\$139,400		
26. If the assistance included tax increment fin indicate the type of TIF district? (Mark on		<ol> <li>Are any other grantors providing a busine financial assistance to the same project? (</li> </ol>	
XJ not applicable, assistance was not in the form	n of TIF	Yes (Specify each grantor and the value of a assistance below; attach an additional shee	
🔾 redevelopment			
C renewal and renovation	XQ	No	
soils condition     conomic development		irantor(s) and value of the agreement(s):	
mined underground space		manor(s) and value of the agreement(s).	
hazardous substance subdistrict	_		
	G	Grantor Value (\$)	
	I —	Grantor Value (\$)	······································

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

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28. Minn. Stat. §116J.994 r of the following public					urpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	quality job growth          Other (please specify)        community				xxxe)
29. Indicate whether the age at the time of this report					ined those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa (Please attach descriptions of	retention goals	s	Goals established? XEO Yes D No D Yes D No D Yes D No D Yes D No	Target attainment dates (month & year) 	All goals attained? Yes SNo Yes No Yes No Yes No
attainment if not documented					
30. For each of the followin agreement and the avera job creation goals in fu	age hourly value	e of any employer-pr	ovided health insuran	ice goals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals stated as FT/PT Job Creation		Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99	20	20			s
\$9.00 to \$10.99					s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher					s
31. For each of the followi date and the <b>actual</b> hou full-time equivalents if	urly value of an you are unable	y <mark>employer</mark> -provided <i>to separate job crea</i>	thealth insurance for the full- and particle into full- and participation into full- and participation in the full- and participation in the full- and participation in the full-state of the fu	those jobs. ( <u>Only</u> indic t-time positions.)	
Hourly Wage	Full-time Job	Part-time/ Seasonal/Temp.	FTE ( <u>only</u> if unabl separate FT/PT		Hourly Value of
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance
less than \$7.00					\$
\$7.00 to \$8.99	<b>-</b>				s
\$9.00 to \$10.99					s
\$11.00 to \$12.99	_1				s
\$13.00 to \$14.99	4	<u> </u>		<u></u>	s
\$15.00 and higher	_3				s
32. Has the recipient achie (Mark one.) *	vcd <u>all goals</u> (s	ee Questions 29, 30		Il obligations stipulated	in the agreement?

.

33. During the period January 1, 2000	through December 31, 2000, did your orga 116J.993 and §116J.994? (Mark one.)	
•	pient failing to report and the value of subsi	idy or financial assistance awarded to that
<b>XK</b> No		
Name of recipient Type of	subsidy or assistance (See Questions 24 and	d 25.) Value of subsidy or assistance
	cipients who failed to achieve any goals or ary 1, 2000, that were required to be fulfille	
□ Yes (Complete the re	emainder of this section.) 💦 🛚 No (Stop h	nere and submit form to DTED .)
	nation for each recipient failing to fulfill goa ne of reporting. (Attach additional pages if ement:	
Name of recipient in default	Typc of subsidy or a	assistance Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of rec	ipient Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all the	at apply.):	
I recipient ceased operation I recipient was unable to fill vacant po		d to a different community
37. To date, has the recipient fulfilled	its repayment obligation? (Mark one.)	
Yes ONO, recipient has begun to	repay the assistance. D No, recipient <u>h</u>	as not begun to repay the assistance.
	to extend the recipient's deadline for fulfill	ing its obligations? (Mark one.)
38. Has the agreement been amended i		
38. Has the agreement been amended	🛛 Yes 🗆 No	
	UYes DNo	e subsidy:
		e subsidy:

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

Or fax to: (651) 215-3841

Department of Trade and Economic Development

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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 <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

#### Section 1 Information About Grantor

1. Name of grantor (funding entity)2. Name of person compCity of MorrisEdward R. Lar			6		
3. Street address 609 Oregon Avenue		4. City Morris	5. ZIP code 56267		
6. County Stevens	7. Phone number 320-589-3141	8. Fax number9. E-mail address320-589-3111morrismn@in		ldress smn@info-link.ne	
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	ne person in Que	estion 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.")		<ol> <li>Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)</li> </ol>			
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (<i>Please specify.</i>)</li> </ul>		<ul> <li>Yes (Indicate hearing date - 5/23/Qund attach criteria)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>			
	ed any agreements to award a bu 0 that is required to be reported	-			

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used			cial assistance
DENCO, LLC	CH 22	Morris	MN	56267
	Street address	City	State	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.) ⊇ No				
Name of parent corporation	Street address	City	State	ZIP code

Manufacturing	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please speci)</li> </ul>	fv)
18. Did the recipient relocate as a result o	f signing this agreement		
□ Yes (Indicate city and state of previous No (Go to Question 19.)	address and reason reci	pient did not complete this project at that addre	255.)
City/State of previous address Reason p	project not completed at	previous address	
19. Would the recipient have remained in financial assistance? (Mark one.)	previous location or rele	ocated elsewhere if not awarded this business su	bsidy or
C Remained at previous location	Relocated to differen	t Minnesota location 🛛 🖄 Relocated outside M	linnesota
ection 3 General Information A	bout the Agreemen	t	
20. Total dollar value of business subsidy assistance (Please separate value by t and 25.)	1	21. Date agreement signed (In addition to the a date, indicate any dates the agreement was	Ŷ
\$188,084		June 13, 2000	
indicate the date improvements were f whichever is earlier.) June 29, 23. Does the agreement provide a busines	<i>înished, equipment was</i> 2000 issuance (	he business subsidy or financial assistance. For placed into service, or the recipient occupied th date of TIF Revenue Note 	e property,
be reported? (Mark one.)	🖄 business subsidy 🛛 🕻	I financial assistance	
24. If the agreement provided a business su indicate the type(s) and total dollar v		<ol> <li>If the assistance was one of the four types of assistance, please indicate the type(s).</li> </ol>	f financial
not applicable, agreement provided fina	ncial assistance	not applicable, agreement provided a busines	s subsidy
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructur</li> <li>preferential use of governmental facilitie</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	s ss s_188,084 s es s es s ss	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>	\$ \$ \$ \$
26. If the assistance included tax increment indicate the type of TIF district? (Mar		27. Are any other grantors providing a business financial assistance to the same project? (λ	
I not applicable, assistance was not in the	form of TIF	Yes (Specify each grantor and the value of the assistance below; attach an additional sheet	
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>		Νο	/
a economic development mined underground space hazardous substance subdistrict		Grantor(s) and value of the agreement(s):	
- nazaruous substance subdistrict		Grantor Value (\$)	
		Grantor Value (\$)	

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

<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>			
29. Indicate whether the again at the time of this report				recipient had atta	ned those goals	
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than w (Please attach descriptions of attainment if not documented	r retention goals age and job goa of goals and pr	s als ogress toward	established? date: Yes Yo No Yes Yo No	get attainment s (month & year)	All goals attained? Yes No Yes No Yes No Yes No	
	age hourly valu	e of any employer-pr	ovided health insurance go to separate goals by full- o	als for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal	<u> </u>	<del></del>			\$	
less than \$7.00					s	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99					5	
\$11.00 to \$12.99					\$	
\$13.00 to \$14.99					\$	
\$15.00 and higher					\$	
	urly value of an	y employer-provided	nber of actual jobs created health insurance for those <i>tion into full- and part-tim</i> FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	jobs. ( <u>Only</u> indic		
less than \$7.00	<del></del>				s	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99				<u> </u>	s	
\$11.00 to \$12.99	<del></del>				\$	
\$13.00 to \$14.99					s	
\$15.00 and higher					٢٢	
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (s	, v	and 31) and fulfilled <u>all ob</u>	ligations stipulated	I in the agreement?	

2001 Minnesota Business Assistance Form

### Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed in	on another 2001 MBAF sub	mitted to DTED.)
33. During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116		ave any recipients who failed to
☐ Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	ort and the value of subsidy or finar	ncial assistance awarded to that
Ко No		
Name of recipient Type of subsidy or assistant	ce (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we</li> </ol>		
Yes (Complete the remainder of this see	ction.) 🛛 🖄 No (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each recip were to be attained by the time of reporting. (At		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community .
37. To date, has the recipient fulfilled its repayment oblig	gation? (Mark one.)	
Yes No, recipient <u>has begun</u> to repay the assistant	e. 🖸 No, recipient <u>has not begu</u>	n to repay the assistance.
38. Has the agreement been amended to extend the recipi	ent's deadline for fulfilling its oblig	ations? (Mark one.)
	Yes No	
39. Describe the steps being taken to bring recipient into	compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

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2001 Minnesota Business Assistance Form

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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

#### Section 1 Information About Grantor

1. Name of grantor (funding er MOUND HRA	2. Name of person completing this form Gino Businaro				
3. Street address 5341 Maywood Road		4. City MOUND		P code 5364	
6. County Hennepin	7. Phone number 952-472-0608	8. Fax number9. E-mail address952-472-0620businaro@msn.com			1
10. Please indicate who in you	r organization should receive the	2002 MBAF if different	from the person	in Question	n 2. N/A
Name/Title	Phone number	Street address	city	y	ZIP code
<ul> <li>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.")</li> <li>City government</li> <li>County government</li> <li>State government</li> <li>Other (Please specify.)</li> <li>13. Has your organization signed any agreements to award a but through December 31, 2000 that is required to be reported up of the form.)</li> </ul>		under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
Section 2 Information Al	oout Recipient				
14. Name of business or organ receiving subsidy or finance		15. Address where bu will be used	isiness subsidy o	r financial :	assistance
MetroPlains Development LLC		Suite 212 Spruce Tree C Street address	entre, ST. City	Paul, State	Mn. 55104 ZIP code
16. Does the recipient have a p	parent corporation? (Mark one.)				
❑ Yes (Indicate name and add →No	ress of parent corporation below.	If more than one, indic	cate ultimate owr	ner.)	
Name of parent corporation		Street address	City	State	ZIP code

D Manufacturing A Retail Trade	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insurance, Real Est</li> <li>Construction</li> <li>Other (p)</li> </ul>	ate Dease specify)
18. Did the recipient relocate as a result of s	igning this agreemen	? (Mark one.)	· .
❑ Yes (Indicate city and state of previous aa XNo (Go to Question 19.)	dress and reason rec	ipient did not complete this project a	t that address.)
City/State of previous address Reason pro	ject not completed at	previous address	
19. Would the recipient have remained in pr financial assistance? (Mark one.)	evious location or rel	ocated elsewhere if not awarded this	business subsidy or
X Remained at previous location	Relocated to differen	nt Minnesota location 🛛 Relocate	d outside Minnesota
ection 3 General Information Abo	out the Agreeme	nt	
20. Total dollar value of business subsidy o assistance (Please separate value by typ and 25.)		21. Date agreement signed (In addi date, indicate any dates the agr	
1,800,000		Dec. 12, 2000	
22. Benefit date (Indicate the date the recipion indicate the date improvements were fin whichever is earlier.) anticipa	ished, equipment was		
23. Does the agreement provide a business s be reported? (Mark one.)		four types of financial assistance (see	e Question 25) required to
24. If the agreement provided a business sub indicate the type(s) and total dollar val		25. If the assistance was one of the assistance, please indicate the t	
not applicable, agreement provided financ	ial assistance	□ not applicable, agreement provid	ed a business subsidy
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> </ul>	\$ \$	assistance for property polluted by contaminants	\$
D tax abatement		assistance for renovating building stock or bringing it up to code, and	nd
<ul> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> </ul>	s	assistance provided for designate historic preservation districts, wi	
<ul> <li>preferential use of governmental facilities</li> <li>land contribution</li> </ul>	\$ \$	50% or less of total cost assistance for pollution control o	r \$
□ other (Specify subsidy type.)	s	<ul> <li>abatement</li> <li>assistance for a TIF soils conditional con</li></ul>	
			······
26. If the assistance included tax increment indicate the type of TIF district? (Mark		27. Are any other grantors providin financial assistance to the same	
I not applicable, assistance was not in the fo	orm of TIF	Yes (Specify each grantor and the assistance below; attach an addi	
X redevelopment □ renewal and renovation		😡 No	
contraction contra		Grantor(s) and value of the agreement	ent(s):
I mined underground choose			
<ul> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>		Grantor Va	lue (\$)

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

28. Minn. Stat. §116J.994 re of the following public p			nancial assistance agreeme ent? (Mark all that apply.)		rpose. Which
Enhancing economic diverse Creating high-quality job Job retention Stabilizing the community	growth		<ul> <li>Increasing tax base (c)</li> <li>Other (please specify, generate spin</li> <li>redevlopment</li> </ul>	promoté re	edevlopment
29. Indicate whether the agr at the time of this report				e recipient had attain	ned those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than wa</li> <li>(Please attach descriptions of attainment if not documented)</li> </ul>	retention goals age and job goa of goals and pro	ls ogress toward	established? date ⊠Yes □No QYes □No QYes □No	rget attainment s (month & year) <u>Dec. 2002</u> Dec. 2002 Dec. 2002 Dec. 2005	All goals attained? Yes No Yes No Yes No Yes No Yes X No
	ge hourly value	e of any employer-p	creation and/or retention g rovided health insurance g to separate goals by full-	oals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal		<del></del>			5
less than \$7.00			125% o <del>f Fe</del> deral	Min <del>imum</del> wag	e ^s
\$7.00 to \$8.99					۶
\$9.00 to \$10.99					s
\$11.00 to \$12.99					s
\$13.00 to \$14.99		<del></del>			s
\$15.00 and higher	<u> </u>				s
	irly value of an	y employer-provide	mber of <b>actual</b> jobs created d health insurance for thos ation into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. ( <u>Only</u> indica ne positions.)	
(excluding benefits)	Creation	Job Creation	Job Creation	JOD Retention	Health Insurance
less than \$7.00		<u></u>	<u> </u>		s
\$7.00 to \$8.99					s
\$9.00 to \$10.99		·			s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					\$
\$15.00 and higher					s
32. Has the recipient achie <i>(Mark one.)</i>	ved <u>all goals</u> (s		and 31) and fulfilled <u>all of</u> No at this ti		I in the agreement?
2001 Minnesota Business Assi	stance Form	Pa	ge 3 of 4 Depa	rtment of Trade and E	Economic Development

### Section 5 Recipients Failing to Fulfill Obligations

<ul> <li>Do not complete this section if you completed it</li> <li>Buring the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116</li> </ul>	r 31, 2000, did your organization ha	·····
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	ort and the value of subsidy or finan	cial assistance awarded to that
كَلًا No		
Name of recipient Type of subsidy or assistant	nce (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we</li> </ol>		
Yes (Complete the remainder of this se	ction.) 🛛 🖄 No (Stop here and sub	bmit form to DTED .)
<ul><li>35 39. Provide the following information for each recipute were to be attained by the time of reporting. (A)</li></ul>		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment oblig	gation? (Mark one.)	
Yes ONO, recipient <u>has begun</u> to repay the assistan	ce. 🛛 No, recipient <u>has not begu</u>	in to repay the assistance.
38. Has the agreement been amended to extend the recip	ient's deadline for fulfilling its oblig	gations? (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 <u>April 1, 2001</u>, to: 2001 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

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## 2001 Minnesota Business Assistance Form RECEVED MAR 2 7 2001

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

#### Section 1 Information About Grantor

1. Name of grantor (funding en MOUND HRA	itity)	2. Name of person completing Gino Businaro	this form		
<ol> <li>Street address</li> <li>5341 Maywood Road</li> </ol>		4. City MOUND	5. ZIP code 55364		
6. County Hennepin	•		9. E-mail address businaro@msn.com		
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	e person in Question 2. N/A		
Name/Title	Phone number	Street address	City ZIP code		
11. Classification of grantor (N created by gov't agency, pl example, a city EDA would	ease indicate affiliation. For	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)			
City government County government Regional government State government Other (Please specify.)		<ul> <li>Yes (Indicate hearing date)</li> <li>No</li> <li>We held a public hearing bu criteria (Indicate date of indicate date of indicate date)</li> <li>Other (Please attach explanation)</li> </ul>	t have not yet adopted itial hearing)		
through December 31, 200	ed any agreements to award a bus 0 that is required to be reported u	nder Minn. Stat. §116J.993 and	§116J.994? (Mark one.)		
2.1.14 Yes (Comp	blete the remainder of the form )	No ( <u>Stop here,</u> go to sectio	on 5 on page 4.)		
Section 2 Information Al	bout Recipient				
<ol> <li>Name of business or organ receiving subsidy or finance</li> </ol>		<ol> <li>Address where business su will be used</li> </ol>	ibsidy or financial assistance		
RayMar Properties, Inc.		<u>2250 Commerce Mo</u> Street address City	und, Mn. 55364 State ZIP code		
16. Does the recipient have a p	parent corporation? (Mark one.)				
TYes (Indicate name and add XNo	ress of parent corporation below.	If more than one, indicate ultin	nale owner.)		
Name of parent corporation		Street address City	State ZIP code		

	Manufacturing Retail Trade	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>		urance, Real Estate n 🛛 Other (please speci)	fy)
8. Did the recipient	relocate as a result of	signing this agreemen	t? (Mark one.)		
Yes (Indicate city a XNo (Go to Question		address and reason rea	cipient did not comple	ete this project at that addre	255.)
City/State of previous	address Reason p	oject not completed at	previous address		
9. Would the recipie financial assistance		previous location or re	located elsewhere if r	not awarded this business su	ibsidy or
<b>X</b> Remained at	previous location	C Relocated to differe	nt Minnesota location	Relocated outside N	linnesota
ection 3 General	Information Al	oout the Agreeme	nt		
20. Total dollar value assistance (Please and 25.)	e of business subsidy e separate value by ty			t signed (In addition to the o my dates the agreement was	
\$250,000	)		July 1	, 2000	
	improvements were f	inished, equipment wa		or financial assistance. Fo or the recipient occupied th	
23. Does the agreeme be reported? (Ma	rk one.)	s subsidy or one of the Dusiness subsidy	four types of financia	al assistance (see Question )	25) required to
24. If the agreement p indicate the type(s	rovided a business si s) and total dollar v			e was one of the four types use indicate the type(s). $N/$	
🗅 not applicable, agre	ement provided fina	ncial assistance	🗅 not applicable, ag	greement provided a busine	ss subsidy
loan (only principal grant (i.e., forgivab		s s	assistance for pro by contaminants	operty polluted	S
tax abatement TIF or other tax red guarantee of payme contribution of prop	luction or deferral Q int perty or infrastructur	6161 ⁰¹ s	<ul> <li>assistance for rer stock or bringing assistance provid</li> </ul>	g it up to code, and led for designated ation districts, when	S
□ land contribution □ other <i>(Specify subsi</i>		\$ \$	assistance for po abatement		\$
	иу туре.)	<b>3</b>	1	TIF soils condition district	\$
26. If the assistance in indicate the type	ncluded tax increments of TIF district? (Mar			grantors providing a busine ance to the same project? (	
🗅 not applicable, assis	stance was not in the	form of TIF		h grantor and the value of ; attach an additional shee	
A redevelopment □ renewal and renova	+io				,
soils condition			No No		
<ul> <li>economic developm</li> <li>mined underground</li> <li>hereodouro automa</li> </ul>	space		Grantor(s) and valu	ue of the agreement(s):	
hazardous substanc	e subdistrict		Grantor	Value (\$)	·
			Grantor	Value (\$)	

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

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			
			redevelop			
29. Indicate whether the agr at the time of this report					ned those goals	
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals	i	Goals established? Yes No Yes No X Yes No XXYes No	Target attainment dates (month & vear) March 2001 Dec. 2002 Dec. 2002 Dec. 2002	All goals attained? X Yes No Yes X No Yes X No X Yes No	
Please attach descriptions of the section of the se						
30. For each of the followin agreement and the avera job creation goals in ful	ige hourly value	e of any employer-pr	ovided health insurar	ice goals for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals stated as FT/PT Job Creation		Hourly Value of Health Insurance	
no hourly wage-level goal			-50-	~	\$	
less than \$7.00				£. £. 4. 6/31/61	\$	
\$7.00 to \$8.99			<b>A.5</b> 0	6/31/01	\$	
\$9.00 to \$10.99				·	\$	
\$11.00 to \$12.99					5	
\$13.00 to \$14.99					s	
\$15.00 and higher					s	
31. For each of the followi date and the <b>actual</b> hou full-time equivalents if	urly value of an	y employer-provided	health insurance for	those jobs. ( <u>Only</u> india rt-time positions.)		
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT Job Creation	T) Job Retention	Hourly Value of Health Insuranc	
less than \$7.00		<u></u>			\$	
\$7.00 to \$8.99					\$	
\$9.00 to \$10.99					s	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99					s	
\$15.00 and higher					s	
37 Has the recipient achie	ved all goals (s	ee Ouestions 29-30	and 31) and fulfilled	all obligations stipulate	d in the agreement	

2001 Minnesota Business Assistance Form

### Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you complete	ed it on another 2001 MBAF subm	nitted to DTED.)
<ol> <li>During the period January 1, 2000 through Decer report as required by Minn. Stat. §116J.993 and</li> </ol>		ve any recipients who failed to
Set (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary		cial assistance awarded to that
Δ No		
Name of recipient Type of subsidy or ass	istance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who fa agreement signed on or after January 1, 2000, the</li> </ol>		
<b>T</b> Yes (Complete the remainder of th	is section.) 🛛 🛎 No (Stop here and sub	mit form to DTED .)
<ol> <li>35 39. Provide the following information for each were to be attained by the time of reporting.</li> </ol>		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify: reason.)</li> </ul>	ent community
7. To date, has the recipient fulfilled its repayment	obligation? (Mark one.)	
Yes ONo, recipient <u>has begun</u> to repay the assi	istance. 🛛 🗅 No, recipient <u>has not begu</u>	<u>in</u> to repay the assistance.
38. Has the agreement been amended to extend the r	ecipient's deadline for fulfilling its oblig	gations? (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 <u>April 1, 2001</u>, to: 2001 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

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### 2001 Minnesota Business Assistance Form

### RECEIVED MAY 2 3 2001

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

#### Section 1 Information About Grantor

1. Name of grantor (funding entity)		2. Name of person completing this form		
Mountain Iron HRA		Craig J. Wainio		
3. Street address	e Drive South	4. City	5. ZIP code	
8586 Enterpris		Mountain Iron MN	55768	
6. County	7. Phone number	8. Fax number	9. E-mail address	
St. Louis	218-748-7570	218-748-7573	cityadmn@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
created by gov't agency	ot (Mark one. If grantor is entity y, please indicate affiliation. For ould check "City government.")	<ol> <li>Has your organization h adopted criteria for awa compliance with Minn.</li> </ol>	rding business su	bsidies in
🖄 City government	X	Yes (Indicate hearing da	te - 10/12/99	attach criteria
County government		No		
Regional government		We held a public hearing	but have not yet	adopted
State government		criteria (Indicate date of	initial hearing -	)
□ Other (Please specify.)		Other (Please attach expl	anation.)	

### 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.) DNo (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 State Bank of Mountain Iron	<ol> <li>Address where will be used</li> <li>8401 8th Str</li> </ol>				5768
	Street address	City	State	ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)					
[™] Yes (Indicate name and address of parent corporation below. □ No	If more than one, in	dicate ultimate ow	ner.)		
Mesaba Bankshare, Inc. 428 NW 4th Av	enue Grand	Rapids MN	55744		
Name of parent corporation	Street address	City	State	ZIP code	

17. Industry of recipient's facility (Mark one.	.):			
<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	Finance, Insura Construction	nce, Real Estate Other (please speci)	fv)
18. Did the recipient relocate as a result of sig	gning this agreement? (	(Mark one.)		
□ Yes (Indicate city and state of previous add ■ No (Go to Question 19.)	dress and reason recipi	ent did not complete i	this project at that addre	255.)
City/State of previous address Reason proje	ect not completed at pre	evious address		
19. Would the recipient have remained in pre- financial assistance? (Mark one.)	evious location or reloc	ated elsewhere if not a	awarded this business su	bsidy or
Remained at previous location	Relocated to different l	Minnesota location	Relocated outside N	linnesota
ection 3 General Information About	ut the Agreement			
20. Total dollar value of business subsidy or assistance ( <i>Please separate value by type and 25.</i> )			med (In addition to the a dates the agreement was	•
\$50,000		January	11, 2000	
22. Benefit date (Indicate the date the recipie indicate the date improvements were finis whichever is earlier.)				
23. Does the agreement provide a business su be reported? (Mark one.)			sistance (see Question 2	5) required to
		financial assistance		
24. If the agreement provided a business subsi indicate the type(s) and total dollar value		5. If the assistance wa assistance, please i	as one of the four types of the type(s).	f financial
not applicable, agreement provided financia	al assistance	not applicable, agree	ment provided a busines	s subsidy
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> </ul>	s	assistance for proper by contaminants	ty polluted	\$
□ tax abatement		assistance for renova		\$
<ul> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> </ul>	\$ \$ \$	stock or bringing it u assistance provided f historic preservation	or designated districts, when	
<ul> <li>preferential use of governmental facilities</li> <li>land contribution</li> </ul>		50% or less of total of assistance for polluti		\$
• other (Specify subsidy type.)	- \$   🗅	abatement assistance for a TIF s	oils condition district	\$
26. If the assistance included tax increment fi indicate the type of TIF district? (Mark or			tors providing a business to the same project? (M	
🗴 not applicable, assistance was not in the for	m of TIF		antor and the value of th each an additional sheet	
□ redevelopment □ renewal and renovation	<b>Š</b>	No		
<ul> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	G	rantor(s) and value of	the agreement(s):	
ש המצמונוטט שטשומווכר שטטוצורוכו	G	rantor	Value (\$)	
	G	rantor	Value (\$)	

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28. Minn. Stat. §116J.994 1 of the following public			nancial assistance agreemer nt? (Mark all that apply.)	nts state a public p	purpose. Which
<ul> <li>Enhancing economic diversity</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	growth		<ul> <li>Increasing tax base (ca</li> <li>Other (please specify))</li> </ul>		
29. Indicate whether the ag at the time of this report				recipient had atta	ined those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> <li>(Please attach descriptions)</li> </ul>	r retention goal: age and job goa	ls	established? dates	get attainment (month & year) 2002	All goals attained? XX Yes I No Yes No Yes No Yes No
attainment if not documente					
	age hourly value	e of any employer-pro	ovided health insurance go to separate goals by full- o FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	als for those jobs.	
no hourly wage-level goal					s
less than \$7.00	_2				s
\$7.00 to \$8.99				3	s
\$9.00 to \$10.99				_3	s
				2	s
\$11.00 to \$12.99				_2	s
\$11.00 to \$12.99 \$13.00 to \$14.99					
				_2	S
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the followi date and the <b>actual</b> ho	urly value of an	y employer-provided	nber of actual jobs created health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT) Job Creation	and/or retained si jobs. ( <u>Only</u> indic	nce the benefit ate job creation in
<ul> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>31. For each of the following date and the actual hour full-time equivalents if the second sec</li></ul>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	and/or retained si jobs. ( <u>Onlv</u> indic e positions.) Job	nce the benefit ate job creation in Hourly Value of
<ul> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>B1. For each of the followidate and the actual hour full-time equivalents if</li> <li>Hourly Wage (excluding benefits)</li> </ul>	urly value of an you are unable Full-time Job Creation	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	and/or retained si jobs. ( <u>Onlv</u> indic e positions.) Job	nce the benefit ate job creation in Hourly Value of Health Insurance
\$13.00 to \$14.99 \$15.00 and higher \$1. For each of the followidate and the <b>actual</b> hor <i>full-time equivalents if</i> Hourly Wage (excluding benefits) less than \$7.00	urly value of an you are unable Full-time Job Creation	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	and/or retained si jobs. ( <u>Onlv</u> indic e positions.) Job Retention	nce the benefit ate job creation in Hourly Value of Health Insurance S
<ul> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>31. For each of the followidate and the actual hour full-time equivalents if</li> <li>Hourly Wage (excluding benefits)</li> <li>less than \$7.00</li> <li>\$7.00 to \$8.99</li> </ul>	urly value of an you are unable Full-time Job Creation	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	and/or retained si jobs. ( <u>Onlv</u> indic e positions.) Job Retention <u>3</u>	nce the benefit ate job creation in Hourly Value of Health Insurance S S
<ul> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>31. For each of the followidate and the actual hour full-time equivalents if</li> <li>Hourly Wage (excluding benefits)</li> <li>less than \$7.00</li> <li>\$7.00 to \$8.99</li> <li>\$9.00 to \$10.99</li> </ul>	urly value of an you are unable Full-time Job Creation	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	and/or retained si jobs. ( <u>Only</u> indic e positions.) Job Retention <u>3</u> <u>3</u>	nce the benefit ate job creation in Hourly Value of Health Insurance S S

🛛 Yes 🛛 No

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Section 5	5	<b>Recipients Failing to Fulfill Obligations</b>
Dection 2		Recipients raining to runn Obligations

(Do not complete this section if you completed i	t on another 2001 MBAF sub	mitted to DIED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116</li> </ol>		ve any recipients who failed to
Yes (Indicate the name of each recipient failing to represent. Attach additional pages if necessary.)	ort and the value of subsidy or finan	cial assistance awarded to that
KD No		
Name of recipient Type of subsidy or assistar	nce (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we</li> </ol>		
Yes (Complete the remainder of this see	ection.) 🗴 No (Stop here and sub	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each reci were to be attained by the time of reporting. (At</li> <li>35. Information on recipient and agreement:</li> </ul>		her terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obli	gation? (Mark one.)	
Yes No, recipient <u>has begun</u> to repay the assistant	ce. DNo, recipient has not begu	<u>n</u> to repay the assistance.
38. Has the agreement been amended to extend the recip	ient's deadline for fulfilling its oblig	ations? (Mark one.)
	🗅 Yes 🗋 No	
39. Describe the steps being taken to bring recipient into	compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

Department of Trade and Economic Development

en:



# 2001 Minnesota Business Assistance Form

RECEIVED MAY 2 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 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period 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 Adout Granton					
1. Name of grantor (funding entity)	2. Name of person completing this form				
Mt Lake Economie Development Author	H Mana OH	+			
3. Street address	4. City	5. ZIP code			
	M+ Lake	56159			
6. County 7. Phone sumber Cottonwood SD7-427-2999	8. Fax number \$27-427-3327	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.)				
City government County government Regional government State government	<ul> <li>A res (Indicate hearing date - 1-18-2000)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> </ul>				
Other (Please specify.)	Other (Please attach explanation)	ation.)			
13. Has your organization signed any agreements to award a b through December 31, 2000 that is required to be reported	-	•			
Yes (Complete the remainder of the form.,	□ No (Stop here, go to section	on 5 on page 4.)			
Section 2 Information About Recipient					
14. Name of business or organization receiving subsidy or financial assistance	15. Address where business su will be used	ibsidy or financial assistance			
Protient, Inc	3204 3rd Ave E. Street address City	Mt.La.Kr. Mn. Sol 54 State 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.) INDo					
Name of parent corporation	Street address City	State ZIP code			

PAGE 02 .

M.L. CITY CLERK

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17. Industry of recipient's facility (Mark on Demonstration)	Services	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please specify)</li> </ul>	)		
Retail Trade     Wholesale Trade					
18. Did the recipient relocate as a result of D Yes (Indicate city and state of previous of St No (Go to Question 19.)	signing this agreement	! (Mark one.) pient did not complete this project at that addres	s.)		
City/State of previous address Reason pr	roject not completed at	previous address			
19. Would the recipient have remained in financial assistance? (Mark one.)	previous location or re	ocated elsewhere if not awarded this business su	bsidy or		
	Relocated to differe	nt Minnesota location 🛛 Relocated outside N	linnesots		
Section 3 General Information A	bout the Agreeme	nt			
20. Total dollar value of business subsidy assistance (Please separate value by t	or financial	21. Date agreement signed (In addition to the a date, indicate any dates the agreement was	agreemeni s amended.)		
and 25.) 300, DOC . 00		6-1-2000			
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.)					
be reported? (Mark one.)	s subsidy or one of the Dusiness subsidy	four types of financial assistance (see Question )	25) required to		
<ul> <li>24. If the agreement provided a business subsidy, please indicate the type(s) and total dellar value for each type.</li> <li>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ul>					
not applicable, agreement provided fins	incial assistance	Inot applicable, agreement provided a busine	ss subsidy		
<ul> <li>Hoan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructur</li> <li>preferential use of governmental facilities</li> </ul>	cs S	<ul> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when S0% or less of total cost</li> </ul>	S S		
<ul> <li>Iand contribution</li> <li>other (Specify subsidy type.)</li> </ul>	\$ \$	<ul> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>	s s		
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)       27. Are any other grantors providing a business subsidy financial assistance to the same project? (Mark one)					
Anot applicable, assistance was not in the form of TIF assistance below; assistance and the value of their assistance below; assach an additional sheet if necessary					
redevelopment renewal and renovation					
Soils condition		SEN0			
conomic development     mined underground space     hazardous substance subdistrict		Grantor(s) and value of the agreement(s):			
Grantor Value (\$)					
L		Grantor Value (\$)			

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Job retention Stabilizing the community Indicate whether the agreement included the following typ at the time of this report. (Fill in the boxes and attainment ) Specific wage and job goals to be attained within 2 years ) Other job-creation and/or retention goals ) Other wage goals ) Other wage goals ) Other goals other than wage and job goals Please attach descriptions of goals and progress toward ttainment if not documented in Questions 30 and 31.)	G Increasing tax bas □ Other (please special pes of goals, and whething the date(s) for each goal. Goals established? GYes □ No □ Yes □ No	se (cannot be only purposed) cr the recipient had attain Target attainment dates (month & year) <u>6 - 3c - 2002</u> tion goals stated in the nce goals for those jobs y full- and part-time posed s not T) Job Retention	All goals All goals attained? 7 + + Yes XI No Yes No Yes No Yes No Yes No
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Creating high-quality job growth Job retention Stabilizing the community 9. Indicate whether the agreement included the following typ at the time of this report. (Fill in the boxes and attainment A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals (Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) 30. For each of the following wage categories, indicate the job agreement and the average hourly value of any employed job creation goals in full-time equivalents if you are una Elourly Wage (axcluding benefits) D on hourty wage-level goal less than 57.00 S7.00 to \$8.99	pes of goals, and whether the date(s) for each goal, Goals established? Yes No Yes No Yes No Yes No Yes No Yes No Free dath insura- the to separate goals by FTE (eachy if goals o, stated as FT/P	tion goals stated in the manual for those jobs of full- and part-time posts	All goals attained? 444 Yes No Yes No Yes No Yes No Yes No Hourty Value of
Stabilizing the community Indicate whether the agreement included the following typ at the time of this report. (Fill in the boxes and attainment at the time of this report. (Fill in the boxes and attainment b) Specific wage and job goals to be attained within 2 years b) Other job-creation and/or retention goals c) Other wage goals c) Other goals other than wage and job goals c) Other goals in full-time equivalents if you are und c) Secondar (Temp c) Creation c) Secondar (Creation c) c) S7.00 to \$8.99	Goals established? Yes No Yes No Yes No Yes No Yes No ob creation and/or reten r-provided health insura ible to separate goals by FTE (only if goals o, stated as FT/P	Target attainment dates (month & year) <u>6-30-2002</u> tion goals stated in the mee goals for those jobs of full- and part-time post s not T) Job Retention	All goals attained? 444 Yes No Yes No Yes No Yes No Yes No Hourty Value of
<ul> <li>9. Indicate whether the agreement included the following typ at the time of this report. (Fill in the boxes and attainments) Specific wage and job goals to be attained within 2 years</li> <li>3) Other job-creation and/or retention goals</li> <li>c) Other wage goals</li> <li>c) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals other than wage and job goals</li> <li>d) Other goals in full-time equivalents if you are una Job Creation</li> <li>d) hourly wage-level goal</li> <li>less than \$7.00</li> <li>d) \$8.99</li> </ul>	Goals established? Yes No Yes No Yes No Yes No Yes No ob creation and/or reten r-provided health insura ible to separate goals by FTE (only if goals o, stated as FT/P	Target attainment dates (month & year) <u>6-30-2002</u> tion goals stated in the mee goals for those jobs of full- and part-time post s not T) Job Retention	All goals attained? 444 Yes No Yes No Yes No Yes No Yes No Hourty Value of
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3) Other job-creation and/or retention goals (2) Other wage goals (2) Other goals other than wage and job goals (Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) 30. For each of the following wage categories, indicate the justice of any employed goals creation goals in full-time equivalents if you are una Full-time Part-time/ Hourly Wage Job Seasonal/Temp (axcluding benefits) Creation Job Creation in hourty wage-level goal (ass than \$7.00 57.00 to \$8.99	☐ Yes ☐ No ob creation and/or reten r-provided health insura ible to separate goals by FTE (only if goal o, stated as FT/F	tion goals stated in the nce goals for those jobs of full- and part-time post s not T) Job Retention	<ul> <li>Yes No</li> <li>(<u>Only</u> indicate sitions.)</li> <li>Hourty Value of</li> </ul>
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attainment if not documented in Questions 30 and 31.7         00. For each of the following wage categories, indicate the jet agreement and the average hourly value of any employed job creation goals in full-time equivalents if you are una Full-time Part-time/         Hourly Wage       Job         Seasonal/Temp         (axcluding benefits)         Creation         Icss than 57.00         \$7.00 to \$8.99	ble to separate goals by FTE (only if goals stated as FT/P	y full- and part-time pos s not Job Retention	Hourly Value of
uttainment if not documented in Questions 30 and 31.7         10. For each of the following wage categories, indicate the jet agreement and the average hourly value of any employed job creation goals in full-time equivalents if you are una Fall-time Part-time/         Hourly Wage       Job         Seasonal/Temp (axcluding benefits)       Creation         State       Job         \$7.00 to \$8.99       State	ble to separate goals by FTE (only if goals stated as FT/P	y full- and part-time pos s not Job Retention	Hourly Value of
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\$7.00 to \$8.99			
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e de la companya de la company			12.75
\$15.00 and higher	·		
11. For each of the following wage categories, indicate the			
date and the actual hourly value of any employer-prov			cate job creation in
full-time equivalents if you are unable to separate job c	creation into juli- and po	art-lime positions.)	
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Hearly Wage Job Seasonal/Tem; (excluding benefits) Creation Job Creation		-	Hourty Value of Health Insurance
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less than \$7.00	<del></del>		2
\$7.00 to \$8.99			s
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\$11.00 to \$12.99 <u>4</u>		<u> </u>	\$ 2.75
11		11	12.75
		<u> </u>	
\$15.00 and higher	<u> </u>	<u> </u>	12.75

2001 Minnesona Business Assistance Form

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<ul> <li>Const complete this section if you completed it to not complete this section if you completed it.</li> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §11</li> <li>Yes (Indicate the name of each recipient failing to represelptent. Attach additional pages if necessary.)</li> </ul>	tions t on another 2001 MBAF submi at 31, 2000, did your organization have 63.994? (Mark one.) port and the value of subsidy or financi	
ĮNo		alue of subsidy or assistance
Name of recipient Type of subsidy or assist	nce (See Prestioner at the set)	and the second design of the s
<ul> <li>Name of recipient spectrum of the second state</li> <li>Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that</li> <li>Yes (Complete the remainder of this</li> </ul>		
<ul> <li>35 39. Provide the following information for each rewere to be analized by the time of reporting.</li> <li>35. Information on recipient and agreement:</li> </ul>	cipient failing to fulfill goals or any ot (Attach additional pages if necessary.)	her terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	recipient relocated to a differ other (Specify reason.)	-
37. To date, has the recipient fulfilled its repayment of	bligation? (Mark one.)	
	tance. 🛛 No, recipient <u>has not begu</u>	n to repay the assistance.
Yes ONo, recipient has begun to repay the assist		
	cipient's deadline for fulfilling its oblig	gations? (Mark one.)
	cipient's deadline for fulfilling its oblig	gations? (Mark one.)
38. Has the agreement been amended to extend the re-	TYes No	gations? (Mark one.)
<ul> <li>Yes No, recipient has begun to repsy the assist</li> <li>38. Has the agreement been amended to extend the red</li> <li>39. Describe the steps being taken to bring recipient in</li> </ul>	TYes No	gations? (Mark one.)

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

Or fax to: (651) 215-3841



### 2001 Minnesota 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 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31. 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the # period 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

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@newulm         10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.       9. E-mail address dhempel@newulm         10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.       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 \$1161.994? (Mark one.) D Yes (Indicate hearing date -10/3/2000 antach criti D No         23 City government County government D County government D State government D Other (Please specify.)       12. 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 \$1161.994? (Mark one.) D Yes (Complete the remainder of the form.)       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 Corporation       15. Address where business subsidy or financial assistance New Ulm Economic Development Corporation       15. Address where business subsidy or financial assistance Street address       560         No       16. Does the re	<ol> <li>Name of grantor (funding entity)</li> <li>City of New Ulm</li> </ol>		2. Name of person completing this form David Schnobrich			
Brown       (507) 359-8245       (507) 359-9752       dhempel@newulm         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 of the competition 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. §1161.994? (Mark one.)         12. City government       12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §1161.994? (Mark one.)         13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 that is required to be reported under Minn. Stat. §1161.993 and §1161.994? (Mark one.)         14. Name of business or organization receiving subsidy or financial assistance       15. Address where business subsidy or financial assistance         New Ulm Economic Development Corporation       15. Address where business subsidy or financial assistance         14. Name of business or organization receiving subsidy or financial assistance       560         New Ulm Economic Development Corporation       15. Address where business subsidy or financial assistance         16. Does the recipient have a parent corporation? (Mark one.)       16 more than one, indicate ultimate owner.)         18.	3. Street address 100 North Broadway		4. City 5. ZIP code		536	
Name/Title       Phone number       Street address       City       ZIP of         11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city ED.4 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.)         22 City government       5. 10/         32 City government       5. 10/         32 City government       5. 10/         33 Regional government       5. 10/         34 City government       5. 10/         35 City government       5. 10/         35 City government       5. 10/         34 Other (Please specify.)       3. 10/         35 Other (Please specify.)       3. 10/         35 City government       5. 10/         34 Other (Please specify.)       3. 10/         35 City government       5. 10/         35 Other (Please specify.)       3. 10/         36 City government       5. 10/         35 Other (Please specify.)       3. 10/         36 City government       5. 10/         37 Other (Please stack explanation.)       3. 10/         38 City government 3. 2000 that is required to be reported under Minn. Stat. \$116J.993 and \$116J.94? (Mark one.)         37 Yes				9-9752		
<ul> <li>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.")</li> <li>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.)</li> <li>13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 that is required to be reported under Minn. Stat. §116J.994? (Mark one.)</li> <li>14. Name of business or organization receiving subsidy or financial assistance</li> <li>New Ulm Economic Development Corporation</li> <li>14. Name of business or organization</li> <li>15. Address where business subsidy or financial assistance</li> <li>New Ulm Economic Development Corporation? (Mark one.)</li> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>17. Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)</li> </ul>	10. Please indicate who in your organi	zation should receive the	2002 MBAF if dii	ferent from the	person in Quest	ion 2.
created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")       adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)         City government       by Yes (Indicate hearing date -10/3/2000 anach criteria (Indicate date of initial hearing)         Other (Please specify.)       citeria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)         Other (Please specify.)       citeria (Indicate hearing date -10/3/2000 anach criteria (Indicate date of initial hearing)         Other (Please specify.)       citeria (Indicate date of initial hearing)         Other (Please specify.)       citeria (Indicate date of initial hearing)         Other (Please specify.)       citeria (Indicate date of initial hearing)         Other (Please specify.)       citeria for awarding business complete due of initial hearing)         Other (Please specify.)       citeria (Indicate date of initial hearing)         Other (Please specify.)       cotter (Please attach explanation.)         I3. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)         Section 2 Information About Recipient       I5. Address where business subsidy or financial assistance         New Ulm Economic Development Corporation       State ZIP of State ZIP of Stat	Name/Title	Phone number	Street a	ddress	City	ZIP code
□ City government       □ County government         □ County government       □ No         □ State government       □ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing -         □ Other (Please specify.)       □ 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.994? (Mark one.)         □ Yes (Complete the remainder of the form.)       □ No (Stop here, go to section 5 on page 4.)         Section 2 Information About Recipient       15. Address where business subsidy or financial assistance         New Ulm Economic Development Corporation       15. Address Where business city State ZIP of the date section form in the appendic of the form.)         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.)	created by gov't agency, please in	dicate affiliation. For	adopted cri	eria for awardi	ng business subs	idies in
through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)         Image: Section 2 Information About Recipient         14. Name of business or organization receiving subsidy or financial assistance         New Ulm Economic Development Corporation         16. Does the recipient have a parent corporation? (Mark one.)         Image: Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)	County government Regional government State government	• We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)				
14. Name of business or organization receiving subsidy or financial assistance       15. Address where business subsidy or financial assistance will be used         New Ulm Economic Development Corporation       2101 North Broadway/New Ulm Minnesc Street address         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.)	through December 31, 2000 that i	s required to be reported u	inder Minn. Stat.	§116J.993 and §	§116J.994? (Ma	
receiving subsidy or financial assistance       will be used       560         New Ulm Economic Development Corporation       2101 North Broadway/New Ulm Minneso       560         16. Does the recipient have a parent corporation? (Mark one.)       Street address       City       State       ZIP         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.)       Mo	ection 2 Information About 1	Recipient				
Corporation       Street address       City       State       ZIP         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.)         ☑ No	receiving subsidy or financial assi	stance			bsidy or financi	al assistance 56073
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.)         ☑ No						
<ul> <li>Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)</li> <li>No</li> </ul>			Street address	City	State	ZIP code
Ži No	16. Does the recipient have a parent of	orporation? (Mark one.)				
		parent corporation below	. If more than on	e, indicate ultim	ate owner.)	
Name of parent corporation Street address City State ZIP c	Name of parent corporation		Street address	City	State	ZIP code

* See attachment A for further information on this project.

🗆 Retail Trade	Services Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify	īv)
18. Did the recipient relocate as a result of sign	ing this agreement	? (Mark one.)	
⊇ Yes (Indicate city and state of previous addre 2 № (Go to Question 19.)	ess and reason reci	pient did not complete this project at that addres	55.)
City/State of previous address Reason project	t not completed at p	previous address	
<ol> <li>Would the recipient have remained in previ financial assistance? (Mark one.)</li> </ol>		ocated elsewhere if not awarded this business sub	osidy or
□ Remained at previous location □ R		t Minnesota location	innesota
ection 3 General Information About	the Agreemen	it	
<ol> <li>Total dollar value of business subsidy or final assistance (Please separate value by type in and 25.)</li> </ol>		21. Date agreement signed (In addition to the a date, indicate any dates the agreement was	
\$350,000		November 29, 2000	
<ol> <li>Benefit date (Indicate the date the recipient indicate the date improvements were finish whichever is earlier.)</li> <li>Estimated date - August 1,</li> </ol>	ed, equipment was	the business subsidy or financial assistance. For placed into service, or the recipient occupied th	r example, e property,
	sidy or one of the f	our types of financial assistance (see Question 2	5) required to
be reported? (Mark one.)	siness subsidy	□ financial assistance	
24. If the agreement provided a business subsid indicate the type(s) and total dollar value		25. If the assistance was one of the four types of assistance, please indicate the type(s).	of financial
not applicable, agreement provided financial	assistance	a not applicable, agreement provided a busines	s subsidy
□ loan (only principal)	s	□ assistance for property polluted	
	÷		\$
<ul> <li>☐ tax abatement</li> <li>☑ TIF or other tax reduction or deferral</li> <li>☐ guarantee of payment</li> <li>☐ contribution of property or infrastructure</li> </ul>	\$ \$ \$ <u>350,000</u> \$ \$	by contaminants assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when	\$ \$
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> </ul>	\$ \$ \$	<ul> <li>by contaminants</li> <li>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</li> <li>assistance for pollution control or</li> </ul>	\$ \$ \$
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> </ul>	\$ \$ \$	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	\$ \$ \$ \$
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	\$ \$ \$ \$ ancing, please	<ul> <li>by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> </ul>	\$ s subsidy or
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment fin indicate the type of TIF district? (Mark one</li> </ul>	\$ \$ \$ \$ s ancing, please e.)	<ul> <li>by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a busines</li> </ul>	\$ ss subsidy or Mark one.) heir
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment fin indicate the type of TIF district? (Mark one</li> <li>not applicable, assistance was not in the form</li> <li>redevelopment</li> <li>renewal and renovation</li> </ul>	\$ \$ \$ \$ s ancing, please e.)	<ul> <li>by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a business financial assistance to the same project? (N</li> <li>Yes (Specify each grantor and the value of the same project)</li> </ul>	\$ ss subsidy or Mark one.) heir
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment fin indicate the type of TIF district? (Mark one</li> <li>not applicable. assistance was not in the form</li> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>geconomic development</li> <li>mined underground space</li> </ul>	\$ \$ \$ \$ s ancing, please e.)	<ul> <li>by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a business financial assistance to the same project? (N</li> <li>Yes (Specify each grantor and the value of the assistance below: attach an additional sheet</li> </ul>	\$ ss subsidy or Mark one.) heir
<ul> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment fin indicate the type of TIF district? (Mark one</li> <li>not applicable, assistance was not in the form</li> <li>redevelopment</li> <li>soils condition</li> <li>soils condition</li> <li>geonomic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	\$ \$ \$ \$ s ancing, please e.)	<ul> <li>by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a business financial assistance to the same project? (N</li> <li>Yes (Specify each grantor and the value of the assistance below: attach an additional sheet</li> <li>No</li> </ul>	\$ ss subsidy or Mark one.) heir

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 $\left\{ \begin{matrix} -1 \\ \cdot \\ \cdot \\ \cdot \end{matrix} \right\}$ 

### 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.)						
<ul> <li>Enhancing economic diversion</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth ]	. Provide im to enhance	외 Increasing tax base (car 칩Other <i>(please specify)</i> _ petus for develop the area for pri	ment of th	e property and	
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.)						
C) Other wage goals □ Yes ♀ No □ Yes ♀ No					attained?	
(Please attach descriptions of attainment if not documented	of goals and pro d in Questions 3	ogress toward 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 ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal		<u> </u>		<del></del>	s	
less than \$7.00					٢	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99	_12_				s	
\$11.00 to \$12.99			·		s	
\$13.00 to \$14.99					s	
\$15.00 and higher	<u></u>				s	
3T. 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. ( <u>Onlv</u> indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)						
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00					s	
\$7.00 to \$8.99		<u> </u>			s	
\$9.00 to \$10.99		NO1	C APPLICABLE		s	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99					S	
\$15.00 and higher					s	

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

🗆 Yes 🛛 🖾 No

2001 Minnesota Business Assistance Form

### Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it of	on another 2001 MBAF subm	nitted to DTED.)
<ol> <li>During the period January 1, 2000 through December 2 report as required by Minn. Stat. §116J.993 and §116J.</li> </ol>	31, 2000, did your organization hav 994? <i>(Mark one.)</i>	ve any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	t and the value of subsidy or finan	cial assistance awarded to that
X No		
Name of recipient Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that wen</li> </ol>	o achieve any goals or fulfill any o e required to be fulfilled by the tim	ther obligations under an ne of this report? (Mark one.)
Tes (Complete the remainder of this sect	tion.) 🛛 🛛 No (Stop here and sub	bmit form to DTED .)
35 39. Provide the following information for each recipi were to be attained by the time of reporting. (Atta	ent failing to fulfill goals or any ot ch additional pages if necessary.)	ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	recipient relocated to a differ other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment obligation	ation? (Mark one.)	
Yes No. recipient has begun to repay the assistanc	e.  No, recipient <u>has not begu</u>	<u>in</u> to repay the assistance.
38. Has the agreement been amended to extend the recipie	ent's deadline for fulfilling its oblig	gations? (Mark one.)
c	Yes INO	
39. Describe the steps being taken to bring recipient into a	compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development

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#### 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 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.

#### 1. Name of grantor (funding entity) Name of person completing this form NORth BRanch ዶወል DAUN Stutelberg 5. ZIP gode 3. Street address 4. City NORTH BRANCH 6408 Elm st. 55056 7. Phone number 9. E-mail address 6. County 8. Fax number 651-674-8113 ChisAg 651-674-8113 davids & north-brand com 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. Name/Title Street address Z1P code Phone number City 11. Classification of grantor (Mark one. If grantor is entity 12. Has your organization held a public hearing on and created by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example. a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) 70018.5.4 Yes (Indicate hearing date - \$123199 and attach eriteria) M City government O County government D No Regional government U We held a public hearing but have not yet adopted State government criteria (Indicate date of initial hearing - _ Other (Please specify.) 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.) O No (Stop here, go to section 5 on page 4.)

### Section 1 Information About Grantor

#### Section 2 Information About Recipient

14.	14. Name of business or organization receiving subsidy or financial assistance		<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>					
	GEK	DEVELOPment	Street address	454, North	BRANCH, State	ZIP code		
	(es (Indicate r	pient have a parent corporation? (Mark one.) name and address of parent corporation below,	If more than or	ie, indicate ultimat	e owner.)			
Na	me of parent c	orporation	Street address	City	State	ZIP code		

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	D Manufacturing A Retail Trade	Services     Wholesale Trade	Finance, Insuration     Construction	nce, Real Estate Other (please specify)	w
18. Did the recipi	ent relocate as a result o	f signing this agreement	? (Murk one.)		
D Yes (Indicate ci S No (Go w Ques	iy and state of previous tion 19.)	address and reason reci	ipient did not complete t	this project at that addres	55.)
City/State of previ	ious address Reason p	roject not completed at	previous address	· · · · · · · · · · · · · · · · · · ·	
	cipient have remained in ince? (Mark one.)	previous location or rel	ocated clsewhere if not	awarded this business sub	osidy or
Remaine	d at previous location	C Relocated to differen	nt Minnesota location	C Relocated outside M	innesota
Section 3 Gene	eral Information A	bout the Agreeme	nt		
20. Total dollar v	value of business subsidy case separate value by t	or financial	21. Date agreement si	gned (In addition to the a dates the agreement was	
#18	5,000		12/2	8/2000	
	late improvements were , earlier )			financial assistance. For the recipient occupied th	
23. Does the agro be reported?			four types of financial a	ssistance (see Question 2	5) required
	ent provided a business s (pe(s) and total dollar v			as one of the four types o indicate the type(s).	f financial
🛛 not applicable.	agreement provided fina	ancial assistance	🗅 not applicable, agre	ement provided a busines	s subsidy
🗅 loan (only prin		s	assistance for prope	rty polluted	S
grant (i.e., forg tax abatement	IVADIC IODA)	s	by contaminants  assistance for renov	ating building	s
-	x reduction or deferral	s	stock or bringing it		
guarantee of pa contribution of	property or infrastructu	лс S	assistance provided historic preservatio		
D proferential use	of governmental facilit		50% or less of total	COSt	_
Land contribution I and contribu		5 <u>185,000</u>	<ul> <li>assistance for pollu- abatement</li> </ul>	tion control or	s
	to street a white			soils condition district	\$
	nce included tax increme type of T1F district? (Ma			ntors providing a busines to the same project? (N	
🗆 not applicable.	assistance was not in th	e form of TIF		crantor and the value of the state of the st	
<ul> <li>redevelopment</li> <li>renewal and re</li> <li>soils condition</li> </ul>	novation		No No		
	elopment		Grantor(s) and value	of the agreement(s):	
<ul> <li>economic deve</li> <li>mined undergr</li> </ul>			1		
D mined undergr	stance subdistrict		Grantor	Value (S)	

DIAL Mens of Distance Actions From

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<ol> <li>Minn, Stat. §116J.994 r of the following public</li> </ol>	equir <del>es</del> that bus purposes were s	iness subsidy and fina tated in the agreemen	ncial assistance agreement t? (Mark all that apply.)	s state a public pu	irpose. Which
Enhancing economic dive Creating high-quality job Job retention	growth		<ul> <li>Increasing tax base (can</li> <li>Other (please specify)</li> </ul>		ose) 
Stabilizing the communit	у	······································			
<ol> <li>Indicate whether the ag at the time of this report</li> </ol>	reement include t. (Fill in the bo	d the following types exes and attainment d	of goals, and whether the r ate(s) for each goal.)	ecipient had attai	ned those goals
<ol> <li>Specific wage and job get</li> <li>Other job-creation and/o</li> <li>Other wage goals</li> <li>Other goals other than wage goals</li> </ol>	r retention goals	•	established? dates 20 Yes □ No 12/ 10 Yes □ No 10 Yes □ No	et attainment (month & year) 3//200/	All goals attained? Yes DNo Yes No Yes No Yes No
Please attach descriptions ttainment if not documente					
agreement and the aver	age hourly value	e of any employer-pro	reation and/or retention go wided health insurance gos to separate goals by full- a	is for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Jab Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					S
			2 4		_
\$7.00 to \$8.99	·		20		s
\$7.00 to \$8.99 \$9.00 to \$10.99			20		s
			<u></u>		s s
\$9.00 to \$10.99			<u></u>		
\$9.00 to \$10.99 \$11.00 to \$12.99					
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 11. For each of the follow date and the actual ho	urly value of an	y employer-provided		jobs. <u>(Only</u> Indici	s s s ncc the benefit
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the follow date and the actual ho	urly value of an	y employer-provided	ber of actual jobs created a	jobs. <u>(Only</u> Indici	S S nec the benefit ate job creation in Hourly Value of
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the follow date and the actual ho <i>full-time equivalents ip</i> Hourly Wage	urly value of an <i>Lyou are unable</i> Full-time Joh	y employer-provided to separate Job creat : Part-time/ Scasonal/Temp.	ber of actual jobs created a health insurance for those j ion into full- and puri-time FTE (only if unable to separate FT/PT) Job Creation	jobs. <u>(Only</u> Indica positions.) Jab	S S nec the benefit ate job creation in Hourly Value of
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the follow date and the actual ho full-time equivalents ip Hourly Wage (excluding benefits)	urly value of an <i>Lyou are unable</i> Full-time Joh	y employer-provided to separate Job creat : Part-time/ Scasonal/Temp.	ber of actual jobs created a health insurance for those j <i>ion into full- and purt-time</i> FTE ( <u>only</u> if unable to separate FT/PT)	jobs. <u>(Only</u> Indica positions.) Jab	SS SS ncc the benefit ate job creation in Hourly Value of Health Insurance
<ul> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>1. For each of the follow date and the actual ho full-time equivalents in Hourly Wage (excluding benefits)</li> <li>less than \$7,00</li> </ul>	urly value of an <i>Lyou are unable</i> Full-time Joh	y employer-provided to separate Job creat : Part-time/ Scasonal/Temp.	ber of actual jobs created a health insurance for those j ion into full- and puri-time FTE (only if unable to separate FT/PT) Job Creation	jobs. <u>(Only</u> Indica positions.) Jab	SS SS ncc the benefit ate job creation in Hourly Value of Health Insurance S
<ul> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>I. For each of the follow date and the actual ho full-time equivalents in full-time equivalents in Hourly Wage (excluding benefits)</li> <li>less than \$7.00</li> <li>\$7.00 to \$8.99</li> </ul>	urly value of an <i>Lyou are unable</i> Full-time Joh	y employer-provided to separate Job creat : Part-time/ Scasonal/Temp.	ber of actual jobs created a health insurance for those j ion into full- and puri-time FTE (only if unable to separate FT/PT) Job Creation	jobs. <u>(Only</u> Indica positions.) Jab	SS SS ncc the benefit ate job creation in Hourly Value of Health Insurance S
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher I. For each of the follow date and the actual ho <i>full-time equivalents ip</i> Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	urly value of an <i>Lyou are unable</i> Full-time Joh	y employer-provided to separate Job creat : Part-time/ Scasonal/Temp.	ber of actual jobs created a health insurance for those j ion into full- and puri-time FTE (only if unable to separate FT/PT) Job Creation	jobs. <u>(Only</u> Indica positions.) Jab	SS SS ncc the benefit ate job creation in Hourly Value of Health Insurance SS SS

2001 Minnesota Business Assistance Form

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	tion if you completed	<u>it on another 2001 MBAF sub</u> er 31, 2000, did your organization ha	
report as required by Min	n. Stat. §116J.993 and §11	6].994? (Markone)	
Yes (Indicate the name of a recipient. Attach addit	each recipient failing to re lonal pages if necessary.)	port and the value of subsidy or finan	cial assistance awarded to that
Sta No			
Name of recipient	Type of subsidy or assist	ance (Sec Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization ha agreement signed on or a	ve any recipients who faile fter January 1, 2000, that	ed to achieve any goals or fulfill any c were required to be fulfilled by the tim	other obligations under an ne of this report? (Mark one.)
. DYes (Comp	lete the remainder of this .	section.) 🌮 No (Stop here and su	bmit form to DTED .)
were to be attained h	by the time of reporting. ()	cipient failing to fulfill goals or any o Attach additional pages if necessary.)	
<ol> <li>Information on recipient</li> </ol>	and agreement:		
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (M	ark all that apply.);		
recipient ceased operation recipient was unable to fill	vacant positions	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	-
37. To date, has the recipien	t fulfilled its repayment of	oligation? (Mark one.)	
🗆 Yes 🛛 No, recipient <u>ha</u>	s becan to repay the assist	ance. INo, recipient has not beg	un to repay the assistance.
38. Has the agreement been	amended to extend the rec	sipient's deadline for fulfilling its obli	gations? (Murk one.)
		TYes No	
39. Describe the steps being	taken to bring recipient in	nto compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

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### 00-0524

### 2001 Minnesota Business Assistance Form

### RECEIVED APR 0 9 2001

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

#### Section 1 Information About Grantor

1. Name of granter (funding entity)		2. Name of person completing this form		
NORYL BRANCH EDA		DAU: D StutELBERS		
3. Street address 6408 ELM	SHREET	4. City NORth BRANCH	5. ZIP code	
6. County	7. Phone number	8. Fax number	9. E-mail address	
Chistgo	651-674-8113	651-674-8263	Javids Q north-branch. C	

Name/Title	Phone number	Street address	City	ZIP code
<ol> <li>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.")</li> </ol>		<ol> <li>Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Murk one.)</li> </ol>		
Dity government		Yes (Indicate hearing da.	1e -8123192 and	attach c <u>riteria</u>
County government		15 No		
Regional government		We held a public hearing but have not yet adopted		
State government		criteria (Indicate date of initial hearing)		
Other (Please specify.)		C Other (Please attach explanation.)		

3. 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.) DNo (Stop here, go to section 5 on page 4.)

#### Section 2 Information About Recipient

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Addre will be		isiness !	subsidy or fi	nancial ass	Stance		
PETERSONS NORTH BRANCH MILL	638 Street adds	BRAnch ess	S¥. City	NORTH	BRANCK tate Z	, mN IP code	. 5	505 l
16. Does the recipient have a parent corporation? (Mark one.)		<u>,</u>						
□ Yes (Indicate name and address of parent corporation below. 𝒱 №	If more tha	n one. india	cate ulti	imate owner	.)			I
Name of parent corporation	Street addre	222	City	St	ate Zl	P code		

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	Manufacturing	Scrvices	D Finance, Insurat		
•	Retail Trade	Wholcsale Trade	Construction	Other (please specify	/)
8. Did the recipient	relocate as a result of	f signing this agreement?	(Murk one.)		
] Yes (Indicate city ( No (Gu to Questio)		address and reason recip	pient did not complete i	this project at that addres	s.)
Lity/State of previou	s address Reason pr	roject not completed at p	orcvious address		
9. Would the recipi financial assistance		previous location or relo	ocated elsewhere if not	awarded this business sub	osidy or
Remained a	at previous location	C Relocated to differen	Minnesora location	C Relocated outside M	innesota
ection 3 Genera	I Information A	bout the Agreemen	it		
assistance (Pleas and 25.)	ue of business subsidy se separate value by g	ype in Questions 24		gned (In addition to the a dates the agreement was	
x 153	83,00	~ \	July 17,	2000	
	e improvements were j			financial assistance. For the recipient occupied the	
23. Does the agreen be reported? (M	lark one.)		our types of financial a	ssistance (see Question 2.	5) required to
•	provided a business s (s) and total dollar v			as one of the four types of indicate the type(s).	f financial
🗆 not applicable, ag	reement provided fina	incial assistance	🎽 not applicable, agre	ement provided a busines	s subsidy
loan (only princip		\$	assistance for prope by contaminants	rty polluted	S
grant (i.c., forgiva tax abatement	eduction or deferral	3,000 S <u>HERRA</u>	assistance for renov	ating building up to code, and	\$
TIF or other tax re		c .		for device and	
TIF or other tex re guarantee of paym contribution of pr	operty or infrastructur		assistance provided historic preservatio	on districts, when	
TIF or other tax re guarantee of paym contribution of pr preferential use of			assistance provided historic preservation 50% or less of total	on districts, when	2
TIF or other tex ro guarantee of paym contribution of pr preferential use of land contribution	operty or infrastructur f governmental faciliti	ies \$	assistance provided historic preservatio 50% or less of total D assistance for pollu abatement	on districts, when cost tion control or	\$
TIF or other tex ro guarantee of paym contribution of pr preferential use of land contribution	operty or infrastructur f governmental faciliti	ies \$	assistance provided historic preservatio 50% or less of total D assistance for pollu abatement	on districts, when	\$ \$
<ul> <li>TIF or other tax regularantee of paym</li> <li>contribution of pr</li> <li>preferential use of</li> <li>land contribution</li> <li>other (Specify sub)</li> <li>26. If the assistance</li> </ul>	operty or infrastructur f governmental faciliti	ies S S S ent financing, please	assistance provided historic preservatio 50% or less of total D assistance for pollu abatement D assistance for a TIF 27. Are any other grav	on districts, when cost tion control or	\$s subsidy or
<ul> <li>TIF or other tax regularized of paymer of paymer of paymer of preferential use of and contribution of preferential use of and contribution other (Specify subsection of the subsection</li></ul>	operty or infrastructur f governmental faciliti isidy type.)	ies S S S ent financing, please rk one.)	<ul> <li>assistance provided historic preservation</li> <li>50% or less of total</li> <li>assistance for pollunabatement</li> <li>assistance for a TIF</li> <li>27. Are any other grading financial assistance</li> <li>4 Yes (Specify euch generation)</li> </ul>	on districts, when cost tion control or soils condition district 	\$ 5 subsidy or fark one.) heir
<ul> <li>TIF or other tax regularized of paymer of payme</li></ul>	soperty or infrastructure f governmental faciliti osidy type.) e included tax increme e of TIF district? (Ma ssistance was not in th	ies S S S ent financing, please rk one.)	<ul> <li>assistance provided historic preservation</li> <li>50% or less of total</li> <li>assistance for pollunabatement</li> <li>assistance for a TIF</li> <li>27. Are any other grading financial assistance</li> <li>4 Yes (Specify euch generation)</li> </ul>	on districts, when cost tion control or soils condition district intors providing a busines to the same project? (N grantor and the value of the	\$ 5 subsidy or fark one.) heir
<ul> <li>TIF or other tax regularized of paymer of preferential use of paymer of preferential use of and contribution of preferential use of and contribution of other (Specify subsection)</li> <li>26. If the assistance indicate the type of not applicable, as a redevelopment renewal and reno soils condition control co</li></ul>	roperty or infrastructur f governmental faciliti bosidy type.) e included tax increme e of TIF district? (Ma sosistance was not in th wation pment	ies S S S ent financing, please rk one.)	<ul> <li>assistance provided historic preservatio 50% or less of total</li> <li>assistance for pollu abatement</li> <li>assistance for a TIF</li> <li>27. Are any other gra- financial assistance</li> <li>Yes (Specify euch gassistance below: a</li> </ul>	on districts, when cost tion control or soils condition district intors providing a busines to the same project? (N grantor and the value of the article an additional sheet	\$ 5 subsidy or fark one.) heir
<ul> <li>TIF or other tax regularized of paymer of preferential use of paymer of preferential use of and contribution of preferential use of and contribution other (Specify subsection)</li> <li>26. If the assistance indicate the typ</li> <li>26 not applicable, as</li> <li>27 redevelopment renewal and reno soils condition</li> </ul>	roperty or infrastructure f governmental facilities book type.) e included tax increme e of TIF district? (Main essistance was not in the system wation pment und space	ies S S S ent financing, please rk one.)	<ul> <li>assistance provided historic preservations 50% or less of total</li> <li>assistance for pollunabatement</li> <li>assistance for a TIF</li> <li>27. Are any other grading financial assistance</li> <li>Yes (Specify each grading assistance below; and assistan</li></ul>	on districts, when cost tion control or soils condition district intors providing a busines to the same project? (A grantor and the value of the struch un additional sheet of the agreement(s):	\$ 5 subsidy or fark one.) heir
<ul> <li>TIF or other tax regularantee of paym</li> <li>contribution of pr</li> <li>preferential use of</li> <li>land contribution</li> <li>other (Specify sub</li> </ul> 26. If the assistance indicate the typ 26 not applicable, as <ul> <li>redevelopment</li> <li>renewal and reno</li> <li>soils condition</li> <li>economic develop</li> <li>mined undergrou</li> </ul>	roperty or infrastructure f governmental facilities book type.) e included tax increme e of TIF district? (Main essistance was not in the system wation pment und space	ies S S S ent financing, please rk one.)	<ul> <li>assistance provided historic preservations 50% or less of total</li> <li>assistance for pollunabatement</li> <li>assistance for a TIF</li> <li>27. Are any other grading financial assistance</li> <li>Yes (Specify each grading assistance below; and assistan</li></ul>	on districts, when cost tion control or soils condition district intors providing a busines to the same project? (A grantor and the value of the struch un additional sheet of the agreement(s):	\$ 5 subsidy or fark one.) heir if necessary

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28. Minn. Stat. §116J.994 re of the following public p	equires that bus surposes were s	iness subsidy and fir tated in the agreeme	ancial assistance agreement nt? (Mark all that apply.)	is state a public pi	upose. Which
Creating high-quality job			<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>		
Job retention Stabilizing the community	,		Job creation contaminators	othe cleanu	. م
29. Indicate whether the agr at the time of this report			s of goals, and whether the		
<ul> <li>a) Specific wage and job goals to be attained within 2 years</li> <li>b) Other job-creation and/or retention goals</li> <li>c) Other wage goals</li> <li>c) Other goals other than wage and job goals</li> </ul>		established? dates	yet attainment (month & year) 2002	All goals attained? Yes No Yes No Yes No Yes No Yes No	
Please attach descriptions of attainment if not documented					
	ge hourly value	of any employer-pr	ovided health insurance gos to separate goals by full- o	als for those jobs.	
Hourly Wage (excluding benefits)	Job Creation	Scasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retencian	Hourly Value of Health Insurance
no hourly wage-level goal		····			5
less than \$7.00			10		s
\$7.00 to \$8.99				·———	\$
\$9.00 to \$10.99					s
\$11.00 to \$12.99					5
\$13,00 to \$14.99	<u> </u>				s
\$15.00 and higher	<u> </u>				s
31. For each of the following date and the actual hour full-time equivalents if Hourly Wage	rly value of an	y employer-provided	nber of actual jobs created I health insurance for those nion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. <u>(Only</u> indici	nce the benefit ate job creation in Hourly Value of
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
(			<u>0</u>	<u> </u>	s
less than \$7.00					
• •		VP			s
less than \$7.00					s 5
less than \$7.00 \$7.00 to \$8.99		 			s 5 \$
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99				 	_

2001 Minnesota Business Assistance Form

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Do not complete this section if you completed 33. During the period January 1, 2000 through Decemi report as required by Minn. Stat. §116J.993 and §1	ber 31, 2000, did your organization hav	
ר אין	eport and the value of subsidy or finund	cial assistance awarded to that
Name of recipient Type of subsidy or assist	tance (Sec Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that 2 Yes (Complete the remuinder of this	were required to be fulfilled by the tim	c of this report? (Mark one.)
<ul> <li>35, - 39. Provide the following information for each rewere to be attained by the time of reporting. (</li> <li>35. Information on recipient and agreement;</li> </ul>		her terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
□ recipient ceased operation □ recipient was unable to fill vacant positions	recipient relocated to a differ other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment o	bligation? (Mark one.)	
Yes No, recipient has begun to repay the assis	tance. O No, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the re	cipient's deadline for fulfilling its oblig	gations? (Mark one.)
39. Describe the steps being taken to bring recipient i	into compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

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### 00-0525

# 2001 Minnesota Business Assistance Form

# RECEIVED APR 0 9 2001

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

#### Section 1 Information About Grantor

1. Name of grantor (funding entiry) NORTH BRANCK EDA		2. Name of person completin DAUID State	-
3. Street address	street	4. City	5. ZIP code
6408 ELM		No Rth BRAnch	MN
6. County	7. Phone number	8. Fax number	9. E-mail address
Chistig o	651-674-8113	651-674-8262	Javids Q north-branch. Com
10. Please indicate who in	your organization should receive	the 2002 MBAF if different from t	the person in Question 2.

Name/Title	Phone number	Street address	City	ZIP code
11. Classification of grantor (Murk one created by gov't agency, please Ind example, a city EDA would check '	icate affiliation. For	12. Has your organization h adopted criteria for away compliance with Minn,	ding business su	bsidies in
City government County government Regional government State government Other (Please specify.)		<ul> <li>Yes (Indicate hearing dates)</li> <li>No</li> <li>We held a public hearing criteria (Indicate date of Content)</li> <li>Other (Please anach explosion)</li> </ul>	but have not yet initial hearing -	adopted

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** Yes (Complete the remainder of the form.)  $\Box$  No (Stop here, go to section 5 on page 4.)

#### Section 2 Information About Recipient

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where busi will be used	ness subsidy	or financia) :	assistance
	GRAND Avenue	North	BRAnch,	mN. 5505
HBSL, LLC	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
☐ Yes (Indicate name and address of parent corporation below. ▲No	If more than one, indica	te ultimate ov	vncr.)	
Name of parent corporation	Street address	City	State	ZIP code

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17. Industry of recipient's facility (Mark one.):					
Ø Manufacturing □ Scrvices □ Retail Trade □ Wholesalc 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 und reason rect No (Go to Question 19.)	pient did not complete this project at that address.)				
CAMBRIDGE, MN COULD Not R City/State of previous address Reason project not completed at	ecicut a buisness subsity from them previous address				
19. Would the recipient have remained in previous location or rel financial assistance? (Mark one.)	ocated elsewhere if not awarded this business subsidy or				
C Remained at previous location A Relocated to differen	nt Minnesota location 🛛 Relocated outside Minnesota				
Section 3 General Information About the Agreeme	nt				
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement dute, indicute any dates the agreement was amended.)				
# 29,000	11   21   200 0				
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.)					
<ul><li>23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li><li>Satisfy business subsidy</li></ul>	four types of financial assistance (see Question 25) required to				
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).				
not applicable, agreement provided financial assistance					
I loan (only principal)   S     I grant (i.e., forgivable loan)   S	assistance for property polluted     s by contaminants				
Itax abatement       S_29,000         Itax abatement       S_29,000         Itax abatement       S         <	assistance for renovating building     stock or bringing it up to code, and     assistance provided for designated     historic preservation districts, when				
preferential use of governmental facilities      land contribution	S0% or less of total cost				
other (Specify subsidy type.) \$	abatement abatement Service a TIF soils condition district S				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	<ol> <li>Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> </ol>				
$\infty$ not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below: attach an additional sheet if necessary.)				
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	X No				
C economic development mined underground space	Grantor(s) and value of the agreement(s):				
hazardous substance subdistrict	Grantor Value (S)				
	Grantor Value (S)				

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<ol> <li>Minn, Stat. §116J.994 re of the following public pub</li></ol>	equires that bus purposes were s	iness subsidy and fina rated in the agreemen	ancial assistance agreement t? (Mark all that apply.)	ts state a public p	urpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth	E.F.H 7161	SI Increasing tax base (ca Other (please specify)	ллот be only pur 708 с Reat	oose)
29. Indicate whether the agr at the time of this report	mement include			recipient had attai	ined those goals
	. 17 99 20 20 202		Goals Tar	get attainment	All goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than w	r retention goals	5	established? dates QYCs No Yes No Yes No Yes No Yes No Yes No Yes No	(month & year) <u>2001 (F.H</u>	<ul> <li>attained?</li> <li>Yes 20 No</li> <li>Yes 20 No</li> <li>Yes 20 No</li> <li>Yes 20 No</li> </ul>
Please attach descriptions attainment if not documente					
	age hourly value	e of any employer-pro	reation and/or retention go ovided health insurance go to separate goals by full- o	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Scasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated 2s FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal			<u> </u>		5
less than \$7.00		·	•••	· • · · · · · · · · · · · · · · · · · ·	۲ <u>ـــــــ</u> ۲
\$7.00 to \$3.99					s
\$9.00 to \$10,99	·	-21.	7		\$
\$11.00 to \$12.99					s
\$13.00 to \$14,99					s
\$15.00 and higher					2
	urly value of an	y employer-provided	nber of actual jobs created health insurance for those tion into full- and part-tim. FTE (only if unable to separate FT/PT) Job Creation	jobs. <u>(Only</u> indic	
less than \$7.00					5
\$7.00 to \$8.99					\$
\$9,00 to \$10.99			0		s
\$11,00 to \$12.99					s
\$13.00 to \$14.99					\$
\$15.00 and higher				<del></del>	s
32. Has the recipient achie	eved all goals (s	ee Questions 29, 30 a	and 31) and fulfilled all ob	ligations stipulate	d in the agreement
(Mark one.)			2 No		

<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J</li> </ol>	31, 2000, did your organization hav 1.994? (Mark one.)	ve any recipients who failed to
Yes (Indicate the name of each recipient failing to report for the name of each recipient failing to report for the name of each recipient. Attach additional pages if necessary.)		cial assistance awarded to that
No No		
Name of recipient Type of subsidy or assistant	ce (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we</li> </ol>		
<b>D</b> Yes (Complete the remainder of this set	ction.) 🤰 😼 No (Stop here and sub	bmit form to DTED .)
35 39. Provide the following information for each recip were to be attained by the time of reporting. (Att		her terms of an agreement that
35. Information on recipient and agreement;		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	Ciry/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obli	gation? (Mark one.)	
OYes ONo, recipient has begun to repay the assistant	ce. O No, recipient has not been	in to repay the assistance.
38. Has the agreement been amended to extend the recip	ient's deadline for fulfilling its oblig	gations? (Mark one.)
	QYes QNo	
39. Describe the steps being taken to bring recipient into	compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

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### 2001 Minnesota Business Assistance Form

### RECEIVED MAY 3 1 2001

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- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period 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 Richard McNamara	g this form		
3. Street address 1584 Hadley Avenue N	orth	4. City Oakdale	5. ZIP code 55128		
	Phone number 51) 730-2809	8. Fax number (651) 730-2818	9. E-mail addr cich@ci.oe	ess akdale.mn.	us
10. Please indicate who in your or Same	ganization should receive the	2002 MBAF if different from the	e person in Questi	on 2.	
Name/Title	Phone number	Street address	City	ZIP code	
11. Classification of grantor (Mark created by gov't agency, please example, a city EDA would che	v indicate affiliation. For	12. Has your organization hel adopted criteria for award compliance with Minn. St	ing husiness subsi	dies in	
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (<i>Please specify.</i>)</li> </ul>		<ul> <li>☆Yes (Indicate hearing date</li> <li>☆ No</li> <li>⇒ We held a public hearing bu criteria (Indicate date of in</li> <li>⇒ Other (Please attach explanation)</li> </ul>	66 jobs at minimum of \$7.20/an hou <del>r</del> Also see attached.		
		iness subsidy or financial assistander Minn. Stat. §116J.993 and No <u>(Stop here, go to sectio</u>	§116J.994? (Mar		arradied.
Section 2 Information Abou	t Recipient				•
14. Name of business or organizati receiving subsidy or financial a		<ol> <li>Address where business su will be used</li> </ol>	ubsidy or financial	assistance	
CSM investors, Inc.		3350, 3400 Granad Street address City	a Ave., Oal State	Kdale, MN ZIP code	55128
16. Does the recipient have a paren	t corporation? (Mark one.)	6744, 6866 33rd S	t. N., Oak	dale, MN 5	5128
Yes (Indicate name and address) No	of parent corporation below	If more than one, indicate ultin	aate awner.)		
CSM Corporation		<u>2575</u> University A Street address City	ve W Starc	e <u>150</u> , St ZIP code	. Paul, MN

2001 Minnesota Business Assistance Form

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XI Manufacturing	□ Finance, Insurance, Real Estate rade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreer	nent? (Mark onc.)
<ul> <li>Yes (Indicate city and state of previous address and reason</li> <li>No (Go to Question 19.)</li> </ul>	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	at previous address
19. Would the recipient have remained in previous location of financial assistance? (Mark one.) New Company/C	
Remained at previous location Relocated to differentiate the second s	erent Minnesota location 🛛 Relocated outside Minnesota
ection 3 General Information About the Agreen	nent
20. Total dollar value of business subsidy or financial assistance (Pleuse separate value by type in Questions 24 and 25.) \$432,000 & F.H. 7/31/01	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$54,000 annually for 8 years	5/1/00
<ol> <li>Benefit date (Indicate the date the recipient will benefit friindicate the dute improvements were finished, equipment whichever is earlier.) 8/1/01</li> </ol>	om the business subsidy or financial assistance. For example, was placed into service, or the recipient occupied the property,
<ol> <li>Does the agreement provide a business subsidy or one of the reported? (Mark one.)</li> <li>business subsidy</li> </ol>	he four types of financial assistance (see Question 25) required to
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).
<ul> <li>not applicable, agreement provided financial assistance</li> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>grant (i.e., forgivable loan)</li> <li>(14)</li> <li>(14)<td><ul> <li>not applicable, agreement provided a business subsidy</li> <li>assistance for property polluted S</li></ul></td></li></ul>	<ul> <li>not applicable, agreement provided a business subsidy</li> <li>assistance for property polluted S</li></ul>
<ul> <li>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark onc.)</li> <li>(Anot applicable, assistance was not in the form of TIF</li> </ul>	<ul> <li>27. Are any other grantors providing a business subsidy or tinancial assistance to the same project? (Mark one.)</li> <li>29. Yes (Specify each grantor and the value of their formation of the same project).</li> </ul>
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>conomic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	assistance below: attach an additional sheet (f necessary.) DNo Grantor(s) and value of the agreement(s):
	Grantor Value (S)
	Grantor Value (S)

2001 Minnesota Business Assistance Form

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of the following public	requires that be purposes were	usiness subsidy and fi stated in the agreeme	nancial assistance agreemen ent? (Murk all that apply.)	nts state a public p	urpose. Which	
<ul> <li>Enhancing economic diversity</li> <li>Creating high-quality job growth</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>			S increasing tax base (cannot be only purpose) $\Box$ Other (please specify)			
29. Indicate whether the ag at the time of this repor	reement includ t. <i>(Fill in the</i> b	ed the following type poxes and attainment	s of goals, and whether the date(s) for each goal.)	recipient had attai	ned those goals	
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than w	r retention goal	s	cstablished? dates Ka Yes C No <u>8</u> C Yes C No	get attainment ; (month & year) 3-03	All goals attained? Yes & No Yes No Yes No Yes No	
Please attach descriptions of attainment if not documente						
	ige hourly valu Il-time equival	e of any employer-pr	creation and/or retention go ovided health insurance gos to separate goals by full- o	als for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Scasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					5	
less than \$7.00				<u> </u>	s	
\$7.00 to \$8.99	66					
59.00 to \$10.99			·		5	
\$11.00 to \$12.99				· · ·	5	
\$13.00 to \$14.99	<u> </u>		. <del>60</del> 89 4		š	
\$15.00 and higher					s	
	rly value of an	y employer-provided	ther of actual jobs created a health insurance for those j tion into full- and part-time FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	obs. <u>(Only</u> Indica		
iess than \$7,00					s	
\$7.00 to \$8.99	62				s	
\$9.00 to \$10,99					د	
		···		••••••	5	
\$11.00 to \$12.99					5	
\$11.00 to \$12.99 \$13.00 to \$14.99					¥	

2001 Minnesota Business Assistance Form

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<ul> <li>(Do not complete this section if you c</li> <li>33. During the period January 1, 2000 thro report as required by Minn. Stat. §116J.</li> </ul>	ugh December 31, 2000, did your organization by	ave any recipients who failed to			
	fuiling to report and the value of subsidy or fina	ncial assistance awarded to that			
2 No					
Name of recipient Type of subsi	dy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance			
<ol> <li>Did your organization have any recipier agreement signed on or after January 1,</li> </ol>	nts who failed to achieve any goals or fulfill any o 2000, that were required to be fulfilled by the tim	other obligations under an ne of this report? (Mark one.)			
Yes (Complete the remain	nder of this section.) 👘 🔯 No (Stop here and su	bmit form to DTED .)			
	for each recipient failing to fulfill goals or any or eporting. (Attuch additional pages if necessary.)				
		<b></b>			
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance			
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance			
36. Reason(s) for default (Mark all that app	lv.):				
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant position</li> </ul>	Is Conter (Specify reason.)	ent community			
37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)					
Types DNo, recipient has begun to repay the assistance. DNo, recipient has not begun to repay the assistance.					
38. Has the agreement been amended to extend	end the recipient's deadline for fulfilling its oblig	gations? (Mark one.)			
	Q Yes D No				
39. Describe the steps being taken to bring t	recipient into compliance or recoup the subsidy:				
	· · · · · · · · · · · · · · · · · · ·				

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

Or fax to: (651) 215-3841

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### 2001 Minnesota Business Assistance Form RECEIVED APR 2 5 2001

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

1. Name of grantor (funding entity) 2. Name of person completing this form CITY OF NATONIA AVID STRAND 5. ZIP code 3. Street address -City 55060 540 WATONA 6. County 7. Phone number 9. E-mail address 8. Fax number 507 444 - 4344 STEELE 507 444-4351 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. Name/Title Phone number ZIP code Street address City 11. Classification of grantor (Mark one. If grantor is entity 12. Has your organization held a public hearing on and created by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) XYes (Indicate hearing date -9/21/99 and attach criteria) City government County government 🗆 No C Regional government • We held a public hearing but have not yet adopted □ State government criteria (Indicate date of initial hearing -Other (Please attach explanation.) 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.) Yes (Complete the remainder of the form.) □ No (Stop here, go to section 5 on page 4.)

### Section 1 Information About Grantor

### Section 2 Information About Recipient

<ul> <li>14. Name of business or organization receiving subsidy or financial assistance</li> <li>GENERAL EQUIPMENT CO. INC.</li> </ul>	15. Address where t will be used 620 ALEXANDER		:	
	Street address	City	State	ZIP code
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>Yes (Indicate name and address of parent corporation below.</li> </ul>	If more than one ind	icate ultimate	owner)	
XNo	ij more than one, tha			
Name of parent corporation	Street address	City	State	ZIP code

	Dana	,	.24
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17. Industry of recipient's facility (Mark one.):				
Manufacturing Convices	General Finance, Insurance, Real Estate Construction Other (please specify)			
18. Did the recipient relocate as a result of signing this agreeme	ent? (Mark one.)			
□ Yes (Indicate city and state of previous address and reason re □ No (Go to Question 19.) isoo MAINS ST. EXISTING SITE NOT CO	ecipient did not complete this project at that address.)			
City/State of previous address Reason project not completed a				
<ul> <li>19. Would the recipient have remained in previous location or r financial assistance? (Mark one.)</li> </ul>				
Remained at previous location	ent Minnesota location			
Section 3 General Information About the Agreem	ent			
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) \$ 211,065	<ul> <li>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</li> <li>10125/00</li> </ul>			
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.) Oct. 31, 2000	n the business subsidy or financial assistance. For example, as placed into service, or the recipient occupied the property,			
<ul><li>23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li><li>Subside business subsidy</li></ul>	e four types of financial assistance (see Question 25) required to			
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).			
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy			
□ loan (only principal)       \$	<ul> <li>assistance for property polluted</li> <li>by contaminants</li> <li>assistance for renovating building</li> <li>stock or bringing it up to code, and</li> <li>assistance provided for designated</li> <li>historic preservation districts, when</li> </ul>			
<ul> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>\$</li> </ul>	50% or less of total cost         assistance for pollution control or         abatement         assistance for a TIF soils condition district			
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)			
$\square$ not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)			
□ redevelopment				
renewal and renovation     soils condition	X No			
A soils condition	Grantor(s) and value of the agreement(s):			
in mined underground space				
□ hazardous substance subdistrict	Grantor Value (\$)			
	Grantor Value (\$)			

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<ol> <li>Minn. Stat. §116J.994 of the following public</li> </ol>			nancial assistance agreen ent? (Mark all that apply		urpose. Which
□ Enhancing economic div Creating high-quality job			Increasing tax base Other (please specified)		
<ul> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	v				
29. Indicate whether the ag at the time of this repor				he recipient had atta	ined those goals
				arget attainment	All goals
	ala ta ba attain	ad within 2 wasa		tes (month & year) $0 31 02$	attained?
<ul> <li>A) Specific wage and job get</li> <li>B) Other job-creation and/o</li> </ul>				013110-	
c) Other wage goals	r retention goal	3		· · · · ·	
)) Other goals other than w	age and job go	als			Yes No
Please attach descriptions ttainment if not documente					
	age hourly valu	e of any employer-pr	creation and/or retention rovided health insurance to separate goals by full	goals for those jobs.	
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 o Health Insuran
					ç
no hourly wage-level goal	·····				
no hourly wage-level goal less than \$7.00					s
					s s
less than \$7.00	4				s s s
less than \$7.00 \$7.00 to \$8.99	4				
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	4				s
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	4				s s
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the followin date and the actual hou full-time equivalents if Hourly Wage	ng wage catego riy value of an	y employer-provided	mber of actual jobs create health insurance for tho tion into full- and part-ti FTE (only if unable to separate FT/PT) Job Creation	se jobs. ( <u>Only</u> indica me positions.)	s s s nce the benefit ate job creation in Hourly Value of
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### Section 5 Recipients Failing to Fulfill Obligations

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(Do not complete this section if you completed it	on another 2001 MBAF sub	mitted to DTED.)				
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116.</li> </ol>	31, 2000, did your organization ha 1.994? <i>(Mark one.)</i>	ave any recipients who failed to				
Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)						
No						
Name of recipient Type of subsidy or assistance	ce (See Questions 24 and 25.)	Value of subsidy or assistance				
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we						
Yes (Complete the remainder of this sec	tion.) 🗙 No (Stop here and su	bmit form to DTED .)				
<ul> <li>35 39. Provide the following information for each recip were to be attained by the time of reporting. (Att</li> <li>35. Information on recipient and agreement:</li> </ul>		-				
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance				
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance				
36. Reason(s) for default (Mark all that apply.):						
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	-				
37. To date, has the recipient fulfilled its repayment obligation	ation? (Mark one.)					
Q Yes Q No, recipient <u>has begun</u> to repay the assistance	e. DNo, recipient has not begu	in to repay the assistance.				
38. Has the agreement been amended to extend the recipie	ent's deadline for fulfilling its oblig	gations? (Mark one.)				
C	Yes 🗆 No					
39. Describe the steps being taken to bring recipient into a	compliance or recoup the subsidy:					
		·				

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

Or fax to: (651) 215-3841

00-0026



### 2001 Minnesota Business Assistance Form RECEIVED MAR 2 6 2001

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

#### Section 1 Information About Grantor

1. Name of grantor (funding entity)		2. Name of person completing this form			
City of Pequot Lakes		Marty Peisch			
3. Street address	Street address		5. ZIP code		
31108 Governmen	31108 Government Drive		56472		
6. County	7. Phone number	8. Fax number	9. E-mail address		
Crow Wing	(218)568-5222	(218) 568-5860	<u> </u>		
10. Please indicate who in your	r organization should receive the	2002 MBAF if different from the	person in Question 2.		
Name/Title	Phone number	Street address	City ZIP code		
created by gov't agency, pl	<ul> <li>County government</li> <li>Regional government</li> <li>State government</li> </ul>		<ul> <li>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.)</li> <li>Yes (Indicate hearing date - 6/6/2000 and attach criteria)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>		
	0 that is required to be reported u				
🛱 Yes (Comp	lete the remainder of the form.)	□ No ( <u>Stop here,</u> go to sectio	n 5 on page 4.)		
Section 2 Information At	oout Recipient				
14. Name of business or organ receiving subsidy or finance		15. Address where business su will be used			
		4744 Morehouse Drive			
DRW Partnership,	, ц.ц.Р.	Street Barges Lakes,	MN Stafe 472 ZIP code		
16. Does the recipient have a p	arent corporation? (Mark one.)				
□ Yes (Indicate name and addr XNo	ress of parent corporation below.	If more than one, indicate ultim	ale owner.)		

 Name of parent corporation
 Street address
 City
 State
 ZIP code

17. Industry of recipient's facility (Mark one.)	· · · · · · · · · · · · · · · · · · ·			
6	Services Wholesale Trade	<ul> <li>Finance, Insu</li> <li>Construction</li> </ul>	urance, Real Estate	cify)
18. Did the recipient relocate as a result of sign	ning this agreement?	(Mark one.)		
Yes (Indicate city and state of previous addr ¬ No (Go to Question 19.)	ess and reason recip	pient did not comple	te this project at that add	ress.)
NISSWA, MIN City/State of previous address Reason project	TANCE A	VAILABLE revious address		
19. Would the recipient have remained in prev financial assistance? (Mark one.)	ious location or relo	cated elsewhere if n	ot awarded this business	subsidy or
$\Box$ Remained at previous location $\lambda$ R	elocated to different	Minnesota location	C Relocated outside	Minnesota
Section 3 General Information Abou	t the Agreement	t		
20. Total dollar value of business subsidy or f assistance (Please separate value by type i	n Questions 24	date, indicate an	signed (In addition to the sy dates the agreement w	
and 25.) 223,000 AHr	ISE I	6/4	2000	
22. Benefit date (Indicate the date the recipien indicate the date improvements were finish whichever is earlier.)	ed, equipment was p	ne business subsidy o placed into service, o	or financial assistance. F or the recipient occupied	For example, the property,
23. Does the agreement provide a business sub be reported? (Mark one.)		our types of financia I financial assistance		25) required to
24. If the agreement provided a business subsid indicate the type(s) and total dollar value	y, please <b>for each type</b> .	25. If the assistance assistance, pleas	was one of the four types e indicate the type(s).	of financial
□ not applicable, agreement provided financial	assistance	⊐ not applicable, agi	eement provided a busine	ss subsidy
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> </ul>	\$	assistance for prop by contaminants		s
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> </ul>	s s_:::2 <i>323,000</i> s s	assistance for reno stock or bringing i assistance provide historic preservati	t up to code, and d for designated on districts, when	s
<ul> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	s	50% or less of tota assistance for polle abatement	ution control or	\$
		assistance for a TI	F soils condition district	S
26. If the assistance included tax increment fin indicate the type of TIF district? (Mark one			antors providing a busine ce to the same project? (	
□ not applicable, assistance was not in the form	n of TIF		grantor and the value of i attach an additional shee	
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	\$	No		
<ul> <li>Sons condition</li> <li>Conomic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>		Grantor(s) and value	of the agreement(s):	
	ā	Grantor	Value (\$)	
	l	Grantor	Value (\$)	

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of the following public	equires that bus purposes were s	iness subsidy and fin stated in the agreeme	nancial assistance agreement nt? (Mark all that apply.)	ents state a public pu	rpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax base (or Other (please specify)</li> </ul>		
29. Indicate whether the age at the time of this report	reement include t. <i>(Fill in the be</i>	ed the following types oxes and attainment of	s of goals, and whether the late(s) for each goal.)	e recipient had attai	ned those goals
A) Specific wage and job go			established? date	rget attainment es (month & year)	All goals attained? ⊐ Yes ∡No
<ul> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> </ul>	C C		□ Yes □ No □ Yes □ No		□Yes □No □Yes □No
D) Other goals other than w	age and job goa	lls	□Yes □No		🗆 Yes 🗔 No
Please attach descriptions on the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state					
0. For each of the followir agreement and the avera job creation goals in fu	age hourly value	e of any employer-pr	creation and/or retention g ovided health insurance g to separate goals by full-	oals for those jobs.	( <u>Only</u> indicate tions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00		·	· · · · · · · · · · · · · · · · · · ·		s
\$7.00 to \$8.99	100				s
\$9.00 to \$10.99	<del></del>				s
\$11.00 to \$12.99	<u> </u>				٢
\$13.00 to \$14.99				<u> </u>	s
					s
\$15.00 and higher				d and/or retained su	nce the benefit
31. For each of the following date and the actual hour full-time equivalents if the Hourly Wage	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for thos tion into full- and part-tin FTE (only if unable to separate FT/PT) Job Creation	e jobs. <u>(Only</u> indice	ate job creation in Hourly Value of
<ol> <li>For each of the following date and the actual hour full-time equivalents if the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second</li></ol>	urly value of an <i>you are unable</i> Full-time	y employer-provided <i>to separate job creat</i> Part-time/	health insurance for thos tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. ( <u>Only</u> indica ne positions.)	ate job creation in
<ol> <li>For each of the following date and the actual hour full-time equivalents if the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second</li></ol>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for thos tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. ( <u>Only</u> indica ne positions.)	ate job creation in Hourly Value of Health Insuranc
<ol> <li>For each of the following date and the actual hour full-time equivalents if the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second</li></ol>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for thos tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. ( <u>Only</u> indica ne positions.)	nte job creation in Hourly Value of Health Insuranc S
<ol> <li>For each of the following date and the actual hour full-time equivalents if the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second</li></ol>	urly value of an you are unable Full-time Job Creation	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for thos tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. ( <u>Only</u> indica ne positions.)	ate job creation in Hourly Value of Health Insuranc S S
<ol> <li>For each of the following date and the actual hour full-time equivalents if the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second</li></ol>	urly value of an you are unable Full-time Job Creation	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for thos tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. ( <u>Only</u> indica ne positions.)	nte job creation in Hourly Value of Health Insurance S S S

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2001 Minnesota Business Assistance Form

Department of Trade and Economic Development

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### Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you complet	ed it on another 2001 MBAF subr	nitted to DTED.)
<ol> <li>During the period January 1, 2000 through Decereport as required by Minn. Stat. §116J.993 and</li> </ol>		ve any recipients who failed to
□ Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessar		cial assistance awarded to that
ZNO 81 8.615101		
Name of recipient Type of subsidy or as	sistance (See Questions 24 and 25.)	Value of subsidy or assistance
<ul> <li>34. Did your organization have any recipients who agreement signed on or after January 1, 2000, th</li> <li>□ Yes (Complete the remainder of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se</li></ul>	hat were required to be fulfilled by the time $\mathcal{L} = \mathcal{L} + \mathcal{L}$	ne of this report? (Mark one.)
<ul><li>35 39. Provide the following information for each were to be attained by the time of reporting</li><li>35. Information on recipient and agreement:</li></ul>		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	recipient relocated to a differ other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repaymen	t obligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the as	sistance. DNo, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the	recipient's deadline for fulfilling its oblig	gations? (Mark one.)
	🗅 Yes 🛛 No	
39. Describe the steps being taken to bring recipien	t into compliance or recoup the subsidy:	

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Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form



# 2001 Minnesota Business Assistance Form

- RECEIVED MAR 3 0 2001
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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

#### Section 1 Information About Granter

1. Name of grantor (funding en	1. Name of grantor (funding entity)		2. Name of person completing this form		
CITY OF PINE RIVE	R	WANDA T	ULENCHI	K, CLERK	
3. Street address		4. City		5. ZIP code	
P.O. BOX 87		PINE RIVE	R	56474	4
6. County	ounty 7. Phone number			9. E-mail add	iress
CASS	218-587-2440	218-587-3335			
10. Please indicate who in your	r organization should receive the	2002 MBAF if differe	ent from the	person in Ques	ition 2.
Name/Title	Phone number	Street addre	255	City	7.1P code
cicated by gov't agency, pl	11. Clussification of grantor (Mark one. If grantor is entity crusted by gov't agency, please indicate affiliation. For example, a city EDA would check "City government")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)		
City government County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County Cou	<ul> <li>Yes (Indicate hearing date -<u>11/14</u>) and <u>attac</u></li> <li>No</li> <li>We held a public hearing but have not yet adopted or initial hearing</li> <li>Other (Please attach explanation.)</li> </ul>			lopted	
through December 31, 200	ed any agreements to award a bu 0 that is required to be reported u olete the remainder of the form )		J.993 and §	116J.994? (Ma	
Section 2 Information Al	bout Recipient	· · · · · · · · · · · · · · · · · · ·			
14. Name of business or organ receiving subsidy or finance	tial assistance	15. Address where will be used	business sul	bsidy or financi	ial assistance
Pine River Stude Ba	int	103 Min St Street address	Pine Kiv City	<li>ℓℓ Ììm State</li>	56474 ZIP code
16. Does the recipient have a p	arent corporation? (Mark one.)				
<ul> <li>ン Yes (Indicate name and addi え No</li> </ul>	vess of parent corporation below.	. If more than one, ind	licate ultim	ate owner.)	

Name of parent corporation	Street address	City	State	ZIP code

2001 Minnesota Business Assistance Form

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17. Industry of recipient's facility (Mark one.):			
Manufacturing     Service:     A Retail Trade     Wholes	-	Finance, Insurance, Real Estate Construction D Other (please speci)	59
18. Did the recipient relocate as a result of signing this a	agreement? (A	lark one.)	
∀Yes (Indicate city and state of previous address and re '⊐No (Go to Question 19.)	cason recipici	nt did not complete this project at that addre	ss.)
PINE RIVER, MN         BUILT A LARGE           City/State of previous address         Reason project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not complete the second project not second project not complete the second project not		TY IN SAME TOWN vious address	
19. Would the recipient have remained in previous local financial assistance? (Mark one.)	tion or reloca	ted elsewhere if not awarded this business su	bsidy or
Kemained at previous location — 🗅 Relocated	to different M	linnesota location 🛛 🖸 Relocated outside M	linnesota
Section 3 General Information About the Ag	greement		J
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questia and 25.)		Date agreement signed (In addition to the order of the date, indicate any dates the agreement was	
and 25.) \$ 205,000		11/27/00	
22. Benefit date (Indicate the date the recipient will ben indicate the date improvements were firished, equip whichever is earlier.) Curc _i 1, 2001 (	oment was pla		ie property',
23. Does the agreement provide a business subsidy or o be reported? (Mark one.) / G business su		types of financial assistance (see Question 2	25) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each		If the assistance was one of the four types assistance, please indicate the type(s).	of financial
I not applicable, agreement provided financial assistant		not applicable, agreement provided a busine	ss subsidy
Ioan (only principal)     S grant (i.e., forgivable loan)		assistance for property polluted by contaminants	S
guarantee of payment     S     contribution of property or infrastructure     S	<u> </u>	assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when	\$
□ preferential use of governmental facilities \$ □ land contribution \$ ☑ other (Specify subsidy type.) \$		50% or less of total cost assistance for pollution control or abatement	\$
Pay as you go TTE Sypen menes	1	assistance for a TIF soils condition district	\$
26. If the assistance included tax increment financing, indicate the type of TIF district? (Mark one)		<ol> <li>Are any other grantors providing a busine financial assistance to the same project? (</li> </ol>	
U not applicable, assistance was not in the form of TIF	Ū	Yes (Specify each grantor end the value of assistance below; attach an additional shee	
□ redevelopment □ renewal and renovation	G	No	
<ul> <li>soils condition</li> <li>conomic development</li> <li>mined underground space</li> <li>housedous substance subdistrict</li> </ul>	G	rantor(s) and value of the agreement(s):	
L hazardous substance subdistrict	G	rantor Value (\$)	
	G	rantor Value (\$)	

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<ol> <li>Minn. Stat. §116J.994 r of the following public:</li> </ol>	equires that bus purposes were s	iness subsidy and fir stated in the agreeme	nancial assistance agreemen nt? (Mark all that apply.)	nts state a public pu	urpose. Which	
Enhancing economic diversity Creating high-quality job growth Job retention			<ul> <li>Incr asing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>			
Stabilizing the community	Y					
29. Indicate whether the agi at the time of this report	reement include	d the following type	s of goals, and whether the date(s) for each goal.)	recipient had attai	ned those goals	
<ul> <li>N) Specific wage and job go</li> <li>Other job-creation and/or</li> <li>Other wage goals</li> <li>Other goals other than w</li> </ul>	retention goals	3	established? date: ☐ Yes □ No <u>×</u> □ Yes □ No □ Yes □ No	get attainment s (month & year) ノロゴ	All goals attained? Yes No Yes No Yes No Yes No	
Please attach descriptions ( attainment if not documente						
	ige hourly valu	e of any employer-pi	creation and/or retention grovided health insurance go to separate goals by full-	als for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Scasonal/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					2	
less than \$7.00	4414 (c. c. c. c. de des				\$	
\$7.00 to \$8.99					5	
\$9.00 to \$10.99					5	
\$11.00 to \$12.99	2				s	
\$13.00 to \$14.99	. <u> </u>				٢٢	
\$15.00 and higher			··		\$	
full-time equivalents if	urly vilue of an	y employer-provided to separate job crea	nber of actual jobs created I health insurance for those ttion into full- and part-tim FTE (only if unable to separate FT/PT) Job Creation	jobs. ( <u>Only</u> indic		
less than \$7.00	······				\$	
\$7.00 to \$8.99					\$	
\$9.00 to \$10.99		a Topo and the stream			s	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99	,				\$	
\$15.00 and higher					\$	
32. Has the recipient achie (Mark one.)	wed <u>all goals</u> (s	cc Questions 29, 30	and 31) and fulfilled <u>all ob</u>	ligations stipulated	in the agreement?	

2001 Minnesota Business Assistance Form

ection 5 Recipients Failing to Fulfill Oblig Do not complete this section if you completed		nitted to DTED.)
33. During the period January 1, 2000 through Decem report as required by Minn. Stat. §116J.993 and §	ber 31, 2000, did your organization ha	······································
L Yes (Indicate the name of each recipient failing to r recipient. Attach additional pages if necroscry.		cial assistance awarded to that
沟 No		
Name of recipient Type of subsidy or assis	stance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who fai agreement signed on or after January 1, 2000, that</li> </ol>	led to achieve any goals or fulfill any c were required to be fulfilled by the tim	other obligations under an ne of this report? (Mark one.)
C Yes (Complete the remainder of this	section.) 🛛 🗙 No (St p here and sub	bmit form to DTED .)
35 39. Provide the following information for each rewere to be attained by the time of reporting.	ecipient failing: to fulfill goals or any o (Attach additional pages if necessary))	ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	recipient relocated to a differ other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment of	bligation? (Mark one.)	
TYes INo, recipient has begun to repay the assis	tance. DNo, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the re	cipient's deadline for fulfilling its obli	gations? (Mark one.)
	🗅 Yes 🖸 No	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
39. Describe the steps being taken to bring recipient i	nto compl ance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

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### 2001 Minnesota Business Assistance Form

### RECEIVED MAY 1 7 2001

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

### Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Ramsey		2. Name of person completing Sean Sullivan	this form
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	r organization should receive the	2002 MBAF if different from the	person in Question 2.
Name/Title	Phone number	Street address	City ZIP code
	lark one. If grantor is entity ease indicate affiliation. For check "City government.")	<ol> <li>Has your organization held adopted criteria for awardii compliance with Minn. Sta</li> </ol>	ng business subsidies in
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		Yes (Indicate hearing date - No We held a public hearing but criteria (Indicate date of ini Other (Please attach expland	have not yet adopted tial hearing)

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.)

X Yes (Complete the remainder of the form.)  $\Box$  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	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>		ISSISTANCE	
	13915 RADIUMST.	SU,TÉA	RAMSEY	55303
HEP DEVELOPMENT, LLC	Street address	City	State	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.)
 No

Name of parent corporation	Street address
----------------------------	----------------

State

ZIP code

City

17. Industry of recipient's facility (Mark one.):			
<b>A 771</b> Manufacturing Retail Trade Wholesale Trade	☐ Finance, Insurance, Real Estate de ☐ Construction ☐ Other (please specify)		
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)			
$\Box$ Yes (Indicate city and state of previous address and reason reciptent did not complete this project at that address.) $\Box$ No (Go to Question 19.)			
City/State of previous address Reason project not completed a	at previous address		
19. Would the recipient have remained in previous location or r financial assistance? (Mark one.)	elocated elsewhere if not awarded this business subsidy or		
Remained at previous location Relocated to differ	ent Minnesota location		
Section 3 General Information About the Agreem	ent		
20. Total dollar value of business subsidy or financial assistance ( <i>Please separate value by type in Questions 24 and 25.</i> )	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)		
\$ 252,806	6-5-2000		
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.) 2. 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.)			
<ul> <li>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.)</li> <li></li></ul>			
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>		
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy		
loan (only principal)       \$	<ul> <li>assistance for property polluted \$</li></ul>		
<ul> <li>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</li> <li>not applicable, assistance was not in the form of TIF</li> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>	<ul> <li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> <li>Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</li> <li>No</li> <li>Grantor(s) and value of the agreement(s):</li> </ul>		
hazardous substance subdistrict	Grantor Value (\$) Grantor Value (\$)		

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<ol> <li>Minn. Stat. §116J.994 of the following public</li> </ol>	requires that bus purposes were a	iness subsidy and fina stated in the agreemen	ancial assistance agreement? (Mark all that apply.)	ents state a public p )	urpose. Which
Denhancing economic div Creating high-quality job Dob retention	growth		☐ Increasing tax base ( ☐ Other (please specify	cannot be only purp //	pose)
Stabilizing the communi					
29. Indicate whether the ag at the time of this report	reement include rt. (Fill in the be	d the following types: oxes and attainment d	of goals, and whether th ate(s) for each goal.)	e recipient had atta	ined those goals
A) Specific wage and job g 3) Other job-creation and/c C) Other wage goals D) Other goals other than v	or retention goals	5	established? date	arget attainment es (month & year)	All goals attained? Yes No Yes No Yes No Yes No
Please attach descriptions attainment if not document	of goals and pr ed in Questions	ogress toward 30 and 31.)			
30. For each of the followi agreement and the aver job creation goals in fi	rage hourly valu	e of any employer-pro	reation and/or retention g ovided health insurance g to separate goals by full-	oals for those jobs.	( <u>Only</u> indicate tions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal			·	·	S
less than \$7.00	<u> </u>				s
\$7.00 to \$8.99					s
\$9.00 to \$10.99	10				s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					S
\$15.00 and higher					s
			iber of <b>actual</b> jobs create health insurance for thos	se jobs. <u>(Only</u> indic	
		to separate job creat Part-time/ Seasonal/Temp.	ion into juli- and pari-lin FTE ( <u>only</u> if unable to separate FT/PT)	ne positions.) Job Retention	Hourly Value of
date and the <b>actual</b> he full-time equivalents i	f you are unable Full-time	Part-time/	FTE (only if unable to	-	Hourly Value of Health Insurance
date and the <b>actual</b> he full-time equivalents i Hourly Wage	f you are unable Full-time Job	Part-time/ Seasonal/Temp.	FTE ( <u>only</u> if unable to separate FT/PT)	-	
date and the <b>actual</b> ho full-time equivalents i Hourly Wage (excluding benefits)	f you are unable Full-time Job	Part-time/ Seasonal/Temp.	FTE ( <u>only</u> if unable to separate FT/PT)	-	Health Insurance
date and the <b>actual</b> ho full-time equivalents i Hourly Wage (excluding benefits) less than \$7.00	f you are unable Full-time Job Creation	Part-time/ Seasonal/Temp.	FTE ( <u>only</u> if unable to separate FT/PT)	-	Health Insurance
date and the <b>actual</b> ho full-time equivalents i Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	f you are unable Full-time Job	Part-time/ Seasonal/Temp.	FTE ( <u>only</u> if unable to separate FT/PT)	-	Health Insurance
date and the actual he full-time equivalents i Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	f you are unable Full-time Job Creation	Part-time/ Seasonal/Temp.	FTE ( <u>only</u> if unable to separate FT/PT)	-	Health Insurance

2001 Minnesota Business Assistance Form

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Department of Trade and Economic Development

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

ZNO & TH. Mayor Name of recipient

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

34. 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.) E.T.H. 7/26/81 No (Stop here and submit form to DTED.)

□ Yes (Complete the remainder of this section.)

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

35. Information on recipient and agreement:

Name of recipient in default

Type of subsidy or assistance

City/ZIP code of recipient

Street address of recipient

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

recipient ceased operation The 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 I No, recipient has begun to repay the assistance. No, recipient <u>has not begun</u> to repay the assistance.

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

QYes QNo

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

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

Or fax to: (651) 215-3841

Value of subsidy or assistance

Initial value of

subsidy or assistance

Outstanding value of

subsidy or assistance

00-0848



### 2001 Minnesota Business Assistance Form

### RECEIVED MAY 1 / 2001

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- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

### Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Ramsey		2. Name of person completing Sean Sullivan	this form	
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 ci	ode
<ul> <li>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.")</li> <li>City government</li> <li>County government</li> <li>Regional government</li> </ul>		<ul> <li>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.)</li> <li>Yes (Indicate hearing date - <u>9.28.10</u> and <u>attach criteria</u>)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> </ul>		
State government Other (Please specify.)		□ 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.)				

X Yes (Complete the remainder of the form.)  $\Box$  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	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>			al assistance
SYSTEMATIC REFRIGERATION, INC.	6151 140Th AVE Street address	. NW RAMS City	Ey, MN State	55303 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				- -
<ul> <li>✓ Yes (Indicate name and address of parent corporation below.</li> <li>□ No</li> <li>MATESKi_ Properties, LLC</li> </ul>	low. If more than one, indicate ultimate owner.)			
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.).			
A Manufacturin Retail Trade	ng 🖸 Services 🗋 Wholesale Trad	□ Finance, Insurance, Real Estate e □ Construction □ Other ( <i>please specify</i> )	
18. Did the recipient relocate as a re	sult of signing this agreemer	nt? (Mark one.)	
$\Phi$ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) $\Box$ No (Go to Question 19.)			
DAYTON MINNESOTA 22000010 NOT INDUST Reason project not completed at 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 locat	ion Relocated to differe	ent Minnesota location 🛛 Relocated outside Minnesota	
Section 3 General Informatio	n About the Agreeme	ent	
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.)	
\$ 892,000 \$64	2,000	APRIL 10, 2000	
<ul> <li>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.)</li> </ul>			
		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).	
Inot applicable, agreement provided financial assistance		not applicable, agreement provided a business subsidy	
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or defer</li> <li>guarantee of payment</li> <li>contribution of property or infrastr</li> <li>preferential use of governmental fr</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	s	<ul> <li>assistance for property polluted</li> <li>by contaminants</li> <li>assistance for renovating building</li> <li>stock or bringing it up to code, and</li> <li>assistance provided for designated</li> <li>historic preservation districts, when</li> <li>50% or less of total cost</li> <li>assistance for pollution control or</li> <li>abatement</li> <li>assistance for a TIF soils condition district</li> </ul>	
26. If the assistance included tax inc	rement financing, please	27. Are any other grantors providing a business subsidy or	
indicate the type of TIF district? (Mark one.)		financial assistance to the same project? (Mark one.)	
not applicable, assistance was not in the form of TIF		Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)	
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>	• · ·	So No Grantor(s) and value of the agreement(s):	
hazardous substance subdistrict		City of KumSeySOU (000GrantofValue (\$)EQUIPTIMENT LOANGrantorValue (\$)	

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28. Minn. Stat. §116J.994 i of the following public	requires that but purposes were	siness subsidy and fin stated in the agreeme	nancial assistance agreem nt? (Mark all that apply:	nents state a public pi .)	rpose. Which
<ul> <li>Enhancing economic dividential</li> <li>Creating high-quality job</li> </ul>			<ul> <li>Increasing tax base</li> <li>Other (please specify)</li> </ul>		
<ul> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	7				
29. Indicate whether the ag at the time of this report	reement include t. (Fill in the b	ed the following type oxes and attainment	s of goals, and whether the date(s) for each goal.)	he recipient had attai	ned those goals
				arget attainment	All goals
		1 (1) in <b>2</b>		tes (month & year)	attained?
A) Specific wage and job go				0-5-2002	□ Yes □ No
B) Other job-creation and/or	r retention goal	5	$\Box$ Yes $\Box$ No		□Yes □No
C) Other wage goals D) Other goals other than w	age and ich go:	als	$\Box$ Yes $\Box$ No $\Box$		Yes No
	age and job go.				
(Please attach descriptions attainment if not documente	of goals and pr ed in Questions	ogress toward 30 and 31.)			
30. For each of the followin agreement and the aver job creation goals in fu	age hourly valu	e of any employer-pi	rovided health insurance to separate goals by fuli	<b>goals</b> for those jobs. I- and part-time posit	( <u>Only</u> indicate tions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
					\$
less than \$7.00					s
less than \$7.00 \$7.00 to \$8.99					
	50	Ø	ø	?	s
\$7.00 to \$8.99	50		ø	2	
\$7.00 to \$8.99 \$9.00 to \$10.99	50		ø	2	s
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	<u>50</u>		ø	?	s s
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followidate and the actual hour full-time equivalents if	ing wage catego urly value of an you are unable Full-time	pries, indicate the nur y employer-provided to separate job crea Part-time/	mber of actual jobs creat thealth insurance for tho action into full- and part-ti FTE (only if unable to	ed and/or retained since one jobs. ( <u>Only</u> indications)	s s s nce the benefit ate job creation in
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the <b>actual</b> hou	ing wage catego urly value of an you are unable	pries, indicate the nur y employer-provided to separate job crea	mber of <b>actual</b> jobs creat t health insurance for tho tion into full- and part-ti	ed and/or retained sin ose jobs. ( <u>Only</u> indica time positions.)	ss ss s nce the benefit ate job creation in Hourly Value of
<ul> <li>\$7.00 to \$8.99</li> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>31. For each of the following date and the actual hour full-time equivalents if Hourly Wage</li> </ul>	ing wage catego urly value of an you are unable Full-time Job	pries, indicate the nur y employer-provided to separate job crea Part-time/ Seasonal/Temp.	mber of actual jobs creat d health insurance for tho ation into full- and part-ti FTE (only if unable to separate FT/PT)	ed and/or retained since one jobs. ( <u>Only</u> indications)	ss ss s nce the benefit ate job creation in Hourly Value of
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followind the actual how full-time equivalents iff Hourly Wage (excluding benefits)	ing wage catego urly value of an you are unable Full-time Job Creation	pries, indicate the nur y employer-provided to separate job crea Part-time/ Seasonal/Temp.	mber of actual jobs creat d health insurance for tho ation into full- and part-ti FTE (only if unable to separate FT/PT)	ed and/or retained sit ose jobs. ( <u>Only</u> indications.) Job Retention	ss ss ss nce the benefit ate job creation in Hourly Value of Health Insurance ss
<ul> <li>\$7.00 to \$8.99</li> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>31. For each of the following date and the actual hour full-time equivalents if the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon</li></ul>	ing wage catego urly value of an you are unable Full-time Job Creation	pries, indicate the nur y employer-provided to separate job crea Part-time/ Seasonal/Temp.	mber of actual jobs creat d health insurance for tho ation into full- and part-ti FTE (only if unable to separate FT/PT)	ed and/or retained sin ose jobs. ( <u>Only</u> indica ime positions.) Job Retention	ss ss ss ss nce the benefit ate job creation in Hourly Value of Health Insurance ss s_2.36
<ul> <li>\$7.00 to \$8.99</li> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>31. For each of the followin date and the actual hour full-time equivalents if the full time equivalents if the second benefits)</li> <li>bess than \$7.00</li> <li>\$7.00 to \$8.99</li> </ul>	ing wage catego urly value of an you are unable Full-time Job Creation	pries, indicate the nur y employer-provided to separate job crea Part-time/ Seasonal/Temp.	mber of actual jobs creat d health insurance for tho ation into full- and part-ti FTE (only if unable to separate FT/PT)	ed and/or retained sit ose jobs. ( <u>Only</u> indications.) Job Retention	ss ss ss nce the benefit ate job creation in Hourly Value of Health Insurance ss s_a.36 s_3.48
<ul> <li>\$7.00 to \$8.99</li> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>31. For each of the followidate and the actual hour full-time equivalents if</li> <li>Houriy Wage (excluding benefits)</li> <li>less than \$7.00</li> <li>\$7.00 to \$8.99</li> <li>\$9.00 to \$10.99</li> </ul>	ing wage catego urly value of an you are unable Full-time Job Creation	pries, indicate the nur y employer-provided to separate job crea Part-time/ Seasonal/Temp.	mber of actual jobs creat d health insurance for tho ation into full- and part-ti FTE (only if unable to separate FT/PT)	ed and/or retained sin ose jobs. ( <u>Only</u> indica ime positions.) Job Retention	ss ss ss ss nce the benefit ate job creation in Hourly Value of Health Insurance ss ss ss

□Yes XNo

2001 Minnesota Business Assistance Form

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(Do not complete this section if you completed	it on another 2001 MBAF subr	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §1</li> </ol>	er 31, 2000, did your organization ha 16J.994? (Mark one.)	ve any recipients who failed to
□ Yes (Indicate the name of each recipient failing to represent the recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	cial assistance awarded to that
\$ No		
Name of recipient Type of subsidy or assista	ance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that	ed to achieve any goals or fulfill any o were required to be fulfilled by the tin	other obligations under an ne of this report? (Mark one.)
Yes (Complete the remainder of this s	section.) 🛛 🙀 No (Stop here and sub	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each red were to be attained by the time of reporting. (2)</li> <li>35. Information on recipient and agreement:</li> </ul>	cipient failing to fulfill goals or any of Attach additional pages if necessary.)	ther terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assista	ance. D No, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the reci	pient's deadline for fulfilling its oblig	gations? (Mark one.)
	🗆 Yes 🗔 No	
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

### 00-0942



2001 Minnesota Business Assistance Form  $M_{\mathcal{A}\mathcal{V}}$ 

### RECEIVED MAY 2 5 2001

1.

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

#### Section 1 Information About Grantor

<ol> <li>Name of grantor (funding er City of Ramsey</li> </ol>	itity)	2. Name of person completing this form Sean Sullivan			
3. Street address 15153 Nowthen Blvd.	NW	4. City 5. ZIP code Ramsey 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 you	organization should receive the	2002 MBAF if different from the person in Question 2.			
Name/Title	Phone number	Street address	City ZIP code		
<ul> <li>example, a city EDA would</li> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> <li>13. Has your organization sign through December 31, 2000</li> </ul>	ease indicate affiliation. For check "City government.") ed any agreements to award a bus 0 that is required to be reported up	<ul> <li>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.)</li> <li>© 1.11 E124/U1</li> <li>© Yes (Indicate hearing date - 9 28 and anach criteria)</li> <li>© No</li> <li>© We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>© Other (Please attach explanation.)</li> <li>siness subsidy or financial assistance from January 1, 2000 and fil6J.994? (Mark one.)</li> </ul>			
Yes (Comp	lete the remainder of the form.)	No ( <u>Stop here</u> , go to section	n 5 on page 4.)		
Section 2 Information At	out Recipient				
14. Name of business or organi receiving subsidy or finance	ial assistance	<ol> <li>Address where business sul will be used</li> </ol>	bsidy or financial assistance		
RAMSEY BEB L 16. Does the recipient have a p	eenset. .LC_	CH31 STATE HWY NO I Street address City	o Armsry, my 55303 State ZIP code		
16. Does the recipient have a p	arent corporation? (Mark one.)				
Tes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)					

Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) No

Name of parent corporation	Street address	Ciry	State	ZIP code

	Manufacturing	□ Services	🗅 Finance, Insura		
	Retail Trade	Wholesale Trade		☐ Other (please speci	f.vi
18. Did the recipi	ent relocate as a result of	signing this agreemen	t? (Mark one.)		
魯 Yes (Indicate c ⊐ No (Go to Que	ity and state of previous a stion 19.)	ddress and reason rec	tipient did not complete t	hıs project at that addre	255.)
ANCKA, MI City/State of prev	ious address Reason pro	DIECT NOT COMPLETED at	previous address		
19. Would the red	cipient have remained in p ance? (Mark one.)	previous location or re	located elsewhere if not a	awarded this business su	ibsidy or
🗆 Remaine	ed at previous location 🛛	Relocated to differe	nt Minnesota location	C Relocated outside N	linnesota
ection 3 Gene	eral Information Ab	out the Agreeme	nt		
	value of business subsidy ( lease separate value by typ			med (In addition to the d dates the agreement was	
\$349	.589		5-4-	-2000	
	Indicate the date the recip late improvements were fine earlier.)				
		0-1-2000	>		
23. Does the agre be reported?	ement provide a business (Mark one.)	r	four types of financial as	ssistance (see Question 2	25) required to
	ent provided a business sub pe(s) and total dollar va			as one of the four types ndicate the type(s).	of financial
not applicable,	agreement provided finan	cial assistance	🗅 not applicable, agree	ment provided a busine	ss subsidy
loan (only print		\$	assistance for proper	ty polluted	S
□ grant (i.e., forg □ tax abatement	ivable ioan)	s	by contaminants	ting building	S
	reduction or deferral	\$	stock or bringing it u		
guarantee of pa		<u>S</u>	assistance provided f	-	
	property or infrastructure of governmental facilities		historic preservation 50% or less of total c		
Iand contribution	n	s	assistance for polluti		\$
□ other (Specify s	subsidy type.)	\$	abatement assistance for a TIF s	soils condition district	S
26 If the assistar	nce included tax increment	t financing, please	27. Are any other gran	tors providing a busine	s subsidy or
	ype of TIF district? (Mark			e to the same project? (	
	assistance was not in the	form of TIF		antor and the value of t tach an additional shee	
redevelopment			H.		
<ul> <li>renewal and reprint reprint the source of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second</li></ul>	novation		₩0 No		
conomic deve	lopment		Grantor(s) and value of	f the agreement(s):	
T mined undergr	ound space				
hazardous subs	stance subdistrict		Grantor	Value (\$)	
			Grantor	Value (\$)	

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included the following typ <i>n the boxes and attainment</i> e attained within 2 years on goals job goals <i>and progress toward</i> <i>estions 30 and 31.</i> ) categories, indicate the joi ly value of any employer- <i>quivalents if you are unab</i> time Part-time/ b Seasonal/Temp. tion Job Creation	□ Other (please spec oes of goals, and whether t date(s) for each goal.) Goals established? □ Yes □ No □ Yes □ No	Target attainment dates (month & year) 10 - 2002 on goals stated in the re goals for those jobs. all- and part-time position	ined those goals All goals attained? (1 1 ) Yes No ) Yes No
n the boxes and attainment e attained within 2 years on goals job goals and progress toward estions 30 and 31.) categories, indicate the jo ly value of any employer- quivalents if you are unab time Part-time/ bb Seasonal/Temp.	Goals established? Goals established? Yes No Yes No Yes No Yes No to creation and/or retention provided health insurance le to separate goals by fur FTE (only if goals n stated as FT/PT)	Target attainment dates (month & year) 10 - 2002 on goals stated in the re goals for those jobs. cull- and part-time posi-	All goals attained? (4 ) H 9 Yes No 9 Yes No 9 Yes No 9 Yes No 9 Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes Solutions.) Hourly Value of Health Insurance 1 S 5
n the boxes and attainment e attained within 2 years on goals job goals and progress toward estions 30 and 31.) categories, indicate the jo ly value of any employer- quivalents if you are unab time Part-time/ bb Seasonal/Temp.	Goals established? Goals established? Yes No Yes No Yes No Yes No to creation and/or retention provided health insurance le to separate goals by fur FTE (only if goals n stated as FT/PT)	Target attainment dates (month & year) 10 - 2002 on goals stated in the re goals for those jobs. cull- and part-time posi-	All goals attained? (4 ) H 9 Yes No 9 Yes No 9 Yes No 9 Yes No 9 Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes Solutions.) Hourly Value of Health Insurance 1 S 5
on goals job goals and progress toward estions 30 and 31.) categories, indicate the jo ly value of any employer- quivalents if you are unab time Part-time/ bb Seasonal/Temp.	established? co Yes No Yes No Yes No Yes No Yes No Ves No to creation and/or retention provided health insurance le to separate goals by fi FTE (only if goals n stated as FT/PT)	tates (month & year) 10 - 2002 on goals stated in the re goals for those jobs. full- and part-time posi- not	attained? (1 1 ) Yes No ) Yes No ) Yes No ) Yes No ) Yes No ( <u>Only</u> indicate itions.) Hourly Value of Health Insurance ss
on goals job goals and progress toward estions 30 and 31.) categories, indicate the jo ly value of any employer- quivalents if you are unab time Part-time/ bb Seasonal/Temp.	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No b creation and/or retention provided health insurance le to separate goals by for FTE (only if goals n stated as FT/PT)	on goals stated in the re goals for those jobs. full- and part-time posi-	Yes No Yes No Yes No Yes No Yes No ( <u>Only</u> indicate itions.) Hourly Value of Health Insurance SS
job goals and progress toward estions 30 and 31.) categories, indicate the jo ly value of any employer- quivalents if you are unab time Part-time/ bb Seasonal/Temp.	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No b creation and/or retention provided health insurance le to separate goals by for FTE (only if goals n stated as FT/PT)	e <b>goals</b> for those jobs. <i>all- and part-time posi</i> .	<ul> <li>☐ Yes ☐ No</li> <li>☐ Yes ☐ No</li> <li>☐ Yes ☐ No</li> <li><i>(Only indicate itions.)</i></li> <li>Hourly Value of Health Insurance</li> <li>ss</li> </ul>
and progress toward estions 30 and 31.) categories, indicate the join ly value of any employer- quivalents if you are unab time Part-time/ bb Seasonal/Temp.	□ Yes □ No b creation and/or retention provided health insuranc le to separate goals by fu FTE (only if goals n stated as FT/PT)	e <b>goals</b> for those jobs. <i>all- and part-time posi</i> .	☐ Yes ☐ No ( <u>Only</u> indicate itions.) Hourly Value of Health Insurance s s
and progress toward estions 30 and 31.) categories, indicate the join ly value of any employer- quivalents if you are unab time Part-time/ bb Seasonal/Temp.	b creation and/or retention provided health insuranc le to separate goals by fi FTE ( <u>only</u> if goals n stated as FT/PT)	e <b>goals</b> for those jobs. <i>all- and part-time posi</i> .	. ( <u>Only</u> indicate itions.) Hourly Value of Health Insurance S S
estions 30 and 31.) categories, indicate the jo ly value of any employer- quivalents if you are unab time Part-time/ bb Seasonal/Temp.	provided health insuranc <i>le to separate goals by fi</i> FTE ( <u>only</u> if goals n stated as FT/PT)	e <b>goals</b> for those jobs. <i>all- and part-time posi</i> .	Hourly Value of Health Insurance S S
ly value of any employer- quivalents if you are unab time Part-time/ bb Seasonal/Temp.	provided health insuranc <i>le to separate goals by fi</i> FTE ( <u>only</u> if goals n stated as FT/PT)	e <b>goals</b> for those jobs. <i>all- and part-time posi</i> .	Hourly Value of Health Insurance S S
b Seasonal/Temp.	stated as FT/PT)		Health Insurance S S
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e of any employer-provid	ed health insurance for th	nose jobs. <u>(Only</u> indici	
b Seasonal/Temp.	FTE ( <u>only</u> if unable separate FT/PT) Job Creation	to Job Retention	Hourly Value of Health Insurance
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	e of any employer-provide unable to separate job cre time Part-time/ ob Seasonal/Temp. tition Job Creation	time Part-time/ FTE (only if unable bb Seasonal/Temp. Separate FT/PT) stion Job Creation Job Creation Job Creation Job Creation Job Creation Job Creation Job Creation Job Creation	Seasonal/Temp.       separate FT/PT)       Job Retention         Job Creation       Job Creation       Job Creation

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

Do not complete this section if you completed it o	n unomer zoor mern such	
<ol> <li>During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.9</li> </ol>		e any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or financ	tial assistance awarded to that
× 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 agreement signed on or after January 1, 2000, that were		
□ Yes (Complete the remainder of this section	on.) 🗴 No (Stop here and sub	mit form to DTED .)
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Atta		her terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differe</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obligat	tion? (Mark one.)	
Yes ONo, recipient has begun to repay the assistance.	□ No, recipient has not begur	n to repay the assistance.
38. Has the agreement been amended to extend the recipien	it's deadline for fulfilling its oblig	ations? (Mark one.)
د د	Yes 🗆 No	
39. Describe the steps being taken to bring recipient into co	mpliance or recoup the subsidy:	
	· · · · · · · · · · · · · · · · · · ·	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development

6123884782

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

#### Section 1 Information About Grantor

1. Name of grantor (funding en	2. Name of person completing this form				
RED WING PO	RT_AUTHORITY	SHARI KULLN	MAN		
3. Street address		4. City		5. ZIP code	
419 BUSH ST		RED WING		55066	
6. County	7. Phone number	8. Fax number			
GOODHITE	651-385-3623	651-388-478	2		
10. Please indicate who in you	r organization should receive the	2002 MBAF if different fro	om the p	erson in Questi	מסו 2.
Name/Title	Phone number	Street address		City	ZIP code
<ul> <li>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.")</li> <li>City government</li> <li>City government</li> <li>Gounty government</li> <li>State government</li> <li>Other (Please specify.)</li> <li>13. Has your organization signed any agreements to award a bus through December 31, 2000 that is required to be reported u</li> </ul>		•			
Section 2 Information A	bout Recipient				······································
14. Name of business or organ receiving subsidy or finance A 10hAO17010h1CS	ization	15. Address where busin will be used 310.Cannon F			1 assistance WING 1 65006
MUNSON Pr	inting		City	State	ZIP code
16. Does the recipient have a p	parent corporation? (Mark one.) ress of parent corporation below,	If more than one, indicate	e ultimat	e owner.)	
Name of parent comporation		Street address (	lity	State	ZTP code

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	Manufacturing Retail Trade	Services     Wholesale Trade	<ul> <li>Finance, Insuration</li> </ul>	nce, Real Estate X Other (please speci	6)printir
8. Did the recipi	ent relocate as a result of	signing this agreemen	t? (Mark one.)		
Yes (Indicate ci No (Go to Ques	ity and state of previous a tion 19.)	ıddress and reason rec	ipient did not complete t	his project at that addre	255.)
City/State of previ	ous address Reason pr	roject not completed at	previous address		
	cipient have remained in p nce? (Mark one.)	previous location or rel	ocated elsewhere if not a	warded this business su	bsidy or
C Remaine	d at previous location	C Relocated to differen	nt Minnesota location	Relocated outside M	linnesota
ction 3 Gene	ral Information Ab	out the Agreemer	nt		
assistance (Pl	ralue of business subsidy ease separate value by ty 435,000 ⁺ 15 & 1.1	pe in Questions 24		ned (In addition to the a lates the agreement was	
indicate the di	Indicate the date the rectu ate Improvements were fu varilier.) CONS . E	nished, equipment was	placed into service, or t	he recipient occupied th	e property,
3. Does the agree be reported?	ement provide a business (Mark one.)	subsidy or one of the to subsidy	four types of financial as	sístance (see Question 2	5) required to
	nt provided a business su pe(s) and total dollar va		25. If the assistance was assistance, please in	s one of the four types on dicate the type(s).	of financial
] not applicable, a	agreement provided finan	icial assistance	Q not applicable, agree	ment provided a busines	s subsidy
loan (only princ) grant (i.e., forgi		s <u>150,000</u> s	assistance for property by contaminants		\$
guarantee of pay		\$ \$ \$	assistance for renova stock or bringing it u assistance provided f historic preservation	p to code, and for designated	S
	property or infrastructure of governmental facilities		50% or less of total of assistance for polluti	ost	2
Lother (Specify si	ubsidy type.) MIP	Dreported	abatement assistance for a TIF a		s
	ce included tax incremen pe of TIF district? (Mark	t financing, please		tors providing a busines to the same project? (A	
indicate the ty		form of TIF		antor and the value of the	
,	assistance was not in the		( assistance below; at	tach an additional sheet	(j necessary.)
not applicable, a			assistance below; at	tach an additional sheel	ij necessary.)
not applicable, a redevelopment renewal and ren soils condition	novation	4	XX°		ij necessary.)
not applicable, a redevelopment renewal and ren soils condition conomic devel	opment	۵	Grantor(s) and value of	the agreement(s):	· ·
indicate the ty not applicable, a redevelopment renewal and ren soils condition economic devel mined undergro hazardous subst	ovation opment pund space	d	XX°		· ·

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<ul> <li>A. Enhancing economic diversity</li> <li>Creating high-quality job growth</li> <li>Job retention</li> <li>Stabilizing the community</li> <li>29. Indicate whether the agreement incat the time of this report. (Fill in the time of this report. (Fill in the time of this report.)</li> <li>A.) Specific wage and job goals to be at B.) Other job-creation and/or retention for the time of the time of the time of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec</li></ul>	he boxes and attainme ttained within 2 years goals o goals d progress toward ions 30 and 31.) regories, indicate the jo value of any employer ivalents if you are una are Part-time/ Sessonal/Temp	bb creation and/or retention -provided health insurance bb creation and/or retention -provided health insurance -previded health insurance	the recipient had atter Target attainment lates (month & year) NO 102.	Ail goals Ail goals attained? Yes No Yes No Yes No Yes No Yes No Hourly Value of
<ul> <li>Stabilizing the community</li> <li>29. Indicate whether the agreement into at the time of this report. (Fill in the fill in the time of this report. (Fill in the time of this report. (Fill in the time of this report.) (Fill in the time of this report.) (Fill in the time of this report.) (Fill in the time of this report.) (Fill in the time of this report.) (Fill in the time of the time of the time of the time of the time of the time of the time of the time of the time equal to the time of the time of the time equal to the time of the time of the time of the time of the time equal to the time of the time of the time of the time equal to the time of the time of the time equal to the time of the time of the time of time equal to the time of the time of the time of time equal to the time of time of time of the time of time of time of time of the time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of</li></ul>	he boxes and attainme ttained within 2 years goals o goals d progress toward ions 30 and 31.) regories, indicate the jo value of any employer ivalents if you are una are Part-time/ Sessonal/Temp	bb creation and/or retention -provided health insurance bb creation and/or retention -provided health insurance -previded health insurance	Target attainment lates (month & year) NO 102	Ail goals attained? Yes No Yes No Yes No Yes No Yes No Mourly Value of
<ul> <li>at the time of this report. (Fill in t</li> <li>A) Specific wage and job goals to be at</li> <li>B) Other job-creation and/or retention (C) Other wage goals</li> <li>D) Other goals other than wage and job</li> <li>(Please attach descriptions of goals an attainment if not documented in Question 30. For each of the following wage can agreement and the average hourly to job creation goals in full-time equipations of goals in full-time equipations of goals in full-time equipations of goals in full-time equipations.</li> </ul>	he boxes and attainme ttained within 2 years goals o goals d progress toward ions 30 and 31.) regories, indicate the jo value of any employer ivalents if you are una are Part-time/ Sessonal/Temp	bb creation and/or retention -provided health insurance bb creation and/or retention -provided health insurance -previded health insurance	Target attainment lates (month & year) NO 102	Ail goals attained? Yes No Yes No Yes No Yes No Yes No Mourly Value of
<ul> <li>B) Other job-creation and/or retention (C) Other wage goals</li> <li>D) Other goals other than wage and job (Please attach descriptions of goals an attainment if not documented in Question)</li> <li>30. For each of the following wage cat agreement and the average hourly job creation goals in full-time equations</li> </ul>	goals o goals d progress toward ions 30 and 31.) regories, indicate the jo value of any employer ivalents if you are una se Part-time/ Sessonal/Temp	established? A Yes No Yes No Yes No Yes No Yes No Yes No Fre (only if goals no stated as FT/PT)	ates (month & year) NO 102 a goals stated in the goals for those jobs and part-time post	attained? Yes XNo Yes No Yes No Yes No Yes No Mourly Value of
attainment if not documented in Questi 30. For each of the following wage cat agreement and the average hourly job creation goals in full-time equi Fall-tim	ions 30 and 31.) regories, indicate the jo value of any employer ivalents if you are una re Part-time/ Sessonal/Temp	-provided health insurance ble to separate goals by fu FTE ( <u>onlv</u> if goals no stated as FT/PT)	e goals for those jobs. Ill- and part-time pos	ritions.) Hourly Value of
agreement and the average hourly i job creation goals in full-time equi Full-tim	value of any employer ivalents if you are una te Part-time/ Seasonal/Temp	-provided health insurance ble to separate goals by fu FTE ( <u>onlv</u> if goals no stated as FT/PT)	e goals for those jobs. Ill- and part-time pos	ritions.) Hourly Value of
(excluding banefits) Creatio	n Job Creation	Job Creation	Retention	Health Insurance
no hourty wage-level goal	- <u> </u>			2
less than \$7.00				
\$7.00 to \$8.99	· · · · · ·		- <u></u>	. \$2.50 4
\$9.00 to \$10.99	· ·			s
\$11.00 to \$12.99				s
\$13.00 to \$14.99	·			s
\$15.00 and higher	·			s
31. For each of the following wage ca date and the actual hourly value o full-time equivalents if you are un	f any employer-provid able to separate job cl	led health insurance for the reation into full- and part-	ose jobs. <u>(Only</u> indic time positions.)	
Full-tim Hourly Wage Job (excluding benefits) Creatio	Semonal/Temp	FTE ( <u>only</u> if unable ( separate FT/PT) Job Creadon	to Job Retention	Hourly Value of Health Insurance
less than \$7.00				٤
\$7.00 to \$8.99				ـــــ
\$9.00 to \$10.99		<u></u>		s
\$11.00 to \$12.99				s
\$13.00 to \$14.99	. <u></u>			· · · · · · · · · · · · · · · · · · ·
\$15.00 and higher 5	· · · · · · · · · · · · · · · · · · ·			,2.50-4.8

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development

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report as required by Minn. Stat. §116J.993 and §	nber 31, 2000, did your organization he 116J.994? <i>(Mark one.)</i>	ave any recipients who failed to
Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary.	report and the value of subsidy or finar )	ncial assistance awarded to that
<b>X</b> 00		
Name of recipient Type of subsidy or assis	stance (See Questions 24 and 25.)	Value of subsidy or assistance
<ul> <li>Did your organization have any recipients who fall agreement signed on or after January 1, 2000, that</li> <li>Yes (Complete the remainder of this</li> </ul>	t were required to be fulfilled by the tin	ne of this report? (Mark one.)
<ul> <li>5 39. Provide the following information for each r were to be attained by the time of reporting.</li> <li>5. Information on recipient and agreement:</li> </ul>		
lame of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
6. Reason(s) for default (Mark all that apply.):		
recipient ceased operation recipient was unable to fill vacant positions	recipient relocated to a differ other (Specify reason.)	-
7. To date, has the recipient fulfilled its repayment of	bligation? (Mark one.)	
<b>I Yes D</b> No, recipient <u>has begun</u> to repay the assis	stance. O No, recipient has not begu	in to repay the assistance.
8. Has the agreement been amended to extend the re	cipient's desdline for fulfilling its oblig	gations? (Mark one.)
	Yes No	
9. Describe the steps being taken to bring recipient i	nto compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota 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 <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

1. Name of grantor (funding ent RED WING POR	tity) 7 authority	2. Name of person completing this form SHARI KUIIMZH			
3. Street address 419 BUSh Str		REDWIR	ng	5. ZIP code	6
6. County Goodhue	7. Phone number 651-385-3623	8. Fax number 651-388 ~<	F78Z	9. E-mail add	ress
10. Please indicate who in your	organization should receive the	2002 MBAF if differ	ent from the	person in Ques	tion 2.
Name/Title	Phone number	Street add	ress	City	ZIP code
<ul> <li>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.")</li> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		compliance wi Ves <i>(Indicate he</i> No We held a public	a for awardin th Minn. Sta laring date - c hearing but te date of ini	ng business subs it. §116J.994? ( <i>I</i> <b>115199</b> and <u>a</u> it have not yet ad tial hearing	sidies in Mark one.) <u>ttach criteria</u> ) opted
through December 31, 2000	ed any agreements to award a bus ) that is required to be reported us lete the remainder of the form.)		6J.993 and §	116J.994? (Ma	
Section 2 Information Ab	out Recipient				
<ol> <li>Name of business or organiz receiving subsidy or financi</li> </ol>		15. Address where will be used	business su	bsidy or financi RED	al assistance WMG1M
D.L. RICCI		5001 MOUI	CVION	VDR.	5500
		Street address	City	State	ZIP code
16. Does the recipient have a pa	arent corporation? (Mark one.)				
Ves (Indicate name and addro	ess of parent corporation below.	If more than one, in	dicate ultim	ate owner.)	
Name of parent corporation		Street address	City	State	ZIP code

#### Section 1 Information About Grantor

17. Industry of recipient's facility (Mark one	<b>?.)</b> :			
Manufacturing Retail Trade	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insuran</li> <li>Construction</li> </ul>	ce, Real Estate ¹ Other (please specif	īy
8. Did the recipient relocate as a result of si	gning this agreement?	' (Mark one.)		
□ Yes (Indicate city and state of previous add Yo (Go to Question 19.)	dress and reason recip	pient did not complete th	ıs project at that addre.	SS.)
City/State of previous address Reason proj	ect not completed at p	revious address		
19. Would the recipient have remained in pro financial assistance? (Mark one.)	evious location or relo	cated elsewhere if not av	warded this business su	bsidy or
Remained at previous location	Relocated to different	Minnesota location	Relocated outside M	innesota
ection 3 General Information Abo	ut the Agreemen	t		
20. Total dollar value of business subsidy or assistance (Please separate value by type and 25.)		21. Date agreement sigr date, indicate any da	ned (In addition to the a ates the agreement was	
\$1,250,000				
22. Benefit date (Indicate the date the recipi indicate the date improvements were fini whichever is earlier.)				
3. Does the agreement provide a business s be reported? (Mark one.)		our types of financial ass I financial assistance	sistance (see Question 2	5) required to
24. If the agreement provided a business sub- indicate the type(s) and total dollar value		25. If the assistance was assistance, please in		of financial
not applicable, agreement provided financ	ial assistance	🗅 not applicable, agreen	nent provided a busines	s subsidy
loan (only principal) grant (i.e., forgivable loan)	s1,250,000 s	assistance for property by contaminants	y polluted	S
atax abatement		assistance for renovat		S
☐ TIF or other tax reduction or deferral ☐ guarantee of payment	s	stock or bringing it up assistance provided for		
contribution of property or infrastructure	s	historic preservation	districts, when	
preferential use of governmental facilities	s	50% or less of total co		<u> </u>
] land contribution ] other <i>(Specify subsidy type.)</i>	\$ \$	assistance for pollutic abatement	on control or	\$ <u> </u>
- onici (opecity) electricy type(y		assistance for a TIF s	oils condition district	\$
26. If the assistance included tax increment indicate the type of TIF district? (Mark of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type of the type		27. Are any other grant financial assistance	ors providing a busines to the same project? (/	-
not applicable, assistance was not in the fo	orm of TIF	□ Yes (Specify each gro	antor and the value of th ach an additional sheet	
□ redevelopment		/		., necessary.
renewal and renovation	Ţ.	× No		
soils condition		Grantor(a) and value of	the agreement/-)	
<ul> <li>economic development</li> <li>mined underground space</li> </ul>		Grantor(s) and value of	the agreement(s):	
hazardous substance subdistrict				
		Grantor	Value (\$)	
. <u>.</u>		Grantor	Value (\$)	

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

Enhancing economic diversity Creating high-quality job growth Job retention Stabilizing the community		<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>			
	reement include		s of goals, and whether the date(s) for each goal.)	recipient had attai	ned those goals
<ul> <li>) Specific wage and job go</li> <li>) Other job-creation and/or</li> <li>) Other wage goals</li> <li>) Other goals other than wage</li> </ul>	retention goal	S	established? dates	get attainment (month & year)	All goals attained? Yes No Yes No Yes No Yes No
Please attach descriptions o ttainment if not documented			*Construc	hon no	+ comple
agreement and the avera	age hourly valu	e of any employer-p	creation and/or retention go rovided health insurance go to separate goals by full- o FTE (only if goals not	als for those jobs.	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal				<u></u>	\$
less than \$7.00					۶
\$7.00 to \$8.99	VE				٢
\$9.00 to \$10.99	15				\$
\$11.00 to \$12.99					٢
\$13.00 to \$14.99		······		·	s
\$15.00 and higher					\$
date and the actual hou	irly value of an	y employer-provided	mber of <b>actual</b> jobs created d health insurance for those ation into full- and part-time	jobs. <u>(Only</u> indice	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.99	<u> </u>				٢
\$11.00 to \$12.99	<u>,                                    </u>				\$
\$13.00 to \$14.99	14				s
\$15.00 and higher					S

2001 Minnesota Business Assistance Form

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	bu completed it on another 2001 MBAF su through December 31, 2000, did your organization	
	16J.993 and §116J.994? <i>(Mark one.)</i>	have any recipients who railed to
□ Yes (Indicate the name of each recipi recipient. Attach additional page	ient failing to report and the value of subsidy or fin is if necessary )	ancial assistance awarded to that
Name of recipient Type of s	subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on or after Januar	ipients who failed to achieve any goals or fulfill an ry 1, 2000, that were required to be fulfilled by the	time of this report? (Mark one.)
Tes (Complete the real)	mainder of this section.) XNO (Stop here and .	submit form to DTED .)
	ation for each recipient failing to fulfill goals or any e of reporting. (Attach additional pages if necessar ment:	
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that	t apply.):	
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant po</li> </ul>	Image: sitions       Image: constraint of the sition of the sition of the sition of the sition of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of the site of	ferent community
37. To date, has the recipient fulfilled i	its repayment obligation? (Mark one.)	
Yes No, recipient <u>has begun</u> to	repay the assistance. D No, recipient has not be	egun to repay the assistance.
38. Has the agreement been amended to	o extend the recipient's deadline for fulfilling its ob	oligations? (Mark one.)
	🗆 Yes 🗔 No	
39. Describe the steps being taken to b	ring recipient into compliance or recoup the subsid	y:
<u></u>		

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

Or fax to: (651) 215-3841



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00-0954

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

#### Section 1 Information About Grantor

1. Name of grantor (funding en Richfield Housing a		2. Name of person completing this form hority Katia Medvetski, Redevelopment S			heciali
3. Street address 6700 Portland Avenu		4. City Richfield	5. ZIP code 55423		Peciaii
6. County Hennepin	7. Phone number 612/861-9776	8. Fax number 612/861-8974	1	dd <b>ress</b> kmedvets ield.mn.us	ki@
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from	n the person in Qu	estion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
	Aark one. If grantor is entity lease indicate affiliation. For l check "City government.")	12. Has your organization adopted criteria for aw compliance with Minn	arding business si	ubsidies in	]
<ul> <li>City government (munic</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>	ipal HRA)	<ul> <li>XI Yes (Indicate hearing date - 11/15/99 and attach criteria)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>			
	ed any agreements to award a bu 0 that is required to be reported	•			1

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used			
Best Buy Co., Inc.		e West Ar	ea	
	Street address	City	State	ZIP code
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>Yes (Indicate name and address of parent corporation below.</li> <li>No</li> </ul>	If more than one, it	ndicate ultimate	: owner.)	
Name of parent corporation	Street address	City	State	ZIP code v

			headquarters D Finance, Insura	Real Fu	
	Manufacturing Retail Trade *	U Wholesale Trade		Other (please speci	fy)_
18. Did the recipie	ent relocate as a result of	signing this agreement?	(Mark one.)		
🛛 Yes (Indicate ci	ty and state of previous a	ddress and reason recip	ient did not complete	this project at that addr	ess.)
🗅 No (Go 10 Ques		ation of operat:		on opportunitie	s;
Eden Prair	accessibi ie, MN	ility to employ	ment base		
City/State of previ		oject not completed at pr	evious address		
	ipient have remained in p nce? (Mark one.)	revious location or reloc	cated elsewhere if not	awarded this business s	ubsidy or
	d at previous location	Relocated to different	Minnesota location	C Relocated outside	Minnesota
Section 3 Gene	ral Information Ab	out the Agreement			
20. Total dollar v	alue of business subsidy o	or financial 2	1. Date agreement sig	gned (In addition to the	agreement
	ease separate value by typ	pe in Questions 24	date, indicate any RA approval o	dates the agreement wa	s amended.)
and 25.)		1		pproval on 12/1	1/00
\$59,923,127			Signatures in		
	ndicate the date the recip tte improvements were fin arlier.)				
Projected	full benefit da	ate: Year 2004			
23. Does the agree be reported? (			ur types of financial a financial a	ssistance (see Question	25) required to
	nt provided a business sub		5. If the assistance w	as one of the four types	of financial
indicate the typ	e(s) and total dollar val	ue for each type.	assistance, please i	ndicate the type(s).	
🗆 not applicable, a	greement provided finance	cial assistance	not applicable, agree	ment provided a busine	ss subsidy
loan (only princ			assistance for proper	ty poliuted	\$
<ul> <li>grant (i.e., forgiv</li> <li>tax abatement</li> </ul>	vable loan)	s	by contaminants		¢
	reduction or deferral	<b>s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s <b>s</b></b>	assistance for renova stock or bringing it i		۵ <u> </u>
guarantee of pay		s	assistance provided		
	property or infrastructure	<u><b>s</b>1,850,</u> 000	historic preservation	n districts, when	
	of governmental facilities		50% or less of total	1.2	-
Iand contribution other (Specify sull)		s	assistance for polluti abatement	ion control or	S
				soils condition district	S
76 If the accist		financing places	7		n aubaide
	e included tax increment pe of TIF district? (Mark			tors providing a busine e to the same project? (	-
🗅 not applicable, a	ssistance was not in the f	orm of TIF		cantor and the value of t tach an additional shee	
<b>X</b> redevelopment					
C renewal and rene	ovation		No		
soils condition	nment		imptor(e) and while -	f the americant (-).	
	· ·		Grantor(s) and value o	i uie agreement(s):	
	und space				
I mined undergrou		_			
<ul> <li>conomic develo</li> <li>mined undergrou</li> <li>hazardous substa</li> </ul>		5	Grantor	Value (S)	

1

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		-	nt? (Mark all that apply.)		nse)
Enhancing economic div			Differ (please specify)	Redevelopme	nt
Creating high-quality jo	Also	see attached	Business Subsidy	Criteria ·	
Stabilizing the communi			·		
<ol> <li>Indicate whether the again at the time of this report.</li> </ol>	greement include ort. (Fill in the b	ed the following types oxes and attainment of	s of goals, and whether the late(s) for each goal.)	recipient had attair	ned those goals
			Goals Ta	get attainment	All goals
				s (month & year)	attained?
) Specific wage and job g	goals to be attain	ed within 2 years	BolYes □No SolYes □No	* *	□Yes ∑No □Yes ∑No
) Other job-creation and/( ) Other wage goals	or retention goal	3		*	
) Other goals other than v	wage and job go:	ais		*	🗆 Yes 💭 No
Please attach descriptions	of goals and pr	norrest lowerd *	See Sections (c.	) and (e.) c	of the
Please attach descriptions tainment if not document	ed in Questions	<b>0</b>	ttached Business		
Ear each of the followi	ing wage catego	ries indicate the job o	reation and/or retention g	oals stated in the	
agreement and the aver	rage hourly valu	e of any employer-pr	ovided health insurance go to separate goals by full-	als for those jobs.	( <u>Only</u> indicate ions.)
	Full-time	Part-time/	FTE (only if goals not	•	
Hourly Wage	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Houriy Value of Health Insurance
(excluding benefits)	CIERUOR				S
no hourly wage-level goal			·		
less than \$7.00					s
\$7.00 to \$8.99					\$
\$9.00 to \$10.99			150		\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99			350		\$
\$15.00 and higher			500		\$
date and the actual ho	ourly value of an	y employer-provided	ber of actual jobs created health insurance for those tion into full- and part-tim FTE (only if unable to	jobs. <u>(Only</u> indica	te job creation in
Hourly Wage	Job	Seasonal/Temp.	separate FT/PT)	Job Retention	Hourty Value of
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance
less than \$7.00					\$
\$7.00 to \$8.99					\$
					s
\$9.00 to \$10.99					S
\$9.00 to \$10.99 \$11.00 to \$12.99					
					S

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Do not complete this s		it on another 2001 MBAF sub	
<ol> <li>During the period Jan report as required by I</li> </ol>	uary 1, 2000 through Decem Minn. Stat. §116J.993 and §1	ber 31, 2000, did your organization ha 116J.994? <i>(Mark one.)</i>	ave any recipients who failed to
Yes (Indicate the name recipient. Attach ad	of each recipient failing to re Iditional pages if necessary.)	eport and the value of subsidy or finar	ncial assistance awarded to that
<b>C</b> KNo			
Name of recipient	Type of subsidy or assis	tance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization agreement signed on o	have any recipients who fail or after January 1, 2000, that	led to achieve any goals or fulfill any were required to be fulfilled by the tir	other obligations under an me of this report? (Mark one.)
🗅 Yes (Ca	mplete the remainder of this	section.) X🛛 No (Stop here and su	bmit form to DTED .)
35 39. Provide the follo were to be attain	wing information for each re ed by the time of reporting.	ccipient failing to fulfill goals or any o (Attach additional pages if necessary.,	ther terms of an agreement that )
35. Information on recipie	ent and agreement:		
Name of recipient in defai	lt	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default	(Mark all that apply.):		
recipient ceased operati		<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	-
37. To date, has the recip	ent fulfilled its repayment of	bligation? (Mark one.)	
Yes No, recipient	has begun to repay the assist	ance. O No, recipient has not begu	un to repay the assistance.
38. Has the agreement be	en amended to extend the rec	cipient's deadline for fulfilling its oblig	gations? (Mark one.)
		Yes No	
39. Describe the steps bei	ng taken to bring recipient ir	nto compliance or recoup the subsidy:	
		·····	

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

Or fax to: (651) 215-3841

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

#### Section 1 Information About Grantor

1. Name of grantor (fu Richfield Hous		2. Name of person comp Authority Katia Med	leting this form vetski, Redevelopment Sp	ecialist
3. Street address 6700 Portland	Avenue South	<b>4</b> . <b>City</b> Richfield	<b>5. ZIP code</b> 55423	
<b>6. County</b> Hennepin	7. Phone number 612-861-9776	<b>8. Fax number</b> 612-861-8974	9. E-mail address KMedvetski@ci.richf	ield.mn.us

10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.

Name/Title	Phone number	Street address	City	ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) 11/15/99			
D City government		Stes (Indicate hearing data	e and	d attach criteria)	
County government		□No			
Regional government		☐ ☐ We held a public hearing b	out have not yet	adopted	
State government		criteria (Indicate date of	initial hearing -	·)	
□ Other (Please specify.)		☐ Other (Please attach expla	nation.)		
	· · · · · · · · · · · · · · · · · · ·				

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.)

A Yes (Complete the remainder of the form.)  $\Box$  No (<u>Stop here</u>, go to section 5 on page 4.)

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used Urban Village Area at approximately		
Richfield State Agency	<u>66th Street and L</u> Street address		

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.) ☑ 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 E	(please specify)
18. Did the recipient relocate as a result of sig			
□ Yes (Indicate city and state of previous add ∑ No (Go to Question 19.)	iress and reason recipi	ent did not complete this project	at that address.)
City/State of previous address Reason projection	ect not completed at pre	evious address	
19. Would the recipient have remained in pre financial assistance? (Mark one.)	vious location or relocation	ated elsewhere if not awarded th	is business subsidy or
Remained at previous location CReloca	ted to different Minnes	ota location	tside Minnesota
Section 3 General Information A	bout the Agreen	nent	
20. Total dollar value of business subsidy or assistance (Please separate by type - see and 25 - and indicate only principal and	Questions 24	21. Date agreement signed (In an date, indicate any dates the d	-
\$97,900		11/15/00	
<ul> <li>22. Benefit date (Indicate the date the recipie indicate the date improvements were finish whichever is earlier.)</li> <li>5/19/00</li> <li>23. Does the agreement provide a business surgery</li> </ul>	ed, equipment was plac	ced into service, or the recipient	occupied the property,
be reported? (Mark one.)		) financial assistance	
24. If the agreement provided a business substindicate the type(s).	idy, please 2	25. If the assistance was one of t assistance, please indicate th	
I not applicable, agreement provided financia	al assistance	a not applicable, agreement prov	vided a business subsidy
<ul> <li>loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution storm set</li> <li>3 other (Specify subsidy type.) correction</li> </ul>	wer	<ul> <li>assistance for property pollute</li> <li>assistance for renovating build to code, when 50% or less of t</li> <li>assistance for pollution contro</li> <li>assistance for a TIF soils cond</li> </ul>	ling stock or bringing it up total cost of or abatement
26. If the assistance included tax increment findicate the type of TIF district? (Mark on		27. Are any other grantors provi financial assistance to the sa	
Inot applicable, assistance was not in the for		Yes (Specify each grantor and assistance below; attach an a	the value of their
<ul> <li>redevelopment</li> <li>renewal and renovation</li> </ul>	},		• • • • •
□ renewal and renovation □ soils condition		l No	
economic development     mined underground space		Grantor(s) and value of the agree	ement(s):
<ul> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>		City \$35	,000
		Grantor	Value (\$)
		Grantor	Value (\$)

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

		pose identified	in the rigit content		
28. Minn. Stat. §116J.994 re of the following public pu				s state a public pur	pose. Which
☐ Enhancing economic dive	rsity		최 Increasing tax base (ca	annot be only nurry	nse)
Creating high-quality job			Dither (please specify)		
K Job retention					
Distribution Stabilizing the community	,		□ Other (please specify)		
29. Indicate whether the agr at the time of this report			late(s) for each goal.)		8129101
				get attainment (month & year)	H All goals attained?
A) Specific wage and job gos	als to be attaine	d within 2 years		2001	Yes ⊐ No
B) Other job-creation and/or				<u></u>	SYes INO
C) Other wage goals	Boundary Bound		⊐ Yes 😨 No 📃		□Yes □No
D) Other goals other than wa	ge and job goal	s	🖞 Yes ⊐ No _4/	2000	🛛 Yes 🗆 No
(Please attach descriptions of attainment if not documented					
	ge hourly value	of any employer-pro	reation and/or retention goa vided health insurance goal to separate goals by full- ar	s for those jobs. (	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					\$
less than \$7.00					\$
\$7.00 to \$8.99					S
\$9.00 to \$10.99					\$
\$11.00 to \$12.99			5		\$
\$13.00 to \$14.99			<u> </u>		S
\$15.00 and higher					\$
	rly value of any	employer-provided	ber of <b>actual</b> jobs created a health insurance for those jo ion into full- and part-time	obs. ( <u>Only</u> indicate	e the benefit g job creation in
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					\$
\$7.00 to \$8.99					ــــــ
\$9.00 to \$10.99		<u> </u>			\$
\$11.00 to \$12.99			_20		\$
\$13.00 to \$14.99			and an an an an an an an an an an an an an		\$

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

Xa Yes □ No

\$15.00 and higher

S

÷.,

(Do not complete this	section if you completed	it on another 2000 MBAF sul	bmitted to DTED.)
	ugust 1 through December 31, . §116J.993 and §116J.994? ( <i>N</i>	1999, did your organization have an Mark one.)	y recipients who failed to report as
	e of each recipient failing to re Iditional pages if necessary.)	eport and the value of subsidy or fina	ncial assistance awarded to that
× No 2.7.4. 8/29/0	1		
Name of recipient	Type of subsidy or assist	cance (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on		ed to achieve any goals or fulfill any were required to be fulfilled by the tin E.I.H. 8/29 section.) XNo (Stop here and s	me of this report? (Mark one.)
	d by the time of reporting. (At	cipient failing to fulfill goals or any o tach additional pages if necessary.)	other terms of an agreement that
Name of recipient in defa	ault	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipier	1t	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defaul	t (Mark all that apply.):		
□ recipient ceased opera □ recipient was unable to		☐ recipient relocated to a difference of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	
37. To date, has the reci	pient fulfilled its repayment of	bligation?(Mark one.)	
⊐Yes ⊐No, recipier	it <u>has begun</u> to repay the assist	ance. I No, recipient has not beg	un to repay the assistance.
38. Has the agreement b	een amended to extend the rec	sipient's deadline for fulfilling its obl	igations?(Mark one.)
		Yes INo	7
39. Describe the steps b	eing taken to bring recipient in	to compliance or recoup the subsidy	
······			

#### Return your completed MBAF(s) by <u>April 1, 2000</u>, to:

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

Or fax to: (651) 215-3841



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Section 1 Information Al	bout Grantor a 46114	<i>[0</i> ]				
1. Name of grantor (funding er	ntity) EDA EI Hours	2. Name of person completing this form				
Robbinsdale Economic-I	ovelopment Authority	Marcia Glick				
3. Street address	, ,	4. City	5. ZIP code			
4100 Lakeview A	ve N	Robbinstale	SSYZZ			
6. County	7. Phone number	8. Fax number	9. E-mail ad	dress		
Hennepin	763 531 1258	763 5311291	MGLICK@ CI.I	Robbinsdale mn.cs		
	r organization should receive the	2002 MBAF if different from t	the person in Que	stion 2.		
Name/Title	Phone number	Street address	City	ZIP code		
	Aark one. If grantor is entity lease indicate affiliation. For l check "City government.")	<ul> <li>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.)</li> <li>☑ Yes (Indicate hearing date - 10/12/1459 and attach criteria)</li> <li>□ No</li> <li>□ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>□ Other (Please attach explanation.)</li> </ul>				
	ed any agreements to award a but 0 that is required to be reported u	-		-		
🛛 Yes (Comp	plete the remainder of the form.)	DNo (Stop here, go to sect	tion 5 on page 4.)	I		

#### a in

#### Section 2 Information About Recipient

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> <li>TMC Stores, Inc.</li> </ol>	<ul> <li>15. Address where business subsidy or financial assistance will be used</li> <li><u>4719 - 42nd Ave N</u>; Robbingdale MNU SS42Z</li> <li>Street address City State ZIP code</li> </ul>					
	Street address	City	State	ZIP code		
16. Does the recipient have a parent corporation? (Mark one.)	·					
<ul> <li>Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)</li> <li>No</li> </ul>						
Name of parent corporation	Street address	City	State	ZIP code		

17. Industry of recipient's facility (Mark one.):			
	rvices holesale Trade	□ Finance, Insurance, Real Estate □ Construction 🛛 Other (please s	pecify) Retail/service
18. Did the recipient relocate as a result of signing	this agreement? ()	Mark one.)	
<ul> <li>Yes (Indicate city and state of previous address of No (Go to Question 19.)</li> </ul>	and reason recipie	nt did not complete this project at that a	uddress.)
City/State of previous address Reason project no	t completed at pre-	vious address	
19. Would the recipient have remained in previous financial assistance? (Mark one.) exponsion		ng business to add service	ss subsidy or
	ated to different M		de Minnesota
ection 3 General Information About th	e Agreement		
20. Total dollar value of business subsidy or finan- assistance (Please separate value by type in Qu		Date agreement signed (In addition to date, indicate any dates the agreement	the agreement was amended.)
and 25.) \$80,000		12/15/2000	
<ul> <li>22. Benefit date (Indicate the date the recipient will indicate the date improvements were finished, whichever is earlier.) 1st Drow \$30</li> </ul>	eauinment was pla	ced into service, or the recipient occupie	
23. Does the agreement provide a business subsidy be reported? (Mark one.)		types of financial assistance (see Quest	ion 25) required to
24. If the agreement provided a business subsidy, p indicate the type(s) and total dollar value for		If the assistance was one of the four typ assistance, please indicate the type(s).	pes of financial
not applicable, agreement provided financial assi	stance 🛛 🖾	not applicable, agreement provided a bus	siness subsidy
□ grant (i.e., forgivable loan) \$ □ tax abatement \$ □ TIF or other tax reduction or deferral \$		assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost assistance for pollution control or abatement assistance for a TIF soils condition distri	S S S ict S
26. If the assistance included tax increment financi indicate the type of TIF district? (Mark one.)	ng, please 27	Are any other grantors providing a bus financial assistance to the same project	
<b>2</b> not applicable, assistance was not in the form of		Yes (Specify each grantor and the value assistance below; attach an additional si	
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>		No	
<ul> <li>conomic development</li> <li>mined underground space</li> </ul>	Gr	antor(s) and value of the agreement(s):	
hazardous substance subdistrict	Gr	antor Value (\$)	

of the following public Dental Enhancing economic div Creating high-quality job	ersity expand ogrowth	stated in the agreeme	nancial assistance agreemen nt? (Mark all that apply.) Increasing tax base (ca Other (please specify)	annot b <del>e</del> only purp	xose)	
☐ Stabilizing the communit	e community					
29. Indicate whether the ag at the time of this report	rt. (Fill in the b	oxes and attainment	s of goals, and whether the date(s) for each goal.)	recipient nad attai	ined those goals	
	·				A11 1	
				get attainment s (month & year)	All goals attained?	
A) Specific wage and job g	oals to be attain	ed within 2 years	□Yes ⊠No			
B) Other job-creation and/o	or retention goal	S	🛛 Yes 🖾 No		🛛 Yes 🖸 No	
C) Other wage goals	1 . 1	- 1 -	Q Yes Q No		O Yes O No	
D) Other goals other than w	age and job go	als	Jurges DNO	erty -> 3-22-7001	Ves No Final Inspection/Busike	ss open
(Please attach descriptions	of goals and pr	ogress toward	I Maintainforminin	memor 5 years	KINO	2011
attainment if not documente	ed in Questions	30 and 31.)		0 .	* V/2006	
30. For each of the followi	ng wage catego	ries indicate the job	creation and/or retention g	nals stated in the		
30. For each of the following	age hourly valu	e of any employer-p	ovided health insurance go	als for those jobs.	(Only indicate	
job creation goals in fu	ll-time equivale	ents if you are unable	to separate goals by full-	and part-time posi	tions.)	
	Full-time	Part-time/	FTE (only if goals not			
Hourly Wage	Job	Seasonal/Temp.	stated as FT/PT)	Job Retention	Hourly Value of	
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance	
no hourly wage-level goal					\$	
less than \$7.00					\$	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99	<u> </u>				s	
\$11.00 to \$12.99					s	1
\$13.00 to \$14.99					s	
\$15.00 and higher					s	
	urly value of an	y employer-provided	nber of <b>actual</b> jobs created I health insurance for those tion into full- and part-time	jobs. (Only indica		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00					\$	
\$7.00 to \$8.99					\$	
\$9.00 to \$10.99					\$	
\$11.00 to \$12.99				<u> </u>	s	
\$13.00 to \$14.99					\$	
\$15.00 and higher					s	
<b>0</b>						-

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Department of Trade and Economic Development

Do not complete this section if you completed	it on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §1</li> </ol>	per 31, 2000, did your organization ha 16J.994? (Mark one.)	ave any recipients who failed to
Yes (Indicate the name of each recipient failing to re recipient. Attach additional pages if necessary.)	port and the value of subsidy or finar	ncial assistance awarded to that
🕰 No		
Name of recipient Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that		
Yes (Complete the remainder of this)	section.) 🛛 🛱 No (Stop here and su	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each recover were to be attained by the time of reporting.</li> <li>35. Information on recipient and agreement:</li> </ul>		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	······································
• Yes • No, recipient <u>has begun</u> to repay the assista	ance. DNo, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the rec	ipient's deadline for fulfilling its oblig	gations? (Mark one.)
	Q Yes Q No	
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841



### RECEIVED MAR 3 0 2001

The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.

The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period *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.

#### 1. Name of grantor (funding entity) 2. Name of person completing this form Terry Spaeth City of Rochester 3. Street address 4. City 5. ZIP code 201 4th Street SE Rochester 55904-3781 7. Phone number 8. Fax number 9. E-mail address tspaeth@ci.rochester.mn.us 6. County Olmsted (507) 285-8082 (507) 287-7979 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 ZIP code City 11. Classification of grantor (Mark one. If grantor is entity 12. Has your organization held a public hearing on and created by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) ∑Yes (Indicate hearing date - <u>8−16−</u>999d <u>attach c</u>riteria) X City government ⊐ No □ County government We held a public hearing but have not yet adopted □ Regional government □ State government criteria (Indicate date of initial hearing -□ Other (Please specify.) _ G 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.) **X** Yes (Complete the remainder of the form.) □ No (Stop here, go to section 5 on page 4.) Section 2 Information About Recipient 14. Name of business or organization 15. Address where business subsidy or financial assistance receiving subsidy or financial assistance will be used Mayo Foundation 200 1st Street SW Rochester MN 55905 Street address City State ZIP code 16. Does the recipient have a parent corporation? (Murk one.) C) Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) X No

#### Section 1 Information About Grantor

Name of parent corporation Street address City State ZIP code

Manufacturing	□ Services	□ Finance, Insura	nce Real Estate	
☐ Retail Trade	C Wholesale Trade		A Other (please speci	
18. Did the recipient relocate as a result of	signing this agreemen	t? (Mark one.)	Care Service	2S
<ul> <li>❑ Yes (Indicate city and state of previous a Xan (Go to Question 19.)         </li> </ul>	ddress and reason rec	ipient did not complete i	this project at that addre	955.)
City/State of previous address Reason pre	oject not completed at	previous address		
<ol> <li>Would the recipient have remained in p financial assistance? (Mark one.)</li> </ol>	previous location or rel	located elsewhere if not a	awarded this business su	bsidy or
Remained at previous location	Relocated to differen	nt Minnesota location	C Relocated outside M	linnesota
ection 3 General Information Ab	out the Agreeme	nt		
20. Total dollar value of business subsidy of assistance (Please separate value by type and 25)	1		med (In addition to the a dates the agreement was	
and 25.) \$290,000,000		1-20	6-00	
22. Benefit date (Indicate the date the recip indicate the date improvements were fit whichever is earlier.)	nished, equipment was		the recipient occupied th	
23. Does the agreement provide a business be reported? (Mark one.)	_	four types of financial as	ssistance (see Question 2	5) required to
24. If the agreement provided a business sul indicate the type(s) and total dollar val		25. If the assistance wa assistance, please i	as one of the four types c ndicate the type(s).	of financial
not applicable, agreement provided finan	cial assistance	🖄 not applicable, agree	ment provided a busines	s subsidy
□ loan (only principal) □ grant (i.e., forgivable loan)	s	assistance for proper by contaminants	ty polluted	S
<ul> <li>grant (i.e., forgradie todal)</li> <li>i tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> </ul>	s s s s	<ul> <li>assistance for renova stock or bringing it u assistance provided f historic preservatior</li> </ul>	ip to code, and for designated	S
<ul> <li>preferential use of governmental facilities</li> <li>land contribution</li> </ul>	s S S	50% or less of total of assistance for polluti	cost	S
<b>9</b> other (Specify subsidy type.) <u>Health</u> Care Facilities Revenue	s <u>290M</u> Bonds	abatement assistance for a TIF s	soils condition district	s
26. If the assistance included tax increment indicate the type of TIF district? (Mark			tors providing a busines to the same project? (A	
I not applicable, assistance was not in the	form of TIF		cantor and the value of the tack an additional sheet	
D redevelopment D renewal and renovation D soils condition		No No		
<ul> <li>economic development</li> <li>mined underground space</li> </ul>		Grantor(s) and value of	f the agreement(s):	
hazardous substance subdistrict		Grantor	Value (S)	
		Grantor	Value (\$)	

<ol> <li>Minn. Stat. §116J.994 r of the following public</li> </ol>			nancial assistance agreementers ( <i>Mark all that apply.</i> )	nts state a public p	urpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		□ Increasing tax base (c ⊠ Other <i>(please specify)</i> health care s at cost-effec	Providing ervices &	<u>&amp; expanding</u> facilities
29. Indicate whether the again at the time of this report			s of goals, and whether the		
A) Specific wage and job gc B) Other job-creation and/o C) Other wage goals D) Other goals other than w	r retention goal	S	established? date: 2 Yes D No <u>1</u>	get attainment s (month & year) -2003	All goals attained? Yes 21 No Yes No Yes No Yes No
(Please attach descriptions attainment if not documente					
	ige hourly valu	e of any employer-pr	creation and/or retention go ovided health insurance go to separate goals by full-	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					s
\$11.00 to \$12.99					S
\$13.00 to \$14.99					s
\$15.00 and higher	50				s
full-time equivalents if	rly value of any you are unable Full-time	y employer-provided <i>to separate job crea</i> <b>Part-time</b> /	health insurance for those tion into full- and part-time FTE (only if unable to	jobs. ( <u>Onlv</u> indica e positions.)	ite job creation in
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					S
\$11.00 to \$12.99	<del></del>				s
\$13.00 to \$14.99					s
\$15.00 and higher	·				s
2. Has the recipient achiev (Mark one.)	ved <u>all goals</u> (se			igations stipulated	in the agreement?
			8 No		

Page 3 of 4

Department of Trade and Economic Development

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(Do not complete this section if you completed	it on another 2001 MBAF sub	omitted to DTED.)
<ol> <li>During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §11</li> </ol>		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to re recipient. Attach additional pages if necessary.)	port and the value of subsidy or final	ncial assistance awarded to that
23 No		
Name of recipient Type of subsidy or assista	ance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that w		
Yes (Complete the remainder of this s	section.) 🛛 🖄 No (Stop here and su	bmit form 10 DTED .)
<ul><li>35 39. Provide the following information for each recovere to be attained by the time of reporting. (A</li><li>35. Information on recipient and agreement:</li></ul>		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assista	nce. DNo, recipient <u>has not beg</u>	un to repay the assistance.
38. Has the agreement been amended to extend the reci	pient's deadline for fulfilling its obli	gations? (Mark one.)
	Yes No	
39. Describe the steps being taken to bring recipient int	o compliance or recoup the subsidy:	
	·	<u> </u>

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

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

2001 Minnesota Business Assistance Form

00-0238



### 2001 Minnesota Business Assistance Form RECEIVED MAR 3 0 2001

2. Name of person completing this 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. though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.

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

#### City of Rochester Terry Spaeth 3. Street address 4. City 5. ZIP code 201 4th Street SE Rochester 55904-3781 6. County 7. Phone number 8. Fax number 9. E-mail address Olmsted (507) 285-8082 (507) 287–*7*979 tspaeth@ci.rochester.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 ZIP code Street address City 11. Classification of grantor (Mark one. If grantor is entity 12. Has your organization held a public hearing on and created by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) X Yes (Indicate hearing date -8-16-99:1 attach criteria) R City government County government ∃ No □ Regional government We held a public hearing but have not yet adopted □ State government criterna (Indicate date of initial hearing - _ □ Other (Please attach explanation.) 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.) **2** Yes (Complete the remainder of the form.) □ No (Stop here, go to section 5 on page 4.) Section 2 Information About Recipient

Section 1 Information About Grantor

1. Name of grantor (funding entity)

14.	Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>						
	MDC Rochester, LLC (Airbo Freight Company)	orne	7750 Air Street address	Commerce City	Drive SW State	Rochester, ZIP code	MN	55902
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.) ≇No								
Nar	ne of parent corporation		Street address	City	State	ZIP code	ļ	

□ Manufacturing □ Service □ Retail Trade □ Whole:	sale Trade Insurance, Real Estate Sale Trade Insurance, Real Estate
Did the recipient relocate as a result of signing this	agreement? (Mark one.)
es (Indicate city and state of previous address and r 5 (Go to Question 19.)	Finance, Insurance, Real Estate Sale Trade Construction Other (please specify) Air Ca agreement? (Mark one.) reason recipient did not complete this project at that address.)
State of previous address Reason project not con	npleted at previous address
Would the recipient have remained in previous loca nancial assistance? (Mark one.)	tion or relocated elsewhere if not awarded this business subsidy or
□ Remained at previous location □ Relocated	to different Minnesota location 🛛 🛛 Relocated outside Minnesota
on 3 General Information About the A	greement
<b>Fotal</b> dollar value of business subsidy or financial assistance ( <i>Please separate value by type in Questioned 25</i> )	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
and 25.) 1,000,000	12-11-00
ndicate the date improvements were finished, equip	nefit from the business subsidy or financial assistance. For example, or ment was placed into service, or the recipient occupied the property, $12-11-00$
Does the agreement provide a business subsidy or o be reported? <i>(Mark one.)</i>	ne of the four types of financial assistance (see Question 25) required to bsidy
f the agreement provided a business subsidy, please ndicate the type(s) and total dollar value for each	
t applicable, agreement provided financial assistanc	ee 🛛 🕿 not applicable, agreement provided a business subsidy
an (only principal) SS ant (i.e., forgivable loan) SS abatement SS F or other tax reduction or deferral S arantee of payment SS ntribution of property or infrastructure SS eferential use of governmental facilities SS ad contribution SS her (Specify subsidy type.)S1_0	□ assistance for property polluted       S         by contaminants       □ assistance for renovating building       S         stock or bringing it up to code, and       assistance provided for designated       historic preservation districts, when         50% or less of total cost       □       assistance for pollution control or       S         00,000       abatement       □       assistance for a TIF soils condition district       S
f the assistance included tax increment financing, p ndicate the type of TIF district? (Mark one.)	olease 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
t applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
development newal and renovation	₫ No
ils condition onomic development ned underground space	Grantor(s) and value of the agreement(s):
zardous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

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28. Minn. Stat. §116J.994 of the following public			nancial assistance agreemer nt? (Mark all that apply.)	its state a public j	purpose. Which	
<ul> <li>□ Enhancing economic diversity</li> <li>□ Creating high-quality job growth</li> <li>□ Job retention</li> <li>□ Stabilizing the community</li> </ul>			<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify) Further Airport &amp; transportation development.</li> </ul>			
29. Indicate whether the ag at the time of this repor			s of goals, and whether the date(s) for each goal.)	recipient had atta	nined those goals	
<ul> <li>A) Specific wage and job g</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than ways</li> </ul>	r retention goal	s		get attainment (month & year)	All goals attained? Yes No Yes No Yes No Yes No A Yes No	
Please attach descriptions attainment if not documente				101		
agreement and the aver	age hourly value	e of any employer-pro	creation and/or retention go ovided health insurance go to separate goals by full- o FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	als for those jobs		
no hourly wage-level goal					s	
less than \$7.00					s	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99					S	
\$11.00 to \$12.99					S	
\$13.00 to \$14.99					s	
\$15.00 and higher	<u> </u>				s	
date and the <b>actual</b> hou <i>full-time equivalents if</i>	urly value of any <i>you are unable</i> Full-time	y employer-provided <i>to separate job creat</i> Part-time/	ber of actual jobs created health insurance for those tion into full- and part-time FTE (only if unable to	jobs. <u>(Only</u> indic e positions.)	rate job creation in	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00		<del></del>	<del></del>	<u> </u>	s	
\$7.00 to \$8.99					S	
\$9.00 to \$10.99				<del></del>	\$	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99			·		\$	
\$15.00 and higher					s	
2. Has the recipient achie (Mark one.)	ved <u>all goals</u> (se	-	nd 31) and fulfilled <u>all obli</u> 1 No	gations stipulate	d in the agreement?	

Department of Trade and Economic Development

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Do not complete this s	ection if vou completed	it on another 2001 MBAF sul	bmitted to DTED.)
	uary 1, 2000 through Decemi linn. Stat. §116J.993 and §11	per 31, 2000, did your organization h 16J.994? <i>(Mark one.)</i>	ave any recipients who failed to
	of each recipient failing to re ditional pages if necessary.)	port and the value of subsidy or fina	incial assistance awarded to that
2 No			
Name of recipient	Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance
		ed to achieve any goals or fulfill any were required to be fulfilled by the ti	
Tes (Con	mplete the remainder of this	section.) 🛛 🛛 No (Stop here and st	ubmit form to DTED .)
	d by the time of reporting. (A	cipient failing to fulfill goals or any o Attach additional pages if necessary.	
Name of recipient in defaul	lt	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (	Mark all that apply.):		
recipient ceased operatio recipient was unable to f		<ul> <li>recipient relocated to a diffe</li> <li>other (Specify reason.)</li> </ul>	-
37. To date, has the recipie	ent fulfilled its repayment ob	ligation? (Mark one.)	·
□ Yes □ No, recipient <u>h</u>	nas begun to repay the assista	ance. 🛛 🗅 No, recipient <u>has not beg</u>	un to repay the assistance.
38. Has the agreement bee	n amended to extend the reci	ipient's deadline for fulfilling its obli	igations? (Mark one.)
		□Yes □No	
39. Describe the steps bein	ng taken to bring recipient in	to compliance or recoup the subsidy	
			<u> </u>

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

MN DTED

TEL: 6124774393

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Economic Development RECEIVED MAR 3 0 2001 2001 Minnesota Business Assistance Form

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

#### Section 1 Information About Grantor

1. Nome of grantor (funding en LIFY OF BOC	Kford	2. Name of person completing	this form Evers	5	
3. Street address	t	Rockford	5. ZP code 553		
6. COUNTY HENNER'N Wright	7. Phone number 763-477-6565	8. Fax number 763-477-4393	9. E-mail ac	dcity@usi	nternet
10. Please indicate who in your MANCH EVENS	organization should receive the	2002 MBAF if different from the Same	person in Que	stion 2.	
Name/Title	Phone number	Sweet address	City	ZIP code	
11. Classification of granter (M created by gov't ayency, plu example, a city EDA would	ease indicase affiliation. For	<ol> <li>Has your organization held adopted criteria for gwardi compliance with Minn. Str</li> </ol>	ng business su	baidies in	
City government County government Regional government State government Other (Please specify.)		Yes (Indicate hearing date No We held a public hearing bu criteria (Indicate date of int Other (Please attach explanation)	t have not yet a that hearing -		
		sinces subsidy or financial assistant ander Minn. Stat. §116J.993 and §			
Yes (Comp	lete the remainder of the form.)	DNo (Stophere, go to secilo	n 5 on page 4.,	)	
Section 2 Information Ab	out Recipient				

14. Name of business or organization receiving subsidy or financial assistance Vertin Properties, LLC	15. Address where business subsidy or financial assistance will be used <u>16801 Bleck Dr Rockford. MU 55373</u> Street address City State ZIP code			
16. Does the recipient have a parent corporation? (Mark one.)				
<ul> <li>Yes (Indicate nume and address of parent corporation below. If more than one, indicate ultimate owner.)</li> <li>No</li> </ul>				
Name of parent corporation	Street address	City	State	ZIP code

2001 Minnesota Buainess Assistance Form

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17. Industry of recipient's facility (Mark one.):					
	Manufacturing	C Services C Wholesale Trad	Construction	uice, Real Estate	(y)
18. Did the recipient	relocate as a result of s	igning this agreemen	nt? (Mark one.)		
Yes (Indicate city a No (Go to Question		ddress and reason re	cipient did nat complete	this project at that addre	(22
Rymuth, M City State of previous	N_ 2892	Vicksberg	previous address	equate space	2
19. Would the recipic financial assistance		revious location or re	clocated elsewhere if not	awarded this business au	baidy or
O Remained at	previous location 🗴	Relocated to differ	ent Minnesota location	C Relocated outside M	linnescto
Section 3 General	Information Ab	out the Agreeme	int		
	s of business subsidy of separate value by typ		21. Date agreement sig date, indicate any	sned (In addition to the a dates the agreement was	greement am <b>cr.de</b> d.)
and 25.) 46640	060,0		October	3,2000	
	improvements were fin	iished, cquipment wa		financial assistance. Fo the recipient occupied th	
23. Does the agreeme be reported? (Ma	rkone.)	subsidy or one of the (business subsidy	four types of financial as	ssistance (acc Question 2	S) required to
24. If the agreement p indicate the type(#	rovided a business sub ) and total dollar val			as one of the four types of the four types of the fype(s).	of financial
🗅 not applicable, sgre	ement provided financ	cial assistance	🕱 not sppliesble, agree	ment provided a busines	a subsidy
□ ioan (only principal □ grant (i.e., forgivab) □ tax abatement XTIF or other tax red □ guarantee of payme	le loan) luction of diferral nt	SS SS SS SS	<ul> <li>assistance for proper by contaminants</li> <li>assistance for renovi stock or bringing it a assistance provided</li> </ul>	ating building up to code, and for designated	ss
Contribution of prop preferential use of g	governmental facilities	3	historic preservation 50% or less of total sesistance for pollur	COST	\$2
ather (Specify subsi	ау туре.)		abatement assistance for a TIF	soils condition district	22
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.)			
$\Box$ not applicable, assistance was not in the form of TIF			Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)		
<ul> <li>redevelopment</li> <li>renewal and renova</li> <li>poils condition</li> </ul>	lion		No		
Conomic developn in mined underground hazardous substanc	space		Grantor(8) and value o DTED MNITRY Grantor	f the agreement(s). 15t · Fund 42 Value (S)	25,00
			GTERIOT	Value (S)	

MAR30'01(FRI) 15:20	CITY OF	ROCKFORD	TEL:6124774393
03/28/2001 21:28 FAX 051	215 3841	MN DIED	166.0124//4030

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Enhancing economic dive (Creating high-quality job ) Job retention ) Stabilizing the community	growth		Linercasing tax base (to Other (please specify)		
9. Indicate whother the age at the time of this report	reement include	ed the following type	a of goals, and whether the date(s) for each goal.)	recipient had atta	ined those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> </ul>	r retention goal	5	esmblished? date	rget aπsinment s (month & year) <u>7 3 , 2007</u>	All goals attained? Yes WNo Yes No Yes No Yes No
Please attach descriptions attainment if not documente					
	age hourly valu	e of any employer-p	creation and/or selention g ovided health inturance ge to separate goals by full-	als for those jobs.	
Rourly Wage (excluding benefits)	Full-time Job Crestion	Part-time/ Seasonal/Tamp. Job Creation	FTE (only if guals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health losurance
no hourly wage-level goal					t
icas than \$7.00					\$
\$7.00 to \$8.99					2
59.00 to 510.99				<u> </u>	8
\$11.00 to \$12.99	11				13-00-1
513,00 10 514.99					š
\$15.00 and higher					۲
	itly value of an	y employer-provided	nber of actual jobs created health insurance for those tion into full- and part-tim FTE (only if unable to separate FT/PT) Job Creation	jobs. (Only indic	
less than \$7.00					s
\$7.00 to \$8.99					\$
\$9.00 to \$10.99		<del></del>			\$
\$11.00 to \$12.99					t
311.00 10 312.99					5
\$13.00 to \$14.99					

2001 Mianasota Business Assistance Form

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Department of Trade and Beonomic Development

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TEL: 6124774393

<ol> <li>During the period January 1, 2000 through Decer report as required by Minn. Stat. §116J.993 and §</li> </ol>	nber 31, 2000, did your organization ha 116J.994? (Mark one.)	ave any recipients who failed to
Q Yes (Indicate the name of each recipient failing to	report and the value of subsidy or finut	ncial assistance awarded to that
recipient. Attuch additional pages if necessary	.)	
X No		
Name of recipient Type of subsidy or assi	stance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who fa agreement signed on or after January 1, 2000, the</li> </ol>	iled to achieve any goals or fulfill any o twore required to be fulfilled by the tir	other obligations under an ne of this report? (Mark one.)
DYES (Complete the remainder of thi	s section.) XNa (Stop here and su	tmit form to DTED .)
<ol> <li>35 39. Provide the following information for each t were to be attained by the time of reporting.</li> </ol>	rccipient failing to fulfill goals or any o (Attach additional pages if necessary.)	ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy of assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	• recipient relocated to a differ	ent community
37. To date, has the recipient fulfilled its repayment of	bligation7 (Mark cne.)	
Yes DNo, recipient has begun to repay the assis	sance. D No, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the re	cipient's deadline for fulfilling its oblig	eations? (Mark one.)
	QYes QNo	
39. Describe the steps being taken to bring recipient i	nto compliance or recoup the subsidy:	

Return your completed MBAF(8) by <u>April 1, 2001</u>, to: 2001 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Squarc, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Reonomic Development

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## 2001 Minnesota Business Assistance Form RECEIVED MAR 2.0

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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

## Section 1 Information About Grantor

<ol> <li>Name of grantor (funding entity) Rosemount Port Authority</li> </ol>		2. Name of person completing Jim Parsons	this form	
3. Street address 2875 W. 145th Stree	et	4. City Rosemount	5. ZIP code 55044	
6. County Dakota7. Phone number 651-322-2020		8. Fax number 651042305293	9. E-mail address jim.parsons@ci. rosemount.mn.us	
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
<ul> <li>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.")</li> <li>City government</li> <li>County government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>12. Has your organization held adopted criteria for awardir compliance with Minn. Sta</li> <li>X Yes (Indicate hearing date - No</li> <li>We held a public hearing but criteria (Indicate date of initial Other (Please attach explanation)</li> </ul>	ng business subsidies in t. §116J.994? (Mark one.) <b>£.7. 11. 61120</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.102</b> <b>1.6.1</b>	
<ul> <li>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.)</li> <li>23 Yes (Complete the remainder of the form.)</li> <li>2 No (Stop here, go to section 5 on page 4.)</li> </ul>				
Section 2 Information Al	oout Recipient			

14. Name of business or organization receiving subsidy or financial assistance	15. Address where b will be used	usiness su	bsidy or financial	assistance
Webb Properties, LLC	15197 Boulder	Ave.,	Rosemount,	MN 55068
- ·	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
$\bar{\mathbf{x}}$ Yes (Indicate name and address of parent corporation below. $\Box$ No	If more than one, indi	cate ultim	ate owner.)	
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 □ Retail Trade □ Wholesale Trade	□ Finance, Insurance, Real Estate e □ Construction □ Other (please specify)			
18. Did the recipient relocate as a result of signing this agreemer	it? (Mark one.)			
<ul> <li>☑ Yes (Indicate city and state of previous address and reason real</li> <li>□ No (Go to Question 19.)</li> </ul>	cipient did not complete this project at that address.)			
Burnsville, MN         No space available           City/State of previous address         Reason project not completed at				
19. Would the recipient have remained in previous location or re financial assistance? (Mark one.)	located elsewhere if not awarded this business subsidy or			
D Remained at previous location D Relocated to differe	ent Minnesota location 🛛 Relocated outside Minnesota			
Section 3 General Information About the Agreeme	nt			
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)			
\$664,636	August 9, 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.) October 15, 2000				
<ul><li>23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li><li>C business subsidy</li></ul>	four types of financial assistance (see Question 25) required to			
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).			
Inot applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy			
□ loan (only principal)       \$	<ul> <li>assistance for property polluted</li> <li>by contaminants</li> <li>assistance for renovating building</li> <li>stock or bringing it up to code, and</li> <li>assistance provided for designated</li> <li>historic preservation districts, when</li> </ul>			
□ preferential use of governmental facilities \$ □ land contribution \$ □ tother (Specify subsidy type.)park fee \$ □ Total: \$664,636	50% or less of total cost         assistance for pollution control or         abatement         assistance for a TIF soils condition district			
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)			
I not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)			
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>conomic development</li> <li>mined underground space</li> </ul>	No Grantor(s) and value of the agreement(s):			
hazardous substance subdistrict Assistance was provided in forms and amounts shown above.	Grantor Value (\$)			
	Grantor Value (\$)			

• • • • • •

28. Minn. Stat. §116J.994 r of the following public			nancial assistance agreemer ent? (Mark all that apply.)	nts state a public p	urpose. Which
<ul> <li>Enhancing economicxdixe</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth	best i	□ Increasing tax base (ca ⊠ Other (please specify) nterests of the C , morals, and wel	Being in the ity and the	<u>e vital an</u> d health.
29. Indicate whether the aga at the time of this report	reement include t. (Fill in the b	ed the following typ oxes and attainment	es of goals, and whether the <i>date(s) for each goal.)</i>	recipient had attai	ned those goals
<ul> <li>A) Specific wage and job gc</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> <li>(Please attach descriptions of attainment if not documente)</li> </ul>	r retention goal age and job goa of goals and pr	s als ogress toward	established? dates	• •	□Yes □No □Yes □No □Yes □No
30. For each of the followir agreement and the avera	ng wage catego age hourly valu	ries, indicate the job e of any employer-p ents if you are unabl	rovided health insurance <b>g</b> o e to separate goals by full- o	als for those jobs.	( <u>Only</u> indicate tions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	See Above FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					\$
\$7.00 to \$8.99					s
\$9.00 to \$10.99					s
\$11.00 to \$12.99	_5				s
\$13.00 to \$14.99					\$
\$15.00 and higher		·			\$
	urly value of an	y employer-provide	mber of <b>actual</b> jobs created d health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (Only indice	
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance
less than \$7.00					\$
	12			<del></del>	s
\$7.00 to \$8.99	1-2				
\$7.00 to \$8.99 \$9.00 to \$10.99	6				s
					s s
\$9.00 to \$10.99	6				

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E and

<ol> <li>During the period January 1, 2000 through Decent report as required by Minn. Stat. §116J.993 and 9</li> </ol>	mber 31, 2000, did your organization ha §116J.994? (Mark one.)	ave any recipients who failed to
□ Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary		ncial assistance awarded to that
No No		
Name of recipient Type of subsidy or ass	istance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who fa agreement signed on or after January 1, 2000, that	ailed to achieve any goals or fulfill any or at were required to be fulfilled by the tir	other obligations under an me of this report? (Mark one.)
Yes (Complete the remainder of the	is section.) 🛛 🛱 No (Stop here and su	bmit form to DTED .)
<ul><li>35 39. Provide the following information for each were to be attained by the time of reporting.</li><li>35. Information on recipient and agreement:</li></ul>	recipient failing to fulfill goals or any o (Attach additional pages if necessary.)	ther terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	-
37. To date, has the recipient fulfilled its repayment	obligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assi	istance. D No, recipient <u>has not beg</u>	<u>un</u> to repay the assistance.
38. Has the agreement been amended to extend the r	ecipient's deadline for fulfilling its obli	gations? (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 <u>April 1, 2001</u>, to: 2001 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form



## 2001 Minnesota Business Assistance Form

## RECEIVED MAR 2 3 2001

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5. ZIP code

56377

9. E-mail address

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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 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31. 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period 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.

### 2. Name of person completing this form 1. Name of grantor (funding entity) Miles R. Surtell City of 4. City 3. Street address 3nd Sartell South 310 Street 8. Fax number 7. Phone number 6. County (320) 253 - 2171 (310)253-3337 STearns

## Section 1 Information About Grantor

10.	Please indicate who in	vour organization	should receive the	2002 MBAF if	different from the	e person in (	Duestion 2.
10.	I fouse maneute who h	, Joan organization				. p	2

<u>Roh.rt</u> Therre, Name/Title	(110) 253 - 2171 Phone number	310 2nd Street address	<u>Lurh</u> Jur City	Tell 56377 ZIP code
<ol> <li>Classification of grantor (Mark or created by gov't agency, please in example, a city EDA would check</li> </ol>	idicate affiliation. For	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)		
City government County government Regional government State government		Yes <i>(Indicate hearing da</i> No We held a public hearing criteria <i>(Indicate date of</i>	but have not yet a	dopted
Other (Please specify.)  13. Has your organization signed any		Other (Please attach expl	anation.)	

ements to award a business subsidy or financial assistance from J 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.) □ 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	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>
Dezurik	250 Riverside Are N. Surtell MN 56377 Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
A Yes (Indicate name and address of parent corporation below	· · · · · · · · · · · · · · · · · · ·
SFX Corporation	700 Terrance Point Drive Muskeyin MI 7
Name of parent corporation	Street address City State ZIP code

17. Industry of recipient's facility (Mark one.):		
Manufacturing Dervices Retail Trade DWholesale Trade	□ Finance, Insurance, Real Estate e □ Construction □ Other (please specify)	
18. Did the recipient relocate as a result of signing this agreemen	nt? (Mark one.)	
♥ Yes (Indicate city and state of previous address and reason red □ No (Go to Question 19.)	cipient did not complete this project at that address.)	
<u>McMinnville TN</u> City/State of previous address Reason project not completed at	consolidate operations in Minnesota. previous address	
19. Would the recipient have remained in previous location or re financial assistance? (Mark one.)	located elsewhere if not awarded this business subsidy or	
Remained at previous location Relocated to difference	nt Minnesota location 🛛 🕱 Relocated outside Minnesota	
Section 3 General Information About the Agreeme	nt	
20. Total dollar value of business subsidy or financial assistance ( <i>Please separate value by type in Questions 24 and 25.</i> )	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)	
\$ 729, 194	12/15/2000	
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment wa whichever is earlier.) $12/15/2000$		
<ul><li>23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li><li>S business subsidy</li></ul>	four types of financial assistance (see Question 25) required to	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).	
□ not applicable, agreement provided financial assistance	🗙 not applicable, agreement provided a business subsidy	
Ioan (only principal)\$grant (i.e., forgivable loan)\$tax abatement\$	<ul> <li>assistance for property polluted</li> <li>by contaminants</li> <li>assistance for renovating building</li> <li>S</li> </ul>	
Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S         Image: Second state of payment       S	stock or bringing it up to code, and assistance provided for designated historic preservation districts, when	
Image: preferential use of governmental facilities   \$     Image: preferential use of governmental facilities   \$     Image: preferential use of governmental facilities   \$	50% or less of total cost     assistance for pollution control or	
□ other (Specify subsidy type.) \$	abatement assistance for a TIF soils condition district	
26. If the assistance included tax increment financing, please 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.)	
$\square$ not applicable, assistance was not in the form of TIF	X Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)	
<ul> <li>redevelopment</li> <li>renewal and renovation</li> </ul>		
<ul> <li>❑ soils condition</li> <li>☑ economic development</li> </ul>	Grantor(s) and value of the agreement(s):	
in mined underground space		
hazardous substance subdistrict	DTED         D 500,000           Grantor         Value (\$)	
	Grantor Value (S)	

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

<ul> <li>Enhancing economic diversity</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communities</li> </ul>	growth		<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>			
29. Indicate whether the ag at the time of this repor				e recipient had atta	ned those goals	
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> <li>(Please attach descriptions)</li> </ul>	r retention goals rage and job goal	s	established? date May Yes D No 13	rget attainment s (month & year) 2 / 15/ 2002	All goals attained? Yes No Yes No Yes No Yes No	
attainment if not documente	ed in Questions 3	0 and 31.)				
	age hourly value	of any employer-pi	creation and/or retention g rovided health insurance g to separate goals by full-	oals for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00					s	
\$7.00 to \$8.99		<u> </u>			s	
\$9.00 to \$10.99					s	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99					s	
\$15.00 and higher	100	·			<u>s N/A</u>	
	urly value of any	employer-provided	mber of <b>actual</b> jobs created d health insurance for thos ation into full- and part-tin FTE (only if unable to	e jobs. ( <u>Only</u> indic		
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	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					S	
\$11.00 to \$12.99					\$	
\$13.00 to \$14.99					s	
	1/2019 191			500	S N/A	

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<ol> <li>During the period Janu report as required by M</li> </ol>	ary 1, 2000 through December 3 linn. Stat. §116J.993 and §116J.9	1, 2000, did your organization h 994? (Mark one.)	ave any recipients who failed to
Yes (Indicate the name of recipient. Attach add	f each recipient failing to report litional pages if necessary:)	and the value of subsidy or final	ncial assistance awarded to that
D No			
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization agreement signed on or	have any recipients who failed to r after January 1, 2000, that were	achieve any goals or fulfill any required to be fulfilled by the ti	other obligations under an me of this report? (Mark one.)
□ Yes (Con	nplete the remainder of this section	on.) 🖾 No (Stop here and su	bmit form to DTED .)
35 39. Provide the follow were to be attained	ving information for each recipie d by the time of reporting. (Attac	nt failing to fulfill goals or any c ch additional pages if necessary.	other terms of an agreement that
35. Information on recipier	nt and agreement:		
Name of recipient in defaul	t	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (1	Mark all that apply.):		
<ul> <li>recipient ceased operatio</li> <li>recipient was unable to find</li> </ul>		<pre>□ recipient relocated to a diffe</pre> □ other (Specify reason.)	rent community
37. To date, has the recipie	nt fulfilled its repayment obligat	tion? (Mark one.)	
🗅 Yes 🛛 No, recipient <u>h</u>	as begun to repay the assistance.	□ No, recipient <u>has not beg</u>	un to repay the assistance.
38. Has the agreement been	n amended to extend the recipien	it's deadline for fulfilling its obli	gations? (Mark one.)
	0	Yes 🗅 No	
39. Describe the steps bein	g taken to bring recipient into co	ompliance or recoup the subsidy:	

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Or fax to: (651) 215-3841

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## 00-0586 2001 Minnesota Business Assistance Form RECEIVED APR 2 0 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 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

### 2. Name of person completing this form 1. Name of grantor (funding entity) oF Sartell Miles ĸ. Seport City 4. City 5. ZIP code 3. Street address 227 South Sartell 56377 310 Street 8. Fax number 9. E-mail address 7. Phone number 6. County Stearns (320) 253-2171 (320) 253 - 3337 miles @ sertellmn.com 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. 310 7nd Street South Surtell Robert (310) 253-2171 56377 Therres Phone number ZIP code Name/Title City 12. Has your organization held a public hearing on and 11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) Yes (Indicate hearing date - 9/27/99 and attach criteria) City government O No County government U We held a public hearing but have not yet adopted C Regional government criteria (Indicate date of initial hearing - ____ □ State government • Other (Please attach explanation.) 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.)

## Section 1 Information About Grantor

Yes (Complete the remainder of the form.) DNo (Stop here, go to section 5 on page 4.)

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used				
GCMS Properties	20.7 14 th Are East Surtell MN 56377 Street address City State ZIP code				
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>Yes (Indicate name and address of parent corporation below.</li> <li>No</li> </ul>	If more than one, indicate ultimate owner.)				
Name of parent corporation	Street address City State ZIP code				

	Manufacturing	🕱 Services	🗅 Finance, Insurance, Real Estate	
	C Retail Trade	Wholesale Trade	Construction Other (pleas	e specify)
18. Did the recipie	nt relocate as a result of	signing this agreemer	? (Mark one.)	
Yes (Indicate cit No (Go to Quest	· •	ddress and reason rea	ipient did not complete this project at tha	ut address.)
<b>St. Cland</b> City/State of previo	MN Not eno	oject not completed at	expand at previous locat previous address	ion
19. Would the reci financial assistar	2 () () ( and and )		ocated elsewhere if not awarded this busi ot have been able to exp	
🕱 Remained			nt Minnesota location	
ection 3 Gener	ral Information Ab	out the Agreeme	nt	
	alue of business subsidy ase separate value by ty		21. Date agreement signed (In addition date, indicate any dates the agreem	
第1	78,783		1 JUL 2000	
	te improvements were fi		the business subsidy or financial assistant placed into service, or the recipient occu	
23. Does the agree be reported? (	Mark one.)	subsidy or one of the	four types of financial assistance (see Qu	estion 25) required to
	nt provided a business su be(s) and total dollar va		25. If the assistance was one of the four assistance, please indicate the type(	
🗅 not applicable, a	greement provided finar	ncial assistance	🕅 not applicable, agreement provided a	business subsidy
<ul> <li>loan (only princi</li> <li>grant (i.e., forgiv</li> </ul>		s	assistance for property polluted by contaminants	\$
□ tax abatement	reduction or deferral	ss ss	<ul> <li>assistance for renovating building stock or bringing it up to code, and</li> </ul>	S
guarantee of pay		s	assistance provided for designated historic preservation districts, when	
D preferential use	of governmental facilitie	es S	50% or less of total cost	
<ul> <li>land contribution</li> <li>other (Specify su</li> </ul>		\$ \$	assistance for pollution control or abatement	۶
			assistance for a TIF soils condition d	istrict \$
	e included tax incremer pe of TIF district? (Mar		27. Are any other grantors providing a financial assistance to the same pro	
🗅 not applicable, a	ssistance was not in the	form of TIF	□ Yes (Specify each grantor and the va	
C redevelopment			assistance below; attach an addition	ai sneel ij necessary.)
<ul> <li>renewal and rene</li> <li>soils condition</li> </ul>	ovation		MA No	
economic develo mined undergroup			Grantor(s) and value of the agreement(s	5):
hazardous subst				
			Grantor Value (	(\$)
			Grantor Value	(\$)

of the following public	equires that bus purposes were s	iness subsidy and fir stated in the agreeme	nancial assistance agreen ent? (Mark all that appl	nents state a public pu y.)	1rpose. Which	
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> </ul>	ersity growth		<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>			
□ Stabilizing the community	у					
29. Indicate whether the age at the time of this report				the recipient had attai	ned those goals 4, F. H. D' All goals	
			Goals	Target attainment	All goals	
A) C C	- 1			ates (month & year) 🊻	, attained?	
A) Specific wage and job go B) Other job-creation and/or				1 AUG 2002	XorYes □No □Yes □No	
C) Other wage goals	retention goals	•			$\Box$ Yes $\Box$ No	
D) Other goals other than w	age and job goa	ls	Yes No		🗆 Yes 🖵 No	
(Please attach descriptions attainment if not documente						
30. For each of the followir agreement and the avera job creation goals in full	age hourly valu	e of any employer-pr	rovided health insurance	e goals for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals no stated as FT/PT) Job Creation	ot Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00					s	
\$7.00 to \$8.99				·	\$	
\$9.00 to \$10.99	2				s_N/A	
\$11.00 to \$12.99					s	
311.00 10 312.99					S	
\$13.00 to \$14.99						
			•		<u>s</u>	
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the followidate and the actual hore	urly value of an	y employer-provided	mber of <b>actual</b> jobs created health insurance for the full- and part-	ose jobs. (Only indic	nce the benefit	
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the followidate and the actual hore	urly value of an	y employer-provided	d health insurance for th	ose jobs. ( <u>Only</u> indic time positions.)	nce the benefit	
<ul> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>31. For each of the following date and the actual hour full-time equivalents if the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec</li></ul>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	d health insurance for th ation into full- and part- FTE (only if unable separate FT/PT)	ose jobs. ( <u>Only</u> indic time positions.) to	nce the benefit ate job creation in Hourly Value o	
<ul> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits)</li> </ul>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	d health insurance for th ation into full- and part- FTE (only if unable separate FT/PT)	ose jobs. ( <u>Only</u> indic time positions.) to	nce the benefit ate job creation in Hourly Value o	
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual how full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	d health insurance for th ation into full- and part- FTE (only if unable separate FT/PT)	ose jobs. ( <u>Only</u> indic time positions.) to	nce the benefit ate job creation in Hourly Value o	
<ul> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) <ul> <li>less than \$7.00</li> <li>\$7.00 to \$8.99</li> </ul> </li> </ul>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	d health insurance for th ation into full- and part- FTE (only if unable separate FT/PT)	ose jobs. ( <u>Only</u> indic time positions.) to	nce the benefit ate job creation in Hourly Value o Health Insuranc S S	
<ul> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>31. For each of the followidate and the actual hot full-time equivalents if</li> <li>Hourly Wage (excluding benefits)</li> <li>less than \$7.00</li> <li>\$7.00 to \$8.99</li> <li>\$9.00 to \$10.99</li> </ul>	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	d health insurance for th ation into full- and part- FTE (only if unable separate FT/PT)	ose jobs. ( <u>Only</u> indic time positions.) to	nce the benefit ate job creation in Hourly Value o Health Insuranc S S	

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2001 Minnesota Business Assistance Form

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Do not complete this section if you completed it o	on another 2001 MBAF subm	nitted to DTED.)
<ol> <li>During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.</li> </ol>		ve any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or finance	cial assistance awarded to that
X No		
Name of recipient Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were		
Yes (Complete the remainder of this sector)	ion.) 🎽 No (Stop here and sub	nmit form to DTED .)
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Atta		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):	· · · · · · · · · · · · · · · · · · ·	
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obliga	tion? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistance	e. DNo, recipient <u>has not begu</u>	n to repay the assistance.
38. Has the agreement been amended to extend the recipie	nt's deadline for fulfilling its oblig	gations? (Mark one.)
	IYes 🗅 No	
39. Describe the steps being taken to bring recipient into c	ompliance or recoup the subsidy:	
		<u> </u>
	<u> </u>	

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

Or fax to: (651) 215-3841

00-0903



## 2001 Minnesota Business Assistance Form RECEIVED JUL 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 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the # period 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 entit	2. Name of person comp	leting this form	رک	
3. Street address 6000 N	19COIL Dr.	4. City Savage	5. ZIP co	55378
	7. Phone number 152.882.2660	8. Fax number 9952.882.26	9. E-mail	address
10. Please indicate who in your o	organization should receive the	2002 MBAF if different fro	om the person in Q	Puestion 2.
Name/Title	Phone number	Street address	City	ZIP code
<ul> <li>11. Classification of grantor (Ma created by gov't agency, pleater example, a city EDA would creater by government</li> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> <li>13. Has your organization signed through December 31, 2000</li> </ul>	nse indicate affiliation. For heck "City government.")		awarding business nn. Stat. §116J.994 G date a ring but have not ye the of initial hearing explanation.)	subsidies in 4? (Mark one.) A and <u>attach criteria</u> ) et adopted ) 
	ete the remainder of the form.)			

### Section 2 Information About Recipient

	tagle Cr	NEWL	55378				
Street address	City	State	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.) ■No							
Street address	City	State	ZIP code				
ſ	more than on	more than one, indicate ultimate on	more than one, indicate ultimate owner.)				

2001 Minnesota Business Assistance Form

Page 1 of 4

Department of Trade and Economic Development Your initially received 5/22/01 resulmitted 7/31/01 to clavingy lain amount and agreement date E. F. H. 7/31/01

17. Industry of recipient's facility (Mark one.):							
AManufacturing Dervices Detail Trade DWholesale Trade	Finance, Insurance, Real Estate     Construction     Other (please specify)						
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)							
No (Go to Question 19.)	167						
Mp16. 30th Ave S. Wanted H City/State of previous address Reason project not completed at	previous address						
19. Would the recipient have remained in previous location or rel financial assistance? (Mark one.)	19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)						
<b>Remained at previous location Relocated to different</b>	nt Minnesota location Relocated outside Minnesota						
Section 3 General Information About the Agreeme	nt						
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)						
\$ 200,000	1.4.2000						
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.)	s placed into service, or the recipient occupied the property,						
23. Does the agreement provide a business subsidy or one of the	- OCCLEPANCY 15 GIVEN.						
be reported? (Mark one.)	financial assistance						
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>						
not applicable, agreement provided financial assistance	X not applicable, agreement provided a business subsidy						
loan (only principal)     s grant (i.e., forgivable loan)     s	□ assistance for property polluted \$ by contaminants						
Xtax abatement 67.1.8/2/01 \$ 200,000	assistance for renovating building \$						
Image: Tip or other tax reduction or deferral       \$         Image: Diguarantee of payment       \$	stock or bringing it up to code, and assistance provided for designated						
□ contribution of property or infrastructure \$ □ preferential use of governmental facilities \$	historic preservation districts, when 50% or less of total cost						
□ land contribution \$ \$ \$	assistance for pollution control or s						
	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.)						
X not applicable, assistance was not in the form of TIF	XYes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)						
<ul> <li>redevelopment</li> <li>renewal and renovation</li> </ul>	□ No						
<ul> <li>soils condition</li> <li>economic development</li> </ul>	Grantor(s) and value of the agreement(s):						
mined underground space	Gastle Dougles \$200 000						
hazardous substance subdistrict	Grantor Value (\$)						
	Grantor Value (\$)						

of the following public pu				ements state a public p	urpose. Which
Enhancing economic divers Creating high-quality job gr Job retention Stabilizing the community			<ul> <li>Increasing tax bas</li> <li>Other (please spe</li> </ul>	se (cannot be only purp ccify)	bose)
Indicate whether the agree at the time of this report.					ned those goals
Specific wage and job goal Other job-creation and/or r Other wage goals Other goals other than wag	etention goals	·	Goals established? Ayes No yes No yes No yes No	Target attainment dates (month & year)	All goals attained? e.f. Yes Mo Yes No Yes No Yes No Yes No
lease attach descriptions of ainment if not documented					
. For each of the following agreement and the averag job creation goals in full-	e hourly value	of any employer-pro	ovided health insurance	ce goals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Scasonal/Temp. Job Creation	FTE ( <u>only</u> if goals stated as FT/PT) Job Creation		Hourly Value of Health Insurance
no hourly wage-level goal			1 97		h5
less than \$7.00		t <u>Crea</u>		$-\gamma$	·/> <u></u>
\$7.00 to \$8.99	WITH	nin tw	o year	S 0 <u> </u>	\$
\$9.00 to \$10.99 £1.11 8	# Bene	stit Day	e la la com		\$
\$11.00 to \$12.99	0 (197)	etit Da	te has r		S
\$13.00 to \$14.99	Com	mence	a	<u></u>	S
\$15.00 and higher					S
For each of the followin date and the actual hour full-time equivalents if y	ly value of any	employer-provided	health insurance for	those jobs. (Only india	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unabl separate FT/PT Job Creation		Hourly Value of Health Insurance
less than \$7.00					۶
\$7.00 to \$8.99	Λ	11-1-			\$
\$9.00 to \$10.99	/`	V/4			s
		/			s
\$11.00 to \$12.99			<u>.</u>		S
\$11.00 to \$12.99 \$13.00 to \$14.99					
,					s

2001 Minnesota Business Assistance Form

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Department of Trade and Economic Development

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<ol> <li>Do not complete this section if you completed</li> <li>33. During the period January 1, 2000 through Decem report as required by Minn. Stat. §116J.993 and §1</li> </ol>	ber 31, 2000, did your organization hav	
Yes (Indicate the name of each recipient failing to r recipient. Attach additional pages if necessary., No		cial assistance awarded to that
Name of recipient Type of subsidy or assis	tance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who fai agreement signed on or after January 1, 2000, that</li> </ol>		2
<b>Yes (Complete the remainder of this</b>	section.) 🛛 🕅 No (Stop here and sub	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each rewere to be attained by the time of reporting.</li> <li>35. Information on recipient and agreement:</li> </ul>		her terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	recipient relocated to a differ other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment of	obligation? (Mark one.)	
• Yes • No, recipient has begun to repay the assist	stance. INo, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the re	cipient's deadline for fulfilling its oblig	gations? (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 <u>April 1, 2001</u>, to: 2001 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

00-0890



## 2001 Minnesota Business Assistance Form RECEIVED MAY 2 1 2001

2. Name of person completing this form

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
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- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Scott County		Brian Han	<u>ninen</u>			1
3. Street address 200 Fourth Avenue	• W	4. City Shakopee		5. ZIP code 55379-12	20	
6. County Scott	7. Phone number 952-496-8101	8. Fax number 952-496-8	180	9. E-mail add bhannine	dress en@co.scott	.mn.us
10. Please indicate who in your	organization should receive the	2002 MBAF if differ	ent from the	e person in Ques	tion 2.	
Name/Title	Phone number	Street add	ress	City	ZIP code	
11. Classification of grantor (M created by gov't agency, pl example, a city EDA would	ease indicate affiliation. For		a for awardi	d a public hearir ing business sub at. §116J.994? (;	sidies in	
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (<i>Please specify.</i>)</li> </ul>		<ul> <li>Yes (Indicate here)</li> <li>No</li> <li>We held a public criteria (Indicate)</li> <li>Other (Please at)</li> </ul>	c hearing bu te date of in	t have not yet ac itial hearing	lopted	
<ol> <li>Has your organization signe through December 31, 2000</li> </ol>	ed any agreements to award a but that is required to be reported u					
X Yes (Comp.	lete the remainder of the form.)	□ No (Stop here,	go to sectio	on 5 on page 4.)		
Section 2 Information Ab	out Recipient					
<ol> <li>Name of business or organizer receiving subsidy or financi</li> </ol>		15. Address where will be used 6021	business su	ibsidy or financi	al assistance	
ADC Telecommunicat	ions, Inc.	B <u>roadband B1</u> Street address	<u>vd Shal</u> City	kopee MN State	<u>55379</u> ZIP code	
16. Does the recipient have a pa	arent corporation? (Mark one.)					
□ Yes (Indicate name and addr ᡌ No	ess of parent corporation below.	If more than one, in	dicate ultim	nate owner.)		
Name of parent corporation		Street address	City	State	ZIP code	

## Section 1 Information About Grantor

1. Name of grantor (funding entity)

	l Services I Wholesale Trade	<ul> <li>Finance, Insuration</li> <li>Construction</li> </ul>	nce, Real Estate Other (please specified)	(f,·)
18. Did the recipient relocate as a result of sign	ing this agreement	? (Mark one.)		
<ul> <li>Yes (Indicate city and state of previous addresing No (Go to Question 19.)</li> </ul>	ss and reason recij	pient did not complete t	his project at that addre	ess.)
City/State of previous address Reason project	not completed at p	previous address		
19. Would the recipient have remained in previo financial assistance? (Mark one.)	ous location or rele	ocated elsewhere if not a	warded this business su	bsidy or
□ Remained at previous location □ Re	located to different	t Minnesota location	X Relocated outside N	linnesota
Section 3 General Information About	the Agreemen	t		
20. Total dollar value of business subsidy or fin assistance (Please separate value by type in and 25.)	ancial 2 Questions 24		ned (In addition to the a lates the agreement was	
\$1,290,000.00		May 23, 2000	)	
22. Benefit date (Indicate the date the recipient indicate the date improvements were finished whichever is earlier.) December 31	d, equipment was p	he business subsidy or fi placed into service, or ti	inancial assistance. Fo he recipient occupied th	r example, ne property,
<ul><li>23. Does the agreement provide a business subsible reported? (Mark one.)</li><li>23. Does the agreement provide a business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsible business subsiness subsiness subsubsible business su</li></ul>		our types of financial ass I financial assistance	sistance (see Question 2	5) required to
24. If the agreement provided a business subsidy, indicate the type(s) and total dollar value for		25. If the assistance wa assistance, please ir	s one of the four types o adicate the type(s).	of financial
not applicable, agreement provided financial a	ssistance	$\Sigma$ not applicable, agree	nent provided a busines	s subsidy
□ loan (only principal) □ grant (i.e., forgivable loan) ☑ tax abatement □ TIF or other tax reduction or deferral (2000) □ guarantee of payment □ contribution of property or infrastructure	S	<ul> <li>assistance for propert by contaminants</li> <li>assistance for renoval stock or bringing it up assistance provided for historic preservation</li> </ul>	ing building to code, and or designated districts, when	\$ \$
<ul> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	s	50% or less of total or assistance for pollutio abatement assistance for a TIF so	on control or	\$ \$
26. If the assistance included tax increment finar indicate the type of TIF district? (Mark one.)			ors providing a business to the same project? <i>(M</i>	
${f \Sigma}$ not applicable, assistance was not in the form ${f c}$	ofTIF		antor and the value of th ach an additional sheet	
Tedevelopment Tenewal and renovation Soils condition		□ No		.,
□ economic development □ mined underground space		Grantor(s) and value of	the agreement(s):	
hazardous substance subdistrict		<mark>City of Shakor</mark> Grantor	value (\$)	0.00
	Ī	Grantor	Value (\$)	

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			nancial assistance agreemen ent? (Mark all that apply.)	ts state a public p	purpose. Which
<ul> <li>Enhancing economic div</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communities</li> </ul>	o growth		∑ Increasing tax base (ca □ Other <i>(please specify)</i>		
29. Indicate whether the ag at the time of this report			s of goals, and whether the 1 date(s) for each goal.)	recipient had atta	ined those goals
			-	get attainment	All goals
A) Specific wage and job g B) Other job-creation and/o C) Other wage goals D) Other goals other than w	or retention goal	S	Ø Yes □ No 0 <u>1−0</u> □ Yes □ No □ Yes □ No	(month & year) 1-2004	attained? Yes XONo Yes No Yes No Yes No
(Please attach descriptions attainment if not documente					
agreement and the avera	age hourly valu 21-time equivale	e of any employer-pr ents if you are unable	creation and/or retention goa ovided health insurance goa to separate goals by full- a	Is for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					\$
less than \$7.00					s
less than \$7.00 \$7.00 to \$8.99					s s
					s s s
\$7.00 to \$8.99	450				
\$7.00 to \$8.99 \$9.00 to \$10.99	450				s
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	450				S S
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the followin date and the <b>actual</b> hou	ng wage catego Irly value of an you are unable	y employer-provided to separate job creat	ber of <b>actual</b> jobs created a health insurance for those jo tion into full- and part-time	obs. <u>(Only</u> indice	ss ss s
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the followin date and the <b>actual</b> hou	ng wage catego arly value of an	y employer-provided	health insurance for those jo	obs. <u>(Only</u> indice	ss ss s
<ul> <li>\$7.00 to \$8.99</li> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>For each of the followind date and the actual how full-time equivalents if the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second</li></ul>	ng wage catego urly value of an you are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those jo tion into full- and part-time FTE ( <u>only</u> if unable to separate FT/PT)	obs. <u>(Only</u> indica positions.) Job	s s s nce the benefit nte job creation in Hourly Value of
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the followind date and the actual how full-time equivalents if Hourly Wage (excluding benefits)	ng wage catego urly value of an you are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those jo tion into full- and part-time FTE ( <u>only</u> if unable to separate FT/PT)	obs. <u>(Only</u> indica positions.) Job	ss _ss _ss _have the benefit the job creation in Hourly Value of Health Insurance
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the followin date and the actual hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ng wage catego urly value of an you are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those jo tion into full- and part-time FTE ( <u>only</u> if unable to separate FT/PT)	obs. <u>(Only</u> indica positions.) Job	ss s s s s nce the benefit nte job creation in Hourly Value of Health Insuranc ss
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the followindright date and the actual hour full-time equivalents if the second state of the second sta	ng wage catego urly value of an you are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those jo tion into full- and part-time FTE ( <u>only</u> if unable to separate FT/PT)	obs. <u>(Only</u> indica positions.) Job	ss s ss s here the benefit ne job creation in Hourly Value of Health Insuranc ss
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the followind date and the actual how full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ng wage catego urly value of an you are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those jo tion into full- and part-time FTE ( <u>only</u> if unable to separate FT/PT)	obs. <u>(Only</u> indica positions.) Job	ss s nce the benefit nte job creation in Hourly Value of Health Insurance sssssss

2001 Minnesota Business Assistance Form

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Page 3 of 4

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(Do not complete this section if you completed i	t on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116</li> </ol>	r 31, 2000, did your organization ha	ave any recipients who failed to
□ Yes (Indicate the name of each recipient failing to rep recipient. Attach additional pages if necessary.)	ort and the value of subsidy or finar	ncial assistance awarded to that
D No		
Name of recipient Type of subsidy or assistar	nce (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we</li> </ol>	t to achieve any goals or fulfill any c ere required to be fulfilled by the tin	other obligations under an ne of this report? (Mark one.)
Yes (Complete the remainder of this see	ection.) XXNo (Stop here and su	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each reciwere to be attained by the time of reporting. (At 35. Information on recipient and agreement:</li> </ul>		ther terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.).		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	recipient relocated to a differ other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment oblig	gation? (Mark one.)	
Yes No, recipient has begun to repay the assistan	ce. ONo, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the recip	ient's deadline for fulfilling its oblig	ations? (Mark one.)
	O Yes O No	
39. Describe the steps being taken to bring recipient into	compliance or recoup the subsidy:	

2001 100 10

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Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

00-0962



## 2001 Minnesota Business Assistance Form

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial 2001 # assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to \$116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the # period 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 en Scott County			this form	
3. Street address 200 Fourth Avenu			5. ZIP code 55379	]
6. County Scott	6. County 7. Phone number		9. E-mail address bhanninen@co.scott	mn.us
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
<ul> <li>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.")</li> <li>City government</li> <li>City government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>12. Has your organization held adopted criteria for awardin compliance with Minn. State - Organization held a public hearing date - Organization No</li> <li>We held a public hearing but criteria (Indicate date of ini Other (Please attach explanation))</li> </ul>	ng business subsidies in it. §116J.994? (Mark one.) $\frac{11-02-00}{and attach criteria}$ : have not yet adopted tial hearing	
, , , , , , , , , , , , , , , , , , , ,	, ,	siness subsidy or financial assistar nder Minn Stat §116J.993 and §	-	
XXYes (Com	olete the remainder of the form.)	□ No (Stop here, go to section	n 5 on page 4.)	
Section 2 Information A	bout Recipient			
6	<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>		bsidy or financial assistance	]
B. F. Nelson Foldi	ng Cartons, Inc.	12900 Eagle Creek Prkwy	Savage MN 55378	

C Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) **V**No

	·····			·
Name of parent corporation	Street address	City	State	ZIP code

Street address

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

Larry M. Ross, LLC

State

ZIP code

City

17. Industry of recipient's	facility (Mark on	ne.):		
	nufacturing tail Trade	<ul> <li>❑ Services</li> <li>❑ Wholesale Trad</li> </ul>	Finance, Insura     Construction	nce, Real Estate
18. Did the recipient reloc	ate as a result of s	signing this agreeme	nt? (Mark one.)	
Yes (Indicate city and st On No (Go to Question 19.)		ddress and reason re	cipient did not complete	this project at that address.)
Minneapolis, MN		to own thei		
City/State of previous addr	ess Reason pro	ject not completed a	t previous address	
19. Would the recipient ha financial assistance? (Ma		revious location or re	elocated elsewhere if not	awarded this business subsidy or
C Remained at prev	ious location	Relocated to differe	ent Minnesota location	3 Relocated outside Minnesota
Section 3 General Inf	ormation Abo	out the Agreeme	ent	
20. Total dollar value of b assistance (Please sepa and 25.)				gned (In addition to the agreement dates the agreement was amended.)
\$300,000.00			01-04-00	
indicate the date impro whichever is earlier.)	ovements were fin	ished, equipment wa	is placed into service, or	financial assistance. For example, the recipient occupied the property,
			occupancy is g	
23. Does the agreement probe reported? (Mark on	e.)	subsidy or one of the business subsidy	four types of financial as	ssistance (see Question 25) required to
24. If the agreement provid indicate the type(s) and				as one of the four types of financial ndicate the type(s).
🖵 not applicable, agreemen	t provided financ	ial assistance	XX not applicable, agree	ment provided a business subsidy
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loa</li> <li>grant (i.e., forgivable loa</li> <li>tax abatement</li> <li>TIF or other tax reductio</li> <li>guarantee of payment</li> <li>contribution of property</li> <li>preferential use of govern</li> <li>land contribution</li> <li>other (Specify subsidy type)</li> </ul>	n or deferral or infrastructure omental facilities	\$	<ul> <li>assistance for proper by contaminants</li> <li>assistance for renova stock or bringing it u assistance provided historic preservation 50% or less of total of assistance for polluti abatement</li> <li>assistance for a TIF store</li> </ul>	ting building \$ up to code, and for designated in districts, when cost on control or \$
26. If the assistance includ indicate the type of TIF				tors providing a business subsidy or to the same project? (Mark one.)
XXnot applicable, assistance	was not in the fo	orm of TIF		antor and the value of their tach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>			🗆 No	
conomic development			Grantor(s) and value of	f the agreement(s):
<ul> <li>mined underground spac</li> <li>hazardous substance sub-</li> </ul>	e		City of Savage	
u nazardous substance sub	UISITICI		Grantor	Value (S)
			Grantor	Value (S)

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of the following public p	equires that bu purposes were	siness subsidy and fi stated in the agreeme	nancial assistance agreeme ent? (Mark all that apply.)	nts state a public p	ourpose. Which
Enhancing economic diver Creating high-quality job p Job retention Stabilizing the community	growth		<ul> <li>Increasing tax base (c</li> <li>Other (please specify)</li> </ul>		
<ol> <li>Indicate whether the agree at the time of this report.</li> </ol>	eement includ . (Fill in the b	ed the following type oxes and attainment	s of goals, and whether the <i>date(s) for each goal.)</i>	recipient had atta	ined those goals
<ul> <li>A) Specific wage and job goat</li> <li>A) Other job-creation and/or</li> <li>A) Other wage goals</li> <li>A) Other goals other than wage</li> </ul>	retention goal	S	established? date: ∑Yes □No e <u>st</u>	get attainment s (month & year) 07-15-03	All goals attained? <b>0.7.0</b> Yes XNo Yes No Yes No Yes No Yes No
Please attach descriptions o ttainment if not documented					
	ge hourly valu	e of any employer-pr	creation and/or retention ge ovided health insurance go to separate goals by full-	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					S
\$7.00 to \$8.99					5
\$9.00 to \$10.99					۵
\$11.00 to \$12.99	87				S
\$13.00 to \$14.99					S
\$15.00 and higher					S
For each of the followin, date and the actual hour full-time equivalents if y Hourly Wage	ly value of an	v employer-provided	nber of actual jobs created health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	iobs. (Only indice	ate iob creation in
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
less than \$7.00					\$
\$7.00 to \$8.99					S
\$9.00 to \$10.99					s
\$11.00 to \$12.99	·				\$
\$13.00 to \$14.99					S
\$15.00 and higher					s

2001 Minnesota Business Assistance Form

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Page 3 of 4

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Do not complete this section if you completed	it on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §1</li> </ol>	per 31, 2000, did your organization ha 16J.994? <i>(Mark one.)</i>	ive any recipients who failed to
Ses (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	ncial assistance awarded to that
No		
Name of recipient Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that</li> </ol>		
Types (Complete the remainder of this	section.) XKNo (Stop here and sui	bmit form to DTED .)
<ul><li>35 39. Provide the following information for each require to be attained by the time of reporting. (2)</li></ul>		her terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	-
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	
Yes ONO, recipient <u>has begun</u> to repay the assista	ance. DNo, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the rec	ipient's deadline for fulfilling its oblig	gations? (Mark one.)
	□ Yes □ No	
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form



## **2001 Minnesota Business Assistance Form**

RECEIVED APR 2 0 2001

00-0589

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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 en CITY OF SHA	2. Name of person completing this form PAUL SNOOK, ECONOMIC DEVELOPMENT DIRECTOR				
3. Street address 129 Holmes		4. City SHAKO		5. ZIP code	5379
6. County Scott-	8. Fax number (952) 233 -	3801	9. E-mail add psnook@ci.s	ress shakotee.mn.US	
	r organization should receive the	2002 MBAF if differ	ent from the	person in Quest	tion 2.
Name/Title	Phone number	Street addr	ess	City	ZIP code
	lark one. If grantor is entity lease indicate affiliation. For l check "City government.")		a for awardin	a public hearin, ng business subs t. §116J.994? (A	sidies in
City government County government Regional government State government Other (Please specify.)	Yes (Indicate he No We held a public criteria (Indicat Other (Please at	hearing but date of init	have not yet ad	·	
through December 31, 200	ed any agreements to award a but 0 that is required to be reported u plete the remainder of the form.)		6J.993 and §	116J.994? (Ma	
Section 2 Information Al	bout Recipient				
14. Name of business or organ receiving subsidy or finance		15. Address where will be used	-	bsidy or financi ler construct	
ADC TELECOMMU	NICATIONS, INC.	Street address	SHA KOPE City	E MN State	SS379 ZIP code
16. Does the recipient have a p	parent corporation? (Mark one.)	•			
□ Yes (Indicate name and add XNo	ress of parent corporation below	. If more than one, in	idicate ultim	ate owner.)	-
Name of parent corporation		Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
NAICS: 334710 Manufacturing Dervices SIC: 3661 Deretail Trade Dervices Wholesale Trade	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please specify)</li> </ul>
18. Did the recipient relocate as a result of signing this agreement	t? (Mark one.)
Yes (Indicate city and state of previous address and reason rea No (Go to Question 19.) THIS WHY NOT A RELOCA A NEW FACILITY	
City/State of previous address Reason project not completed at	previous address
9. Would the recipient have remained in previous location or re financial assistance? (Mark one.) THIS PROJECT IS "PREVIOUS LOCATION". Remained at previous location Relocated to different	A NEW FACILITY, THEREFORE NOT HAVING A HOMEVER, THE FACILITY NOALD HAVE LOCATED ONTSIDE MN/
ection 3 General Information About the Agreeme	nt
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) $720$ , $000$ , $111$ 71.401 47, $010$ , $000$ , $111$ 71.401 (CITY OF SHAKOPEE AND SCOTT COUNTY	<ol> <li>Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</li> <li>MAY 23, 2000</li> </ol>
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment wa	
be reported? (Mark one.)	financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy
Ioan (only principal)     10an (only principal)     10an (only principal)       grant (i.e., forgivable loan)     10an (only principal)	assistance for property polluted by contaminants
grant (i.e., forgivable loan)       \$	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
a preferential use of governmental facilities       \$         a land contribution       \$         b other (Specify subsidy type.)       \$	assistance for pollution control or \$
	□ assistance for a TIF soils condition district <b>\$</b>
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	
economic development	Grantor(s) and value of the agreement(s): $\mathcal{F}_{EEPT}$ : $\frac{8/1}{03-2/1}$
<ul> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	Grantor Value (\$) Grantor Value (\$) Grantor Value (\$) Grantor Value (\$) Grantor Value (\$) Grantor Value (\$) Grantor Value (\$)
	$\frac{ Grantor }{ 1,290,000.00}$

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

Enhancing economic divers Creating high-quality job gr Job retention Stabilizing the community			<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>			
9. Indicate whether the agree at the time of this report.				e recipient had attai	ned those goals	
A) Specific wage <u>and job g</u> oal B) Other job-creation and/or r C) Other wage goals D) Other goals other than wag Please attach descriptions of	etention goals	s	established? date XIYes INo	rget attainment es (month & year) _1-1-04	All goals attained? Yes No Yes No Yes No Yes No	
attainment if not documented						
30. For each of the following agreement and the averag <i>job creation goals in full-</i>	e hourly valu time equivale	e of any employer-pro ints if you are unable of	ovided health insurance g to separate goals by full	goals for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00					s	
\$7.00 to \$8.99					\$	
\$9.00 to \$10.99					s	
(10 less than \$12.99 (10 less than \$12.64) \$13.00 to \$14.99			<u>450</u>		s s	
\$15.00 and higher					\$	
31. For each of the followin <u>date and the actual hour</u> <i>full-time equivalents if y</i> Hourly Wage (excluding benefits)	ly value of ar	y employer-provided	health insurance for tho	se jobs. ( <u>Only</u> india me positions.) N Job Retention	ate job creation in A. BEVEFIT DATE IS 7/3 Hourly Value of Health Insurance	
less than \$7.00					s	
\$7.00 to \$8.99	<u></u>				\$	
\$9.00 to \$10.99				<u> </u>	\$	
					\$	
\$11.00 to \$12.99					5	
\$11.00 to \$12.99 \$13.00 to \$14.99						

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Do not complete this section if you completed	it on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §1</li> </ol>		ive any recipients who failed to
Yes (Indicate the name of each recipient failing to re recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	icial assistance awarded to that
(No		
Name of recipient Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that		
<b>Q</b> Yes (Complete the remainder of this .	section.) XNo (Stop here and su	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each rewere to be attained by the time of reporting. (</li> </ul>		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	rent community
37. To date, has the recipient fulfilled its repayment of	bligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assist	ance. D No, recipient <u>has not beg</u>	un to repay the assistance.
38. Has the agreement been amended to extend the rec	ripient's deadline for fulfilling its obli	gations? (Mark one.)
	QYes QNo	
39. Describe the steps being taken to bring recipient in	nto compliance or recoup the subsidy:	
·		

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

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

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development



## 2001 Minnesota Business Assistance For: 00-0216

# RECEIVED MAR 3 0 2001

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
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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

<ol> <li>Name of grantor (funding entity) South St. Paul Housing &amp; Redevelopment Authority</li> </ol>		2. Name of person completing this form Branna K. Lindell		
3. Street address 125 Third Avenue North		4. City South St. Paul		
6. County Dakota	•		9. E-mail address b_lindell@ssphra.or	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			tion 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.")		<ol> <li>Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) 8/31/99</li> </ol>		
XX City government		XXYes (Indicate hearing date and <u>attach criteria</u> )		
County government  Regional government  State government  Other (Please specify.)		<ul> <li>No</li> <li>We held a public hearing but have not yet adopted</li> <li>criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>		
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.)				

**EXYes** (Complete the remainder of the form.) INO (<u>Stop here</u>, go to section 5 on page 4.)

### Section 2 Information About Recipient

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address wher will be used	e business subsi	dy or financi	al assistance
GoldCom	141 Bridgel	Point Way,	So. St.	Paul 55075
· ·	Street address	City	State	ZIP code
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>Yes (Indicate name and address of parent corporation below.</li> <li>X3 No</li> </ul>	If more than one, it	ndicate ultimate	owner.)	
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
Manufacturing Dervices Retail Trade Dervices	
18. Did the recipient relocate as a result of signing this agreem	ent? (Mark one.)
∑ Yes (Indicate city and state of previous address and reason r □ No (Go to Question 19.)	recipient did not complete this project at that address.)
Nest St. Paul, MN No room for expan	
City/State of previous address Reason project not completed	
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	
Remained at previous location XX Relocated to diffe	
ection 3 General Information About the Agreem	ient
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
and 25.) \$72,600 (8.7.7. 4. 614/01)	6/27/00 2.7.26 6115/0)
22. Benefit date (Indicate the date the recipient will benefit fro indicate the date improvements were finished, equipment w whichever is earlier.) February 2001	om the business subsidy or financial assistance. For example, was placed into service, or the recipient occupied the property,
<ol> <li>Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li> <li>XXD business subsidy</li> </ol>	he four types of financial assistance (see Question 25) required to
<ol> <li>If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</li> </ol>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
I not applicable, agreement provided financial assistance	図 not applicable, agreement provided a business subsidy
Ioan (only principal)     S       grant (i.e., forgivable loan)     S       tax abatement     S	by contaminants
TIF or other tax reduction or deferral       S         guarantee of payment       S	stock or bringing it up to code, and assistance provided for designated
Contribution of property or infrastructure       S         D preferential use of governmental facilities       S	historic preservation districts, when 50% or less of total cost
I and contribution       \$_13,600         O other (Specify subsidy type.)       \$	abatement S
	assistance for a TIF soils condition district     S
6. 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.)
a not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
redevelopment	
<ul> <li>renewal and renovation</li> <li>soils condition</li> </ul>	XIXI No
□ economic development □ mined underground space	Grantor(s) and value of the agreement(s):
hazardous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

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

Section 4 Goals and 10	blie r ur pos				
28. Minn. Stat. §116J.994 re of the following public p	equires that busi ourposes were s	ness subsidy and fina tated in the agreemen	ancial assistance agree at? (Mark all that appl	ments state a public pu ly.)	urpose. Which
<ul> <li>Enhancing economic diversity</li> <li>Creating high-quality job growth</li> <li>Job retention</li> </ul>		XX Increasing tax base (cannot be only purpose)			
□ Stabilizing the community	,				
29. Indicate whether the agr at the time of this report.				the recipient had attai	ned those goals
A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals			established? d XØYes □No	Target attainment ates (month & year) 2/2003	All goals attained? Yes XXNo Yes No Yes No Yes No
(Please attach descriptions of attainment if not documented				······································	
30. For each of the following agreement and the avera job creation goals in ful	ge hourly value	of any employer-pro	ovided health insuranc	e goals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals n stated as FT/PT) Job Creation	ot Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					۶
less than \$7.00					s
\$7.00 to \$8.99		·			s
\$9.00 to \$10.99	1				s
\$11.00 to \$12.99	<u> </u>				s
\$13.00 to \$14.99					s
\$15.00 and higher			<u></u>		\$
31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)					
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable separate FT/PT) Job Creation	to Job Retention	Hourly Value of Health Insurance
less than \$7.00			<u></u>		\$
\$7.00 to \$8.99					s
\$9.00 to \$10.99					\$
\$11.00 to \$12.99	<u> </u>				\$
\$13.00 to \$14.99	<u> </u>				s
\$15.00 and higher					s
32. Has the recipient achiev (Mark one.)	ved <u>all goals</u> (se	e Questions 29, 30 a		obligations stipulated	in the agreement?

2001 Minnesota Business Assistance Form

Do not complete this section if you completed it o	n another 2001 MBAF subr	nitted to DTED.)
<ol> <li>During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.9</li> </ol>	1, 2000, did your organization ha 994? <i>(Mark one.)</i>	ve any recipients who failed to
□ Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or finan	cial assistance awarded to that
2 No 61.12.614101		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
<ul> <li>34. Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were</li> <li>□ Yes (Complete the remainder of this section)</li> </ul>	required to be fulfilled by the tin $\pounds$ $\pounds$ $470 \cdot 6/4/0$	ne of this report? (Mark one.)
<ul> <li>35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Attained)</li> <li>35. Information on recipient and agreement:</li> </ul>	ent failing to fulfill goals or any o ch additional pages if necessary.)	ther terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obliga	tion? (Mark one.)	
Yes ONO, recipient <u>has begun</u> to repay the assistance	. O No, recipient <u>has not beg</u> u	un to repay the assistance.
38. Has the agreement been amended to extend the recipier	nt's deadline for fulfilling its obli	gations? (Mark one.)
	Yes 🗆 No	
39. Describe the steps being taken to bring recipient into c	ompliance or recoup the subsidy:	
		··

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

Or fax to: (651) 215-3841

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Department of Trade and Economic Development

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## 2001 Minnesota Business Assistance Form RECEIVED MAR 3 0 2001

00-0217

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

### Section 1 Information About Grantor

1. Name of grantor (funding entity) South St. Paul Housing & Redevelopment Authority		2. Name of person completing this form Branna K. Lindell		
3. Street address 125 Third Avenue North		4. City South St. Paul	5. ZIP code 55075	
6. County Dakota	7. Phone number 651-451-1838	8. Fax number 651-450-8759	9. E-mail address o_lindell@ssphra.org	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			person in Question 2.	
Name/Title – Phone number Street address City ZIP cod				
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.)		
XKCity government		8/31/99 X2 Yes (Indicate hearing date and <u>attach criteria</u> )		
County government  Regional government  State government  Other (Please specify.)		<ul> <li>No</li> <li>We held a public hearing but have not yet adopted</li> <li>criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>		
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.)				

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where will be used</li> </ol>	business subsidy o	or financ	ial assistance
Schadegg Mechanical, Inc.	<u>225</u> BridgeP Street address	<u>oint Drive,</u> City	So. State	<u>St. Paul</u> 5507 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<ul> <li>Yes (Indicate name and address of parent corporation below.</li> <li>XKNo</li> </ul>	If more than one, inc	dicate ultimate ow	ner.)	
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
Manufacturing     Services     Retail Trade     Wholesale	□ Finance, Insurance, Real Estate Trade XX Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agree	ement? (Mark one.)
Yes (Indicate city and state of previous address and reaso No (Go to Question 19.) St. Paul, MN City/State of previous address Reason project not complet	locatin was too small, no room to
	or relocated elsewhere if not awarded this business subsidy or
Remained at previous location SMR elocated to di	fferent Minnesota location 🛛 Relocated outside Minnesota
ection 3 General Information About the Agree	
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 2 and 25.)	21. Date agreement signed (In addition to the agreement
\$27,400	May 23, 2000
<ol> <li>Benefit date (Indicate the date the recipient will benefit) indicate the date improvements were finished, equipmen whichever is earlier.) January, 2001</li> </ol>	from the business subsidy or financial assistance. For example, t was placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one o be reported? (Mark one.) Substant Subsidiary Substant Subsidiary Substant Subsidiary Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Substant Su	f the four types of financial assistance (see Question 25) required to y
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type	<ul> <li>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ul>
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy
loan (only principal)       \$	assistance provided for designated         historic preservation districts, when         50% or less of total cost
26. If the assistance included tax increment financing, pleas indicate the type of TIF district? (Mark one.)	e 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
$\check{\Delta}$ not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	K資 No Grantor(s) and value of the agreement(s):
יו וופרשו חסתו אחסיייייייייייייייייייייייייייייייייייי	Grantor Value (\$)
	Grantor Value (\$)

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

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28. Minn. Stat. §116J.994 r of the following public	equires that bus	siness subsidy and fi	inancial assistance agr	eements state a public p	urpose. Which
of the following public Enhancing economic dive KKCreating high-quality job	ersity	stated in the agreem	X Increasing tax b	ase (cannot be only puŋ ecify)	pose)
<ul> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	у		·	<del></del>	
29. Indicate whether the aga at the time of this report	reement include t. <i>(Fill in the b</i> e	ed the following typo oxes and attainment	es of goals, and wheth date(s) for each goal	er the recipient had atta .)	ined those goals
			Goals	Target attainment	All goals
1			established?	dates (month & year)	attained?
A) Specific wage and job go	als to be attain	ed within 2 years	X201 Yes 🗆 No	10/2002	🗆 Yes 🗖 No
B) Other job-creation and/or	r retention goals	S	🗆 Yes 🖾 No		🛛 Yes 🖾 No
C) Other wave poals			🛛 Yes 🖓 No		🛛 Yes 🖾 No
D) Other goals other than w	age and job goa	als	🛛 Yes 🖾 No		Yes No
(Please attach descriptions attainment if not documente	d in Questions .	30 and 31.)			
30. For each of the followir agreement and the avera job creation goals in fu	ige hourly valu	e of any employer-p	provided health insurat	nce goals for those jobs.	( <u>Only</u> indicate tions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals stated as FT/PI Job Creation		Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00		<del></del>			s
\$7.00 to \$8.99		<u> </u>			s
\$9.00 to \$10.99	1	<u> </u>			s
\$11.00 to \$12.99					s
\$13.00 to \$14.99			<del></del>		\$
\$15.00 and higher					S
31. For each of the followi date and the actual how full-time equivalents if	urly value of an	y employer-provide	d health insurance for	those jobs. (Only indic	nce the benefit ate job creation in
	Full-time	Part-time/	FTE (only if unab	le to	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/P1 Job Creation	F) Job Retention	Hourly Value of Health Insurance
less than \$7.00				·····	s

□Yes XX No

\$7.00 to \$8.99 \$9.00 to \$10.99

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Do not complete this section if you completed i	it on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §11</li> </ol>	er 31, 2000, did your organization ha 6J.994? <i>(Mark one.)</i>	ave any recipients who failed to
□ Yes (Indicate the name of each recipient failing to rep recipient. Attach additional pages if necessary.)	port and the value of subsidy or finar	ncial assistance awarded to that
80KNo		
Name of recipient Type of subsidy or assista	ance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that w	ed to achieve any goals or fulfill any vere required to be fulfilled by the tir	other obligations under an ne of this report? (Mark one.)
Yes (Complete the remainder of this s	rection.) XXX No (Stop here and su	bmit form to DTED .)
<ul><li>35 39. Provide the following information for each rec were to be attained by the time of reporting. (A</li></ul>	tipient failing to fulfill goals or any c Attach additional pages if necessary,	other terms of an agreement that )
35. Information on recipient and agreement:		·
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a diffe</li> <li>other (Specify reason.)</li> </ul>	rent community
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assista	nce. 🛛 No, recipient <u>has not beg</u>	un to repay the assistance.
38. Has the agreement been amended to extend the reci	pient's deadline for fulfilling its obli	igations? (Mark one.)
	🗅 Yes 🗅 No	
39. Describe the steps being taken to bring recipient int	to compliance or recoup the subsidy:	
<u></u>		

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

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Department of Trade and Economic Development

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00-0218

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial . assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to \$116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period 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 Housing & Redevelop	2. Name of person of Branna K.		this form		
3. Street address 125 Third Avenue No	orth	4. City South St. 1	Paul	5. ZIP code 55075	
6. County 7 Dakota 7	-			9. E-mail add b_lindell	iress @ssphra.org
10. Please indicate who in your or	ganization should receive the	2002 MBAF if differe	ent from the	person in Ques	stion 2.
Name/Title	Phone number	Street addre	ess	City	ZIP code
11. Classification of grantor (Mar. created by gov't agency, pleas example, a city EDA would ch	se indicate affiliation. For	<ol> <li>Has your organi adopted criteria compliance with</li> </ol>	for awardii h Minn. Sta	ng business sub .t. §116J.994? (.	sidies in
XX City government County government Regional government State government Other (Please specify.)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	aring date - hearing but e date of ini	have not yet ac tial hearing	lopted	
-	any agreements to award a bus nat is required to be reported u e the remainder of the form.)		J.993 and §	116 <b>J.9</b> 94? (Ma	
Section 2 Information Abo	ut Recipient				
<ol> <li>Name of business or organizat receiving subsidy or financial</li> </ol>	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>				
Stebgo Metals		250 Bridge Street address	<u>Point D</u> City	o <mark>rive, So.</mark> State	St. Paul 55 ZIP code
16. Does the recipient have a pare	ent corporation? (Mark one.)				
□ Yes (Indicate name and address ൸No	s of parent corporation below.	If more than one, ind	licate ultim	ate owner.)	
Name of parent corporation		Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark	one.):		
XXManufacturing □ Retail Trade	Services     Wholesale Trad	□ Finance, Insurance, Real Estate □ Construction □ Other (please specify)	
18. Did the recipient relocate as a result c	f signing this agreemer	nt? (Mark one.)	
XXYes (Indicate city and state of previous No (Go to Question 19.)	address and reason re	cipient did not complete this project at that address	.)
City/State of previous address Reason p	project not completed a	t previous address	
19. Would the recipient have remained in financial assistance? (Mark one.)	previous location or re	elocated elsewhere if not awarded this business subs	idy or
Remained at previous location	Relocated to differe	ent Minnesota location 🛛 🎇 Relocated outside Min	inesota
Section 3 General Information A	bout the Agreeme	ent	
20. Total dollar value of business subside assistance (Please separate value by and 25.)		21. Date agreement signed (In addition to the agr date, indicate any dates the agreement was a	
\$174,679		November 28, 2000	
indicate the date improvements were whichever is earlier.)		the business subsidy or financial assistance. For easy placed into service, or the recipient occupied the p completed.	
	ss subsidy or one of the	e four types of financial assistance (see Question 25)	) required to
be reported? (Mark one.)	U business subsidy	G financial assistance	
24. If the agreement provided a business s indicate the type(s) and total dollar		25. If the assistance was one of the four types of assistance, please indicate the type(s).	financial
not applicable, agreement provided fina	ancial assistance	XI not applicable, agreement provided a business :	subsidy
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> </ul>	\$ <u>160,000</u> \$ \$ \$	<ul> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, and assistance provided for designated</li> </ul>	\$ \$
<ul> <li>contribution of property or infrastructu</li> <li>preferential use of governmental facilit</li> </ul>		historic preservation districts, when 50% or less of total cost	<b>e</b> n sist
<ul> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	\$174.679	assistance for pollution control or abatement	\$
	A. 4. 74. 6/157	$\mathbf{v} \Box$ assistance for a TIF soils condition district	\$
26. If the assistance included tax increme indicate the type of TIF district? (Ma		27. Are any other grantors providing a business s financial assistance to the same project? (Mo	
XX not applicable, assistance was not in th	e form of TIF	Yes (Specify each grantor and the value of the assistance below; attach an additional sheet if	
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>		X 🖾 No	
<ul> <li>economic development</li> <li>mined underground space</li> </ul>		Grantor(s) and value of the agreement(s):	
hazardous substance subdistrict		Grantor Value (\$)	
		Grantor Value (\$)	

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

Section 4 Goals and Ft	ione Furpo	se luentineu m	the Agreement		
<ol> <li>Minn. Stat. §116J.994 r of the following public</li> </ol>	equires that bus purposes were	siness subsidy and fi stated in the agreeme	nancial assistance agreen ent? (Mark all that appl	ments state a public p y.)	urpose. Which
<ul> <li>Enhancing economic dive</li> <li>Enhancing high-quality job</li> <li>Job retention</li> </ul>			XX Increasing tax base Other (please spec	e (cannot be only puŋ ify)	pose)
Stabilizing the community	y				
29. Indicate whether the agr at the time of this report				the recipient had atta	ined those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	als to be attain retention goal	ed within 2 years s	Goals established? d	Target attainment ates (month & year) une, 2003	All goals attained? Yes X No Yes No Yes No Yes No
(Please attach descriptions of attainment if not documented					
30. For each of the followin agreement and the avera <i>job creation goals in full</i>	age hourly valu	e of any employer-p	rovided health insurance	goals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals no stated as FT/PT) Job Creation	ot Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99					\$
\$9.00 to \$10.99	1				s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					٢٢
\$15.00 and higher					\$
	irly value of an	y employer-provide	mber of <b>actual</b> jobs crea d health insurance for th ation into full- and part-	ose jobs. <u>(Only</u> indic	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable ( separate FT/PT) Job Creation	to Job Retention	Hourly Value of Health Insurance
less than \$7.00					\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.99					s
\$11.00 to \$12.99					s

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

□ Yes XXX No

\$13.00 to \$14.99

\$15.00 and higher

s

s____

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Do not complete this section if you complete	elea li on anoiner 2001 MBAF subi	mitted to DIED.)
<ol> <li>During the period January 1, 2000 through De report as required by Minn. Stat. §116J.993 and</li> </ol>		we any recipients who failed to
Yes (Indicate the name of each recipient failing recipient. 4ttach additional pages if necessary		cial assistance awarded to that
ZNO 6/04/01 27.4.		
Name of recipient Type of subsidy or a	assistance (See Questions 24 and 25.)	Value of subsidy or assistance
<ul><li>34. Did your organization have any recipients who agreement signed on or after January 1, 2000,</li><li> Yes (Complete the remainder of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s</li></ul>	that were required to be fulfilled by the time 6/04/01-4.4	ne of this report? (Mark one.)
	ch recipient failing to fulfill goals or any of ng. (Attach additional pages if necessary.)	ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayme	nt obligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the a	ssistance. D No, recipient <u>has not begu</u>	in to repay the assistance.
38. Has the agreement been amended to extend th	e recipient's deadline for fulfilling its oblig	gations? (Mark one.)
	🗆 Yes 🗆 No	
39. Describe the steps being taken to bring recipie	ent into compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841



## 00-0220 2001 Minnesota Business Assistance Form 3 n 2001

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

### Section 1 Information About Grantor

<ol> <li>Name of grantor (funding entity) South St. Paul Housing &amp; Redevelopment Authority</li> </ol>		2. Name of person completing this form Branna K. Lindell			
3. Street address 125 Third Avenue NOrth		4. City South St. Paul	5. ZIP code 55075		
6. County7. Phone numberDakota651-451-1838		8. Fax number 651–450–8759	9. E-mail address b-lindell@ssphra.org		
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Question 2.		
Name/Title	Phone number	Street address	City ZIP code		
	Aark one. If grantor is entity lease indicate affiliation. For l check "City government.")	<ul> <li>12. Has your organization held adopted criteria for awardir compliance with Minn. Sta</li> <li>XXI Yes (Indicate hearing date - No</li> <li>We held a public hearing but criteria (Indicate date of init)</li> <li>Other (Please attach explanation)</li> </ul>	ng business subsidies in it. §116J.994? (Mark one.) 4/31/99 and <u>attach criteria</u> ) t have not yet adopted tial hearing)		
through December 31, 200	ed any agreements to award a bus 0 that is required to be reported u plete the remainder of the form.)		116J.994? (Mark one.)		
Section 2 Information Al	oout Recipient	r			
1					

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	<ol> <li>Address where bu will be used</li> </ol>	siness subs	idy or finand	ial assistance
Holtkoetter Leuchten	155 Hardman	Ave.,	So. St.	Paul 55075
	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
□ Yes (Indicate name and address of parent corporation below. XXI No	If more than one, indic	ate ultimat	e owner.)	
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.	):		
X23 Manufacturing □ Retail Trade	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (ple)</li> </ul>	
18. Did the recipient relocate as a result of sig	ining this agreement?	(Mark one.)	
□ Yes (Indicate city and state of previous add ൸No (Go to Question 19.)	ress and reason recip	ient did not complete this project at t	hat address.)
City/State of previous address Reason proje	ect not completed at pr	evious address	
19. Would the recipient have remained in pre financial assistance? (Mark one.) Thi	vious location or reloc s is an expans		usiness subsidy or
XX Remained at previous location	Relocated to different	Minnesota location	outside Minnesota
Section 3 General Information Abou	ut the Agreement		
20. Total dollar value of business subsidy or assistance (Please separate value by type and 25.) \$53, 36	in Questions 24	<ol> <li>Date agreement signed (In addition date, indicate any dates the agree</li> </ol>	
22. Benefit date (Indicate the date the recipie indicate the date improvements were finis whichever is earlier.)	nt will benefit from th shed, equipment was p	e business subsidy or financial assist laced into service, or the recipient oc	ance. For example, ccupied the property,
<ul><li>23. Does the agreement provide a business subereported? (Mark one.)</li><li>XX business subscription</li></ul>		ur types of financial assistance (see ( I financial assistance	Question 25) required to
24. If the agreement provided a business subs indicate the type(s) and total dollar valu	idy, please – 2 le for each type.	25. If the assistance was one of the for assistance, please indicate the typ	
not applicable, agreement provided financi	al assistance	a not applicable, agreement provided	a business subsidy
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>and contribution</li> <li>other (Specify subsidy type.)</li> </ul>	s s s s s s s s	<ul> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, whe 50% or less of total cost</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition</li> </ul>	n S
26. If the assistance included tax increment indicate the type of TIF district? (Mark of		27. Are any other grantors providing financial assistance to the same p	
Xሿ not applicable, assistance was not in the fo	orm of TIF	Yes (Specify each grantor and the assistance below; attach an additi	
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>		ති No Grantor(s) and value of the agreemer	
□ hazardous substance subdistrict		Grantor Valu	ue (\$)
		Grantor Valu	ue (\$)

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Section 4	Goals and	Public	Purpose	Identified	in th	e Agreement
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) Enhancing economic diversity ) Creating high-quality job growth ) Job retention			<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>			
Stabilizing the communit	У					
<ol><li>Indicate whether the ag at the time of this report</li></ol>					ined those goals	
<ul> <li>a) Specific wage and job go</li> <li>b) Other job-creation and/o</li> <li>c) Other wage goals</li> <li>c) Other goals other than w</li> </ul>	r retention goals	5	Goals established? XXYes DNo Yes No Yes No Yes No	Target attainment dates (month & year) Oct. 2004	All goals attained? Yes XO No Yes No Yes No Yes No	
Please attach descriptions ttainment if not documente						
0. For each of the followin agreement and the aver job creation goals in fu	age hourly value all-time equivale	e of any employer-pr nts if you are unable	ovided health insuran to separate goals by	ce <b>goals</b> for those jobs. full- and part-time posi		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals stated as FT/PT Job Creation		Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00					s	
\$7.00 to \$8.99				·	s	
\$9.00 to \$10.99	_1				s	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99					s	
\$15.00 and higher					s	
<ol> <li>For each of the following date and the actual ho full-time equivalents if</li> </ol>	urly value of an <i>you are unable</i>	y employer-provided to separate job crea	Thealth insurance for tion into full- and par	those jobs. ( <u>Only</u> indic t-time positions.)		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unabl separate FT/PT Job Creation		Hourly Value of Health Insuranc	
less than \$7.00					\$	
\$7.00 to \$8.99	<u></u>				\$	
\$9.00 to \$10.99	<u> </u>				s	
\$11.00 to \$12.99	<i>.</i>				s	
\$13.00 to \$14.99			<u> </u>		s	
\$15.00 and higher					s	

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P 1

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31, 2000, did your organization ha J.994? <i>(Mark one.)</i>	ve any recipients who failed to
ort and the value of subsidy or finan	cial assistance awarded to that
ce (See Questions 24 and 25.)	Value of subsidy or assistance
to achieve any goals or fulfill any construction of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the	e of this report? (Mark one.)
pient failing to fulfill goals or any of tach additional pages if necessary.)	ther terms of an agreement that
Type of subsidy or assistance	Initial value of subsidy or assistance
City/ZIP code of recipient	Outstanding value of subsidy or assistance
<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
gation? (Mark one.)	
ce. 🗆 No, recipient <u>has not begu</u>	in to repay the assistance.
ient's deadline for fulfilling its oblig	gations? (Mark one.)
🗅 Yes 🗆 No	
compliance or recoup the subsidy:	· · · · · · · · · · · · · · · · · · ·
<u></u>	
	J.994? (Mark one.) ort and the value of subsidy or finan- ce (See Questions 24 and 25.) to achieve any goals or fulfill any co ere required to be fulfilled by the tim ction.) No (Stop here and sub- bient failing to fulfill goals or any of tach additional pages if necessary.) Type of subsidy or assistance City/ZIP code of recipient City/ZIP code of recipient ction? (Mark one.) ce. No, recipient has not begu- ient's deadline for fulfilling its oblig Yes No

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

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

Page 4 of 4

00-0261



2001 Minnesota Business Assistance Form

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### 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			9. E-mail address	
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from th	e person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
	fark one. If grantor is entity ease indicate affiliation. For check "City government.")	<ol> <li>Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)</li> </ol>		
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (<i>Please specify.</i>)</li> </ul>		□ No □ We held a public hearing bu	nitial hearing)	
<ol> <li>Has your organization sign through December 31, 200</li> </ol>	ed any agreements to award a bus 0 that is required to be reported u	sincss subsidy or financial assist nder Minn. Stat. §116J.993 and	ance from January 1, 2000 §116J.994? <i>(Mark one.)</i>	
🛛 Yes (Comp	lete the remainder of the form.)	UNO (Stop here, go to section	on 5 on page 4.)	
Castion 2 Information Al				

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where t will be used	ousiness subsid	ly or financ	ial assistance
Red's IGA	500 E Main	Spring	Grove	MN 55974
	Street address	City	State	ZIP code
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>Y cs (Indicate name and address of parent corporation below.</li> <li>No</li> </ul>	If more than one, ind	icate ultimate	owner.)	
Name of parent corporation	Street address	Сіту	State	ZIP code

17. Industry of reci	picnt's facility (Mark one	<b>c</b> .)			
	<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	❑ Services ❑ Wholesale Trade		Insurance, Real Estate tion DOther (please specif)	wj
18. Did the recipier	nt relocate as a result of s	igning this agreemen	ť? (Mark one.)		
Ü Yes (Indicate cit) ≌ No (Go to Questi	and state of previous ad on 19.)	dress and reason rec	cipient did not com	plete this project at that addre.	ss.)
City/State of previo	us address Reason proj	ject not completed at	previous address		
19. Would the recip financial assistant				if not awarded this business sul osed the store	osidy or
C Remained		Relocated to differe			innesota
Section 3 Gener	al Information Abo	ut the Agreeme	nt		· · · · · ·
assistance (Plea	luc of business subsidy or use separate value by type			ent signed (In addition to the a e any dates the agreement was	
and 25.)	70,300		02/	01/00	
22. Benefit date (In indicate the dat whichever is ea	e improvements were fini	ished. equipment was	the business subsi s placed into servic	dy or financial assistance - For se, or the recipient occupied th	• example, e property,
23. Does the agreer be reported? (A	Mark one.)	subsidy or one of the business subsidy	four types of finan	icial assistance (see Question 2 ance	5) required to
24. If the agreement indicate the type	t provided a business sub c(s) and total dollar val	sidy, please ue for each type		nce was one of the four types o lease indicate the type(s).	of financial
🛈 not applicable, ag	greement provided financ	ial assistance	🕅 not applicable,	, agreement provided a busines	s subsidy
<ul> <li>loan (only princip</li> <li>grant (i.e., forgiv</li> </ul>		s s	assistance for by contaminar	nts	۶ ۶
i guarantee of pay	reduction or deferral ment roperty or infrastructure	s <u>70,30</u> 0 s	stock or bring assistance pro-	renovating building ing it up to code, and vided for designated rvation districts, when	J
<ul> <li>preferential use of</li> <li>land contribution</li> </ul>	of governmental facilities		abatement	pollution control or	S
			assistance for	a TIF soils condition district	\$
26. If the assistanc indicate the typ	e included tax increment be of TIF district? (Mark	financing, please	27. Are any other financial ass	er grantors providing a busines sistance to the same project? (1	is subsidy or Mark one.)
🛈 not applicable, a	ssistance was not in the f	orm of TIF	Tes (Specify e assistance bel	each grantor and the value of t low; attach an additional sheet	heir if necessary.)
<ul> <li>redevelopment</li> <li>renewal and rene</li> </ul>	ovation		× No		
<ul> <li>soils condition</li> <li>cconomic develo</li> <li>mined undergroup</li> </ul>	and space		Grantor(s) and v	value of the agreement(s):	
🗆 hazardous substa	ance subdistrict		Grantor	Value (\$)	
			Grantor	Value (S)	

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<u>)</u> .

			nancial assistance agreeme nt? (Mark all that apply.)		urpose. Which
Enhancing coonomic dive Creating high-quality job			<ul> <li>Increasing tax base (o</li> <li>Other (please specify)</li> </ul>		
Job retention Stabilizing the communit	у				
9. Indicate whether the age at the time of this report				e recipient had attai	ned those goals
				rget attainment	All goals
) Sacaifia waga and iab ga	ula to be officin	ad within 2 years		s (month & year) pril 2000	attained?
) Specific wage and job go ) Other job-creation and/or					∑Yes □No □Yes □No
) Other wage goals	Terention goal	2			
) Other goals other than w	age and job go	als	O Yes O No		OYes ONo
Please attach descriptions o ttainment if not documente					
<ol> <li>For each of the followin agreement and the avera job creation goals in full</li> </ol>	age hourly valu	e of any employer-pr	ovided health insurance g to separate goals by full-	oals for those jobs.	( <u>Onlv</u> indicate tions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated us 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		`		٤٤
\$9.00 to \$10.99	·				\$
, \$11.00 to \$12.99	<u> </u>				۲
\$13.00 to \$14.99					\$
\$15.00 and higher					\$
<ol> <li>For each of the following date and the actual horizontation full-time equivalents if full-time equivalents.</li> </ol>	irly value of an you are unable	y employer-provided to separate job crea	health insurance for those tion into full- and part-tim	e jobs. <u>(Only</u> indici	nce the benefit ate job creation in
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
•		17		17	\$
less than \$7.00	3			32	5
less than \$7.00 \$7.00 to \$8.99				2	_
	2				\$
\$7.00 in \$8.99	2		· · · · · · · · · · · · · · · · · · ·		s
\$7.00 to \$8.99 \$9.00 to \$10.99	2				s s s
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	2				s s s

Department of Trade and Economic Development

(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.) See (Indicate the 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.) No (Stop here and submit form to DTED.) □ Yes (Complete the remainder of this section.) 35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.) 35. Information on recipient and agreement: Name of recipient in default Type of subsidy or assistance Initial value of subsidy or assistance Street address of recipient City/ZIP code of recipient Outstanding value of subsidy or assistance 36. Reason(s) for default (Mark all that apply.): I recipient relocated to a different community rccipient ceased operation I recipient was unable to fill vacant positions O other (Specify reason:) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) □ Yes □ No, recipient <u>has begun</u> to repay the assistance. D No, recipient has not begun to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) □Ycs □No 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

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



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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

1. Name of grantor (funding entity) 2. Name of person completing this form m SB ADY CITY OF 209 Y 2-3. Street address 4. City 5. ZIP code Courti 6. County 7. Phone number 8. Fax number E-mail address er al. Sulla 1249 507 346 7367 507 FILLA Media . COM 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. Barre me ZIP code Phone number Street address Name/Title City 11. Classification of grantor (Mark one. If grantor is entity 12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) WYes (Indicate hearing date - 1/17/99 and attach criteria) City government County government O No amended 6/21 Regional government • We held a public hearing but have not yet adopted State government criteria (Indicate date of initial hearing -Other (*Please specify*.) • 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.) □ No (Stop here, go to section 5 on page 4.)

### Section 1 Information About Grantor

Section 2 Information About Recipient

. . . . . .

14. Name of business or organization receiving subsidy or financial assistance Kapper: Fibricating, Incorporated	15. Address where will be used 1015 Industria Street address	business subsidy Sr: Shall City		assistance 55975 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
□ Yes (Indicate name and address of parent corporation below. ☑ No	If more than one, in	dicate ultimate o	wner.)	
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
Manufacturing Services Retail Trade Wholesale Trade	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction </li> <li>Other (please specify)</li> </ul>
8. Did the recipient relocate as a result of signing this agreemer	nt? (Mark one.)
Yes (Indicate city and state of previous address and reason rea No (Go to Question 19.)	cipient did not complete this project at that address.)
City/State of previous address Reason project not completed a	t previous address
19. Would the recipient have remained in previous location or re financial assistance? (Mark one.) Definitely المحصل If decided to expand elsew Remained at previous location Relocated to differe	a not have expanded.
ection 3 General Information About the Agreeme	ent certific
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	<ul> <li>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</li> <li>8 8 / 16 / 2800</li> </ul>
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment wa whichever is earlier.) $8/22/2000$	
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.) Description: Description:	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	Inot applicable, agreement provided a business subsidy
Image: Second system       S       100,000       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S	assistance for property polluted \$
TIF or other tax reduction or deferral	□ assistance for renovating building \$ stock or bringing it up to code, and
□ guarantee of payment \$ □ contribution of property or infrastructure \$	assistance provided for designated historic preservation districts, when
<ul> <li>preferential use of governmental facilities</li> <li>land contribution</li> </ul>	50% or less of total cost assistance for pollution control or
□ other (Specify subsidy type.) \$	abatement assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please 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.)
$\Box$ not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
redevelopment renewal and renovation	<b>T</b> No
<ul> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>	Grantor(s) and value of the agreement(s):
hazardous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

			ncial assistance agreemen t? (Mark all that apply.)	ts state a public pu	rpose. Which
<ul> <li>☐ Enhancing economic dive</li> <li>☑ Creating high-quality job</li> <li>☑ Job retention</li> <li>☐ Stabilizing the communit</li> </ul>	growth		<ul> <li>Increasing tax base (ca</li> <li>Other (please specify)</li> </ul>		ose)
29. Indicate whether the ag at the time of this repor	reement included t. (Fill in the boy	the following types tes and attainment do	of goals, and whether the ate(s) for each goal.)	recipient had attain	ned those goals
A) Specific wage and job g B) Other job-creation and/o C) Other wage goals D) Other goals other than w	r retention goals			get attainment (month & year)	All goals attained? Ves PNo Yes No Yes No Yes No
Please attach descriptions attainment if not documente					
	age hourly value	of any employer-pro	reation and/or retention go wided health insurance go to separate goals by full- o	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					\$
less than \$7.00					s
\$7.00 to \$8.99			<u> </u>		s
\$9.00 to \$10.99	1/ peri	overage	inted w/exp	ansion	s
\$11.00 to \$12.99	(35	total)	inted u/exp		s
\$13.00 to \$14.99					s
\$15.00 and higher					\$
	urly value of any <i>you are unable to</i>	employer-provided l o separate job creati	health insurance for those ion into full- and part-time	jobs. (Only indice	
	Full-time	Part-time/	FTE (only if unable to	Job Retention	Hausly Value a
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Recention	Hourly Value o Health Insuranc
	Job	-		Job Retention	•
(excluding benefits)	Job	-			Health Insuranc
(excluding benefits) less than \$7.00	Job	-	•		Health Insuranc
(excluding benefits) less than \$7.00 \$7.00 to \$8.99	Job	-	•		Health Insuranc
(excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Job	-	•		Health Insurance

Department of Trade and Economic Development

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## 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.) U Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.) **M**No Type of subsidy or assistance (See Questions 24 and 25.) Name of recipient Value of subsidy or assistance 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.) "No (Stop here and submit form to DTED .) □ Yes (Complete the remainder of this section.) 35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.) 35. Information on recipient and agreement: Name of recipient in default Type of subsidy or assistance Initial value of subsidy or assistance City/ZIP code of recipient Street address of recipient Outstanding value of subsidy or assistance 36. Reason(s) for default (Mark all that apply.): 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.) Q Yes Q 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:

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

Or fax to: (651) 215-3841

Page 4 of 4



# RECEIVED MAR 2 2 2001 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 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period 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.

#### 1. Name of grantor (funding entity) 2. Name of person completing this form City of St. Charles Dana H. Young 3. Street address 4. City 5. ZIP code 830 Whitewater Avenue 55972 St. Charles 7. Phone number 8. Fax number 6. County 9. E-mail address 507/932-3020 507/932-5301 cityhallstaff@stcharlesm.org Winona 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 ZIP code City 12. Has your organization held a public hearing on and 11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government") compliance with Minn. Stat. §116J.994? (Mark one.) A City government $\mathbf{X}$ Yes (Indicate hearing date -2-8-0 attach criteria) County government 🗆 No □ Regional government Use we held a public hearing but have not yet adopted □ State government criteria (Indicate date of initial hearing -G Other (Please attach explanation.) □ 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.)

## Section 1 Information About Grantor

XYes (Complete the remainder of the form.)

□ No (Stop here, go to section 5 on page 4.)

## Section 2 Information About Recipient

<ul> <li>14. Name of business or organization receiving subsidy or financial assistance</li> <li>Glen &amp; Sandy Craven</li> </ul>	15. Address where will be used Whitewater W. Circle	Industr	ial Par	k
	Street address	City	State	ZIP code
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>Yes (Indicate name and address of parent corporation below X No</li> </ul>	. If more than one, ir	ndicate ultimate	owner.)	
Name of parent corporation	Street address	City	State	ZIP code

. . .

17. Industry of recipient's facility (Mark one.):	27.2617101
□ Manufacturing □ Services □ Retail Trade □ Wholesale Trade	Finance, Insurance, Real Fortun
18. Did the recipient relocate as a result of signing this agreemen Not applicable	(Mark one.)
□ Yes (Indicate city and state of previous address and reason red □ No (Go to Question 19.)	cipient did not complete this project at that address.)
City/State of previous address Reason project not completed at	t previous address
19. Would the recipient have remained in previous location or re financial assistance? (Mark one.) Not applicabl	-
□ Remained at previous location □ Relocated to differe	ent Minnesota location
Section 3 General Information About the Agreeme	nt
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$210,200	6-8-00
<ul> <li>22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment wa whichever is earlier.)</li> <li>Recipient paid according to proges</li> </ul>	
23. Does the agreement provide a business subsidy or one of the	
be reported? <i>(Mark one.)</i> 🛛 business subsidy	financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	□ not applicable, agreement provided a business subsidy
Image: loan (only principal)\$Image: grant (i.e., forgivable loan)\$	assistance for property polluted \$
□ tax abatement \$	assistance for renovating building S
□ guarantee of payment S	stock or bringing it up to code, and assistance provided for designated
$\Sigma$ contribution of property or infrastructure $S_{210,200}$	<ul> <li>historic preservation districts, when</li> <li>50% or less of total cost</li> </ul>
□ land contribution \$ □ other (Specify subsidy type.) \$	assistance for pollution control or \$
	$\Box$ assistance for a TIF soils condition district S
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
Inot applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> </ul>	
soils condition	
<ul> <li>▲ economic development</li> <li>□ mined underground space</li> </ul>	Grantor(s) and value of the agreement(s):
□ hazardous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

<ol> <li>Minn. Stat. §116J.994 r of the following public</li> </ol>			ancial assistance agreemen nt? (Mark all that apply.)	its state a public pu	rpose. Which
D Enhancing economic dive D Creating high-quality job D Job retention D Stabilizing the communit	growth		<ul> <li>Increasing tax base (ca</li> <li>Other (please specify)</li> </ul>	nnot be only purp	ose)
<ol> <li>Indicate whether the ag at the time of this report</li> </ol>				recipient had attai	ned those goals
				get attainment	All goals
				(month & year)	attained?
) Specific wage and job ge ) Other job-creation and/o			□Yes QAINo □Yes QAINo		Yes No
) Other wage goals	6		🗆 Yes 🛛 No 📃		🗆 Yes 🗔 No
) Other goals other than w	age and job goa	ls	ŒXYes □No <u>1</u>	2-01	🗆 Yes 🍱 No
	ed in Questions .	30 and 31.) See	attached Busir		dy Agreeme
agreement and the aver	age hourly valu	e of any employer-pro	reation and/or retention ge ovided health insurance go to separate goals by full- c	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					٢
less than \$7.00					s
\$7.00 to \$8.99					\$
\$9.00 to \$10.99					s
\$11.00 to \$12.99				<u></u>	٢
\$13.00 to \$14.99					s
\$15.00 and higher				<u> </u>	s
date and the <b>actual</b> ho	urly value of an	y employer-provided	ber of actual jobs created health insurance for those <i>ion into full- and part-time</i> FTE (only if unable to	jobs. ( <u>Only</u> indic	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	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> </u>	\$
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher					\$
\$15.00 and higher 32. Has the recipient achie (Mark one.)	eved <u>all goals</u> (s	-	nd 31) and fulfilled <u>all ob</u>	ligations stipulated	

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<ul> <li>Do not complete this section if you completed</li> <li>33. During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §1</li> </ul>	per 31, 2000, did your organization ha	
□ Yes (Indicate the name of each recipient failing to re recipient. Attach additional pages if necessary: )	port and the value of subsidy or finan	icial assistance awarded to that
X No		
Name of recipient Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that</li> </ol>	ed to achieve any goals or fulfill any o were required to be fulfilled by the tin	other obligations under an ne of this report? (Mark one.)
Yes (Complete the remainder of this)	section.) 🛛 🙀 No (Stop here and su	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each rewere to be attained by the time of reporting. (</li> <li>35. Information on recipient and agreement:</li> </ul>	cipient failing to fulfill goals or any or Attach additional pages if necessary: )	ther terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	-
37. To date, has the recipient fulfilled its repayment of	bligation? (Mark one.)	
Yes ONO, recipient <u>has begun</u> to repay the assist	ance. DNo, recipient has not begu	un to repay the assistance.
38. Has the agreement been amended to extend the rec	ipient's deadline for fulfilling its obli	gations? (Mark one.)
	Yes No	
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841



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

Section 1 Information About Grantor

1. Name of grantor (funding entity)	$\frac{2. \text{ Name of person completing this form}}{\sqrt{10} \text{ Kleve}}$
3. Street address 5005 Minnetonka Blvd	4. City St. Laws Park 5. ZIP code 57. Laws Park 554/6
6. County 7. Phone number	8. Fax number 9. E-mail address 47 952-924-2663 Hebre Costlouisporto
10. Please indicate who in your organization should rec	ceive the 2002 MBAF if different from the person in Question 2.
Name/Title Phone numb	ber Street address City ZIP code
<ul> <li>11. Classification of grantor (Mark one. If grantor is encoded by gov't agency, please indicate affiliation. example, a city EDA would check "City government."</li> <li>City government</li> <li>County government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>	For adopted criteria for awarding business subsidies in
	vard a business subsidy or financial assistance from January 1, 2000 eported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) e form.)
ection 2 Information About Recipient	
<ul> <li>14. Name of business or organization receiving subsidy or financial assistance</li> <li>CSM Hespitality The.</li> </ul>	15. Address where business subsidy or financial assistance will be used 1400/1450 Zarthan Ave Stluist 5701 Wayzata Blud St. Lins firk Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark	k one.)
Yes (Indicate name and address of parent corporation No	n below. If more than one, indicate ultimate owner.)
Name of parent corporation	Street address City State ZIP code

17. Industry of recipient's facility (Mark one.):	
□ Manufacturing □ Services □ Retail Trade □ Wholesale Trad	Hereit Finance, Insurance, Real Estate de Construction Other (please specify)
18. Did the recipient relocate as a result of signing this agreeme	ent? (Mark one.)
☐ Yes (Indicate city and state of previous address and reason re ₩ (Go to Question 19.)	ecipient did not complete this project at that address.)
City/State of previous address Reason project not completed a	at previous address
19. Would the recipient have remained in previous location or r financial assistance? (Mark one.)	elocated elsewhere if not awarded this business subsidy or
Remained at previous location     Relocated to differ	ent Minnesota location
Section 3 General Information About the Agreem	ent
20. Total dollar value of business subsidy or financial assistance (Please separate 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.)
#2,549,450	2-7-2000 cmended 8-7-2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.) 2-7-200	n the business subsidy or financial assistance. For example, is placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.) Solution: Subsidy	e four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	A not applicable, agreement provided a business subsidy
□ loan (only principal)       S         □ grant (i.e., forgivable loan)       S         □ tax abatement       S         刀 TIF or other tax reduction or deferral       S         □ guarantee of payment       S         □ contribution of property or infrastructure       S	<ul> <li>assistance for property polluted</li> <li>by contaminants</li> <li>assistance for renovating building</li> <li>stock or bringing it up to code, and</li> <li>assistance provided for designated</li> <li>historic preservation districts, when</li> </ul>
□ preferential use of governmental facilities S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	50% or less of total cost assistance for pollution control or abatement
	assistance for a TIF soils condition district     S
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
$\Box$ not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>Tredevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	X io
<ul> <li>conomic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	Grantor(s) and value of the agreement(s):
	Grantor Value (S)
	Grantor Value (\$)

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28. Minn. Stat. §116J.994 r of the following public			ent? (Mark all that apply			
☐ Enhancing economic dive ☐ Creating high-quality job ☐ Job retention ☎ Stabilizing the communit	growth		Sincreasing tax base Al Other (please specij 305 Stardard	(canngt be only puŋ fy) <u>Federelop</u> Fcbsletek	<u>an area o</u> f zildings	
29. Indicate whether the aga at the time of this report				he recipient had atta	ined those goals	
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than way</li> </ul>	r retention goals	5	established? da	arget attainment tes (month & year) 1/2004	All goals attained? 6.1.9 Yes X No Yes No Yes No Yes No Yes No	ent
(Please attach descriptions of attainment if not documented						
	age hourly value	e of any employer-p	creation and/or retention rovided health insurance to separate goals by jull	goals for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourty Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00					s	
\$7.00 to \$8.99			35		s	
\$9.00 to \$10.99					s	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99					s	
\$15.00 and higher					s	
	irly value of any	y employer-provided	nber of actual jobs create I health insurance for tho tion into full- and part-ti FTE (only if unable to	se jobs. ( <u>Onlv</u> indica me positions.)		
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00	0_101	cicle; proje	et und <u>er</u> con	struction	s	
\$7.00 to \$8.99		V			s	
\$9.00 to \$10.99					s	
					s	ł
\$11.00 to \$12.99					s	
\$11.00 to \$12.99 \$13.00 to \$14.99						1

Page 3 of 4

Department of Trade and Economic Development

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(Do not complete this section if you completed it o	n another 2001 MBAF sub	nitted to DTED.)
<ol> <li>During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.</li> </ol>		ve any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or finan	cial assistance awarded 10 that
X3 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 agreement signed on or after January 1, 2000, that were		
Yes (Complete the remainder of this section)	on.) XNo (Stop here and sub	omit form to DTED .)
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Attac		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of
	· ) po or case	subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of
		subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
Trecipient ceased operation	Trecipient relocated to a different	ent community
Trecipient was unable to fill vacant positions	O other (Specify reason.)	
37. To date, has the recipient fulfilled its repayment obligat	ion? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistance.	□ No, recipient <u>has not begu</u>	n to repay the assistance.
38. Has the agreement been amended to extend the recipien	t's deadline for fulfilling its oblig	ations? (Mark one.)
د	Yes 🗆 No	
39. Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841



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- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1. 2000 through December 31. 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- B 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 (fun Stearns Count		2. Name of person comple Robert Swanberg	-
3. Street address	st Street, Suite 2	4. City	5. ZIP code
312 North Fir		Cold Spring	56320
6. County	7. Phone number	8. Fax number	9. E-mail address
Stearns	320-685-7771	320-685-7580	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.9947 (Mark one.)			
City government		X Yes (Indicate hearing da No	1e <u>9-21-9</u> 9na	<u>ettach criteria</u> )	
Regional government     State government		G We held a public hearing criteria (Indicate date of			
Other (Please specify.)		Other (Please attach expla			

 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.)

DYes (Complete the remainder of the form.) DNo (Stop here, go to section 5 on page 4.)

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where I will be used 24614 U.S.	business subsid	ly or financi	al assistance
Bayer Built Woodworks, Inc.	Highway 71 Street address	Belgrad City	e <u>MN</u> State	56312 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<ul> <li>Yes (Indicate name and address of parent corporation below.</li> <li>No</li> </ul>	If more than one, ind	licat <b>e ul</b> timate i	owner.)	
Name of parent corporation	Street address	City	State	ZIP code

TEARNS COUNTY HRA 32	0 685 7580	05/23 '34 10:12 NO.320 03/08
17. Industry of recipient's facility (Mark of	one.):	
O Retail Trade	O Services D Wholesale Trad	Finance, Insurance, Real Estate     Oconstruction     Other (please spec(fy)
18. Did the recipient relocate as a result o	fsigning this agreemen	nt? (Mark one.)
DYcs (Indicate city and state of previous No (Go to Question 19.)	address and reason re	cipient did not complete this project at that address.)
City/State of previous address Reason p	roject not completed a	t previous address
19. Would the recipient have remained in financial assistance? (Mark one.)	previous location or re	clocated elsewhere if not awarded this business subsidy or
Remained at previous location	C Relocated to different	ent Minnesota location 🛛 Relocated outside Minnesota
ection 3 General Information A	bout the Agreeme	nt
20. Total dollar value of business subsidy assistance (Please separate value by ( and 25.)		21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$100,000.00		March 13, 2000
indicate the date improvements were j whichever is earlier.)	Anished, equipment wa Same as 21	the business subsidy or financial assistance. For example, is placed into service, or the recipient occupied the property, four types of financial assistance (see Question 25) required to
be reported? (Mark one.)	business subsidy	Inancial assistance     Inancial assistance
		r
24. If the agreement provided a business s indicate the type(s) and total dollar v		25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
口 not applicable, agreement provided fina (2.4.1、色に 30) な Ioan (only principal)		<ul> <li>not applicable, agreement provided a business subsidy</li> <li>assistance for property polluted</li> </ul>
🗋 grant (i.e., forgivable loan)	s	by contaminants
Tax abatement TIF or other tax reduction or deferral	s	stock or bringing it up to code, and
guarantee of payment	s s	assistance provided for designated
contribution of property or infrastructur	re S	historic preservation districts, when
preferential use of governmental facilitity land contribution	s 5	50% or less of total cost  sector assistance for pollution control or  s
J other (Specify subsidy type.)	s	abatement
		Bassistance for a TIF soils condition district     S
26. If the assistance included tax increme indicate the type of TIF district? (Ma		27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
🙀 not applicable, assistance was not in the	e form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
redevelopment renewal and renovation		E No
<b>u</b> soils condition		
a cconomic development		Grantor(s) and value of the agreement(s):
<ul> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>		
- THE ALGOUS BUDSINICE SUDDISTICT		Grantor Value (\$)
		Grantor Value (S)

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320 685 7580

05/23 '34 10:13 NO.320 04/08

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Section 4	Goals and Public I	Purnose Identified	in the Agreement
Occurd 4	<b>CIANIS MILA L ADULE 1</b>	arpose recontinue	In the WELCOMPAC

Enhancing economic dive Creating high-quality job Job retention Stabilizing the communit	growth		XIncreasing tax base (cannot be only purpose) Other (please specify)		
9. Indicate whether the ag at the time of this repor			s of goals, and whether the date(s) for each goal.)	recipient had attai	ned those goals
<ul> <li>A) Specific wage and job get</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> <li>Please attach descriptions</li> </ul>	r retention goals	s sls	established? dates XI Yes I No Jan I Yes I No	get attainment (month & year) 2001	All goals attained? - Qi Yes Q No Qi Yes Q No Qi Yes Q No Qi Yes Q No
Itainment if not documente					
agreement and the aver	age hourly valu	e of any employer-p	creation and/or retention ge rovided health insurance go to separate goals by full-	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-lime/ 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					\$
\$9.00 to \$10.99	6				<u>sl.25</u>
\$11.00 to \$12.99				<u></u>	\$
\$13.00 to \$14.99				÷	\$
\$15.00 and higher					\$
date and the actual ho	urly value of an	y employer-provide	mber of actual jobs created d health insurance for those ation into full- and part-tim FTE (only if unable to	jobs. <u>(Only</u> indic	
Hourly Wage (excluding benefita)	Job Creation	Sensonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					\$
\$7.00 to \$8.99	<u></u>	-			\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					\$
				<b>_</b>	\$
\$13.00 to \$14.99					

2001 Minnesota Business Assistance Form

Page 3 of 4

Department of Trade and Economic Development

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<ol> <li>During the period January 1, 2000 throw report as required by Minn. Stat. §116J</li> </ol>	igh December 31, 2000, did your organization ha 993 and \$116J.994? (Mark one.)	ve any recipients who failed to
	failing to report and the value of subsidy or finan	cial assistance awarded to that
recipient. Attach additional pages (f	necessary.)	
Name of recipient Type of subs	dy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
	nts who failed to achieve any goals or fulfill any of 2000, that were required to be fulfilled by the times the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of the times of t	
Yes (Complete the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining the remaining	ider of this section.) <b>W</b> No (Stop here and su	bmit form to DTED .)
	for each recipient failing to fulfill goals or any o reporting. (Attach additional pages if necessary.)	
35. Information on recipient and agreemen	:	
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that ap	ply.):	
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant position</li> </ul>	ns other (Specify reason.)	-
37. To date, has the recipient fulfilled its re	payment obligation? (Mark one.)	
Yes No, recipient has begun to repr	by the assistance. D No, recipient has not begin	un to repay the assistance.
38. Has the agreement been amended to ex	tend the recipient's deadline for fulfilling its obli	gations? (Mark one.)
······································	Q Yes Q No	
39. Describe the steps being taken to bring	recipient into compliance or recoup the subsidy:	
2	your completed MBAF(s) by <u>April 1. 2001</u> . 001 Minnesota Business Assistance Form partment of Trade and Economic Developm 500 Metro Square, 121 East 7 th Place St. Paul, MN <u>55101-2146</u>	

2001 Minnesota Business Assistance Form

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Department of Trade and Economic Development



# 2001 Minnesota Business Assistance Form RECEIVED APR 0 3.2

00-0460

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity)		2. Name of person completing this form		
City of Waterville Teresa		Teresa Hill & Nicki	e Roberge	
3. Street address		4. City 5. ZIP code		
200 Third Street South		Waterville	56096	
6. County Le Sueur	7. Phone number (507) 362-8300	8. Fax number (507) 362-8835	9. E-mail address None	

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
<ul> <li>11. Classification of grantor (Mark one created by gov't agency, please ind example, a city EDA would check "</li> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>	licate affiliation. For	<ul> <li>12. Has your organization he adopted criteria for awar compliance with Minn.</li> <li>2 Yes (Indicate hearing dat</li> <li>2 No</li> <li>2 We held a public hearing the criteria (Indicate date of</li> <li>2 Other (Please attach explored)</li> </ul>	ding business su Stat. §116J.994? te - <u>11-08-0</u> 9ana but have not yet <i>initial hearing</i> -	ibsidies in (Mark one.) 2.7.1 6/29/04 Lattach criteria) adopted

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.)

**X** Yes (Complete the remainder of the form.) **D** 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	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>			
Gear & Broach, Inc.	<u>101 Goltz Ave</u> Street address	<u>. Watervi</u> City	<u>lle MN</u> State	I <u>56096</u> ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<ul> <li>Yes (Indicate name and address of parent corporation below.</li> <li>No</li> </ul>	v. If more than one, indicate ultimate owner.)			
Name of parent corporation	Street address	City ,	State	ZIP code

D Manufacturing	Services		
😡 Manufacturing 🖵 Retail Trade	U Services U Wholesale Trade	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please species)</li> </ul>	fy)
18. Did the recipient relocate as a result of s	igning this agreement	? (Mark one.)	
♀ Yes (Indicate city and state of previous ad □ No (Go to Question 19.)	dress and reason reci	pient did not complete this project at that addr	ess.)
Waterville/215 Hoosac st. W City/State of previous address Reason pro	Build ject not completed at p	ing could not sustain expansi previous address	on
19. Would the recipient have remained in pr financial assistance? (Mark one.)	evious location or relo	ocated elsewhere if not awarded this business s	ubsidy or
Remained at previous location	Relocated to differen	t Minnesota location	Minnesota
ection 3 General Information Abo	ut the Agreemen	t	
20. Total dollar value of business subsidy o assistance (Please separate value by type and 25.)		21. Date agreement signed (In addition to the date, indicate any dates the agreement wa	
Not to exceed \$100,000		November 8, 2000	
		he business subsidy or financial assistance. Fo placed into service, or the recipient occupied to	
Projected date: May 2001	·		
be reported? (Mark one.)		our types of financial assistance (see Question	25) required to
	business subsidy	Ginancial assistance	
24. If the agreement provided a business sub indicate the type(s) and total dollar value		<ol> <li>If the assistance was one of the four types assistance, please indicate the type(s).</li> </ol>	of financial
not applicable, agreement provided financ	ial assistance	not applicable, agreement provided a busine	ess subsidy
loan (only principal)	s	assistance for property polluted	\$
<ul> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> </ul>	\$_ <u>100,00</u> 0	by contaminants assistance for renovating building	\$
TIF or other tax reduction or deferral	S	stock or bringing it up to code, and	
<ul> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> </ul>	s	assistance provided for designated historic preservation districts, when	
preferential use of governmental facilities	s	50% or less of total cost	
land contribution		assistance for pollution control or abatement	\$
□ other (Specify subsidy type.)		assistance for a TIF soils condition district	S
26. If the assistance included tax increment	financing, please	27. Are any other grantors providing a busine	ss subsidy or
indicate the type of TIF district? (Mark of		financial assistance to the same project? (	
not applicable, assistance was not in the form of TIF		Yes (Specify each grantor and the value of assistance below; attach an additional shee	
redevelopment			- //
renewal and renovation soils condition		□ No	
C economic development		Grantor(s) and value of the agreement(s):	
mined underground space		MN Investment fund grant 200,0	m
hazardous substance subdistrict		Grantor Value (\$)	
	1	Grantor Value (\$)	
		· · · · · · · · · · · · · · · ·	

28. Minn. Stat. §116J.994 r of the following public	requires that bus purposes were	siness subsidy and fir stated in the agreeme	nancial assistance agreeme nt? (Mark all that apply.)	ents state a public p	urpose. Which	
<ul> <li>Enhancing economic diversity</li> <li>Creating high-quality job growth</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>			<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>			
29. Indicate whether the ag at the time of this repor	reement include	ed the following type	s of goals, and whether the	e recipient had atta	ined those goals	
A) Specific wage and job go B) Other job-creation and/o C) Other wage goals D) Other goals other than w Please attach descriptions	oals to be attain r retention goals rage and job goa	ed within 2 years s als	Goals Ta established? date St Yes D No <u>1</u> D Yes St No <u></u> D Yes St No <u></u>	rget attainment s (month & year) 2/31/03	All goals attained? Yes XNo Yes No Yes No Yes No Yes No	
attainment if not documente	ed in Questions . ng wage categor	30 and 31.) ries, indicate the job	creation and/or retention g ovided health insurance g	oals stated in the	(Only indicate	
job creation goals in fu	ll-time equivale	ents if you are unable	to separate goals by full-	and part-time posi	tions.)	
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 o Health Insuranc	
no hourly wage-level goal					2	
no nourry wage-iever goar	<u> </u>					
less than \$7.00			 	·	s	
• - •					s s	
less than \$7.00			· · · · · ·			
less than \$7.00 \$7.00 to \$8.99	 				s	
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	  21				s s	
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	  21				s s s	
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher \$1. For each of the followidate and the <b>actual</b> how	ng wage catego urly value of an	y employer-provided	nber of <b>actual</b> jobs created health insurance for those tion into full- and part-time	e jobs. ( <u>Only</u> indic	s s s s nce the benefit	
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher \$1. For each of the followidate and the <b>actual</b> how	ng wage catego urly value of an	y employer-provided	health insurance for those	e jobs. ( <u>Only</u> indic	s s s s nce the benefit	
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher \$1. For each of the followidate and the actual hour full-time equivalents if Hourly Wage	ing wage catego urly value of an you are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	e jobs. ( <u>Only</u> indicate positions.)	s s s s nce the benefit ate job creation in Hourly Value o	
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher \$1. For each of the followid date and the <b>actual</b> how full-time equivalents if Hourly Wage (excluding benefits)	ing wage catego urly value of an you are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	e jobs. ( <u>Only</u> indicate positions.)	ss ss ss muce the benefit ate job creation in Hourly Value of Health Insurand	
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 followidate and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ing wage catego urly value of an you are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	e jobs. ( <u>Only</u> indicate positions.)	ss ss ss ss nce the benefit ate job creation in Hourly Value of Health Insurance S	
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followid date and the <b>actual</b> hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ing wage catego urly value of an you are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	e jobs. ( <u>Only</u> indicate positions.)	ss ss ss ss nce the benefit ale job creation in Hourly Value of Health Insurand ss	
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher \$1. For each of the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the followide the fol	ing wage catego urly value of an you are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	e jobs. ( <u>Only</u> indicate positions.)	ss ss ss ss nce the benefit ate job creation in Hourly Value of Health Insurand ss ss	

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Department of Trade and Economic Development

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Do not complete this section if you completed it	on another 2001 MBAF subi	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116</li> </ol>		ive any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	ort and the value of subsidy or finan	icial assistance awarded to that
32 No		
Name of recipient Type of subsidy or assistant	ace (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we		
Yes (Complete the remainder of this set	ction.) 🛛 😰 No (Stop here and su	bmit form to DTED .)
<ul><li>35 39. Provide the following information for each recip were to be attained by the time of reporting. (A)</li></ul>	pient failing to fulfill goals or any o ttach additional pages if necessary.,	ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment oblig	gation? (Mark one.)	
Yes ONo, recipient <u>has begun</u> to repay the assistan	ce. 🛛 No, recipient <u>has not beg</u>	un to repay the assistance.
38. Has the agreement been amended to extend the recip	ient's deadline for fulfilling its obli	gations? (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 <u>April 1, 2001</u>, to: 2001 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

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

2001 Minnesota Business Assistance Form

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00-080

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity	2. Name of person completing this form				
Lity of Was	RINS	Den_	pun	<u>el</u>	
3. Street address	2 Are S	4. City Watchs		5. ZIP code $5.5$	39
	Phone number 30 - 164 - 6400	8. Fax number 370-7744-(	0401	9. E-mail add <u>Akramer a</u>	1
10. Please indicate who in your or	ganization should receive the	2002 MBAF if differ	ent from the	person in Ques	tion 2.
Name/Title	Phone number	Street addr	ess	City	ZIP code
11. Classification of grantor (Marl created by gov't agency, pleas example, a city EDA would cha	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)				
City government County government Regional government State government Other (Please specify.)	Yes (Indicate hearing date - <u>3-9-</u> and <u>attach criteria</u> ) No We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) Other (Please attach explanation.)				
<ol> <li>Has your organization signed a through December 31, 2000 th</li> <li>Yes (Complete</li> </ol>		-	5 <b>J</b> .993 and §	116J.994? (Ma	-
Section 2 Information Abou	t Recipient				
<ol> <li>Name of business or organizat receiving subsidy or financial</li> </ol>	15. Address where business subsidy or financial assistance will be used				
Family In	n Inc	<u>DIL MA Hu</u> Street address	<u>14 ST h</u> City	Jatkins M State	<u>/1 55309</u> ZIP code
16. Does the recipient have a parer	t corporation? (Mark one.)				
□ Yes (Indicate name and address ∑No	of parent corporation below.	If more than one, ind	licate ultima	ate owner.)	
Name of parent corporation		Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):					
	<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	Services Wholesale Trad		, Insurance, Real Estate action 7, Other (please speci)	fv)
18. Did the recipie	nt relocate as a result of s	signing this agreemen	nt? (Mark one.)		
Yes (Indicate cit No (Go to Quest		ddress and reason re	cipient did not co	mplete this project at that addre	255.)
City/State of previo	ous address Reason pro	oject not completed a	t previous addres	5	
19. Would the reci financial assistan	-	revious location or re	clocated elsewher	e if not awarded this business su -	ibsidy or
Remained	at previous location	Relocated to differe	ent Minnesota loc	ation	finnesota
Section 3 Gener	al Information Ab	out the Agreeme	ent		
20. Total dollar va assistance (Plea and 25.)	lue of business subsidy of ase separate value by typ	ne in Questions 24		ment signed (In addition to the a ate any dates the agreement was	-
unu 23.)	↓ <i>C</i>	15,876	1.	)-17-2000	
	te improvements were fin	iished, equipment wa		sidy or financial assistance. Fo vice, or the recipient occupied th	
23. Does the agreed be reported? (1)	Mark one.)	subsidy or one of the business subsidy	four types of fin	ancial assistance (see Question 2	25) required to
	t provided a business sut e(s) and total dollar val			ance was one of the four types of please indicate the type(s).	of financial
🗅 not applicable, ag	greement provided finance	cial assistance	🗅 not applicabl	e, agreement provided a busines	s subsidy
D guarantee of pays	able loan) reduction or deferral	s s s_ <u></u> s_ <u>45,376</u> s s	by contamina assistance fo stock or brin assistance pr	r property polluted ants r renovating building ging it up to code, and ovided for designated ervation districts, when	\$ \$
<ul> <li>preferential use o</li> <li>land contribution</li> <li>other (Specify successive)</li> </ul>		\$ \$ \$	abatement	of total cost r pollution control or r a TIF soils condition district	\$ \$
	e included tax increment be of TIF district? (Mark			her grantors providing a busines ssistance to the same project? ()	
Inot applicable, assistance was not in the form of TIF				each grantor and the value of the second structure of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	
<ul> <li>redevelopment</li> <li>renewal and reno</li> <li>soils condition</li> </ul>			XN0		ij necessury.j
<ul> <li>Leconomic develo</li> <li>mined undergrou</li> <li>hazardous substa</li> </ul>	ind space		Grantor(s) and	value of the agreement(s):	
			Grantor	Value (\$)	
			Grantor	Value (\$)	

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Section 4 Goals and Pu	ublic Purpo	se Identified in t	he Agreement		
28. Minn. Stat. §116J.994 r of the following public	equires that but purposes were	siness subsidy and fir stated in the agreeme	nancial assistance agreement nt? (Mark all that apply.)	nts state a public p	urpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		X Increasing tax base (c Other <i>(please specify)</i> Acreliged	annot be only purp <u>to encursos</u> enf in city	pose) <u>2 Connorcial</u>
29. Indicate whether the age at the time of this report	reement include t. (Fill in the b	ed the following type oxes and attainment of	s of goals, and whether the date(s) for each goal.)	recipient had attai	ned those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than way</li> </ul>	retention goal	S	established? date: Da Yes □ No □ Yes O≇ No	get attainment s (month & year)	All goals , attained? Yes UNo Yes No Yes No Yes No
(Please attach descriptions of attainment if not documented	of goals and pr d in Questions	ogress toward 30 and 31.)			
	ige hourly valu	e of any employer-pr	creation and/or retention go ovided health insurance go to separate goals by full- o	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal			<u> </u>		S
less than \$7.00					s
\$7.00 to \$8.99				<del></del>	s
\$9.00 to \$10.99	<u> </u>	<u> </u>			\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					\$
\$15.00 and higher					\$
	rly value of an	y employer-provided	nber of <b>actual</b> jobs created health insurance for those tion into full- and part-time	jobs. (Only indica	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Houriy Value of Health Insurance
less than \$7.00		4		<del></del>	s_Ø_
\$7.00 to \$8.99		2			s_Ø_
\$9.00 to \$10.99			<u> </u>	<u> </u>	s
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					s
\$15.00 and higher					٢
32. Has the recipient achiev (Mark one.)	ved <u>all goals</u> (se	$\int f$	nd 31) and fulfilled <u>all obl</u> No	igations stipulated	in the agreement?

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development

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### Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it o	n another 2001 MBAF subr	nitted to DTED.)
<ol> <li>During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.</li> </ol>	1, 2000, did your organization ha 994? <i>(Mark one.)</i>	ve any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or finan	cial assistance awarded to that
₩ No		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were</li> </ol>	achieve any goals or fulfill any or required to be fulfilled by the time	other obligations under an ne of this report? (Mark one.)
Yes (Complete the remainder of this section)	on.) PNo (Stop here and sub	bmit form to DTED .)
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Attai	nt failing to fulfill goals or any ot ch additional pages if necessary.)	ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obligat	ion? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistance.	No, recipient <u>has not begu</u>	n to repay the assistance.
38. Has the agreement been amended to extend the recipien	t's deadline for fulfilling its oblig	ations? (Mark one.)
	Yes No	
39. Describe the steps being taken to bring recipient into co	mpliance or recoup the subsidy:	
	·····	
	hay	

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Or fax to: (651) 215-3841

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# 2001 Minnesota Business Assistance Form

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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

#### Section 1 Information About Grantor

1. Name of grantor (funding entity)         I. HITE BEAR TOWNENTP         3. Street address         I2z-i HAMMON7 PD.		2. Name of person completing	this form	
		4. GITY TUNN WHITE PEAR TUNNSMP	5. ZIP code CFS 11 C	
6. County         7. Phone number           RATUSEL         (651)         424-57-27		8. Fax number (651) AUG-2255	9. E-mail address いられいせのい	suist het
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Question 2	2.
Name/Title	Phone number	Street address	City 2	ZIP code
<ul> <li>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.")</li> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.) TUNN Suff?</li> </ul>		<ul> <li>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.)</li> <li>X Yes (Indicate hearing date - <u>116-2wand attach criteria</u>)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>		
through December 31, 200		siness subsidy or financial assistant inder Minn. Stat. §116J.993 and § No ( <u>Stop here, g</u> o to section	116J.994? (Mark on	
Section 2 Information A	bout Recipient	<u> </u>		
14 Name of business or organization		15. Address where business su	bsidy or financial ass	sistance

14. Name of business or organization receiving subsidy or financial assistance CWMI-TENT SUPPICIUM-	15. Address where bus will be used WHITE 48-49 BENK PKUU	·		assistance <i>TFJ 110</i>
	Street address	City	State	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, indica	ite ultimate owi	ner.)	
MINNESOTA GIBUTPIC, INT.	SALLE AS AMELE	-		
Name of parent corporation	Street address	City	State	ZIP code

1	Manufacturing	Services	Finance, Insurance, Real Estate	
	🗆 Retail Trade	Wholesale Trade		cify)
18. Did the recipi	ent relocate as a result of s	signing this agreemer	nt? (Mark one.)	
Yes (Indicate cl □ No (Go to Ques		ddress and reason rea	cipient did not complete this project at that add	lress.)
MINNEAWUG City/State of previ		BUILDING WT		lopan nt
	cipient have remained in p ance? (Mark one.)	revious location or re	clocated elsewhere if not awarded this business	subsidy or
	ed at previous location	Relocated to differe	ent Minnesota location D Relocated outside	Minnesota
Section 3 Gene	eral Information Ab	out the Agreeme	ent	
20. Total dollar v	value of business subsidy o lease separate value by typ	or financial	21. Date agreement signed (In addition to the date, indicate any dates the agreement w	
\$ 421,94	+1		PECBULLY 18, 2 cm	
indicate the d	ate improvements were fin earlier.) THE "1974	ished, equipment wa IFFIT DATE "F	the business subsidy or financial assistance. F s placed into service, or the recipient occupied THE DATS PAULIEST WALL BE THE PULL PINTED THE BOWDING IS NOT	the property,
	ement provide a business (Mark one.)		four types of financial assistance (see Question	
	ent provided a business sub pe(s) and total dollar val		<ol> <li>If the assistance was one of the four type assistance, please indicate the type(s).</li> </ol>	s of financial
1	agreement provided financ	cial assistance	not applicable, agreement provided a busin	ess subsidy
Dioan (only princ grant (i.e., forgi	agreement provided financ cipal) vPLUE CFINTFEST ivable loan) 47, 3555	cial assistance S <u>UF, ACC</u> S <u></u>	assistance for property polluted by contaminants	ness subsidy \$
Dioan (only princ grant (i.e., forgi tax abatement TIF or other tax guarantee of pay	reduction or deferral	S <u>WF, ((()</u> S <u></u> S <u></u> S <u></u>	assistance for property polluted	s\$\$\$
☐ (HTPU:) FU: ☐ loan (only princ ☐ grant (i.e., forgi ☐ tax abatement ☑ TIF or other tax ☐ guarantee of pay ☐ contribution of	cipal) VPLUE CF INTERS ivable loan) 47, 325 a reduction or deferral yment property or infrastructure	S <u>UF, (r()</u> S S S S S	<ul> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, and</li> </ul>	s
<ul> <li>HITEVEST FUE</li> <li>Ioan (only prince)</li> <li>grant (i.e., forgither the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second</li></ul>	cipal) VPLUE CFINITELSE ivable loan) 47, 32 c reduction or deferral yment property or infrastructure of governmental facilities on	S <u>UF, (r()</u> S S S S S	<ul> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when</li> </ul>	s \$ \$
<ul> <li>HIPUST FUE</li> <li>Ioan (only prince)</li> <li>grant (i.e., forgite)</li> <li>tax abatement</li> <li>TIF or other tax</li> <li>guarantee of partice)</li> <li>contribution of</li> <li>preferential use</li> </ul>	cipal) VPLUE CFINITELSE ivable loan) 47, 32 c reduction or deferral yment property or infrastructure of governmental facilities on	S <u>UF (r()</u> S S S <u></u> S <u></u> S <u></u> S S S S S	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or</li> </ul>	\$ \$ \$
<ul> <li>A HARVES FUC</li> <li>Coan (only prince)</li> <li>grant (i.e., forgit)</li> <li>tax abatement</li> <li>TIF or other tax</li> <li>guarantee of pay</li> <li>contribution of</li> <li>preferential use</li> <li>land contribution</li> <li>other (Specify state)</li> <li>26. If the assistant</li> </ul>	cipal) VPULE CFINITELSE ivable loan) 47, 32 reduction or deferral yment property or infrastructure of governmental facilities on ubsidy type.) the included tax increment	\$ <u>\$</u> <u>5</u> <u>6</u> <u>6</u> <u>6</u> <u>6</u> <u>6</u> <u>5</u> <u>5</u> <u>5</u> <u>7</u> <u>4</u> <u>6</u> <u>6</u> <u>6</u> <u>7</u> <u>7</u> <u>4</u> <u>6</u> <u>6</u> <u>7</u> <u>7</u> <u>4</u> <u>6</u> <u>6</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u> <u>4</u> <u>6</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u> <u>4</u> <u>6</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u> <u>4</u> <u>6</u> <u>7</u>	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a busin</li> </ul>	\$ \$ \$ ess subsidy o
<ul> <li>A HARVES FUC</li> <li>B Ioan (only principal on (only preferential on (only preferential on (only preferential on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (only on (on (only on (only on (only on (only on (only on (only</li></ul>	cipal) VPULE CFINITELSE ivable loan) 47, 32 reduction or deferral yment property or infrastructure of governmental facilities on ubsidy type.)	SSSSSSS	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a busin financial assistance to the same project?</li> <li>Yes (Specify each grantor and the value of</li> </ul>	S S S s (Mark one.)
<ul> <li>A HARVEST FUC</li> <li>B Ioan (only prince)</li> <li>grant (i.e., forging)</li> <li>tax abatement</li> <li>TIF or other tax</li> <li>guarantee of pay</li> <li>contribution of</li> <li>preferential use</li> <li>land contribution</li> <li>other (Specify state)</li> <li>26. If the assistantion indicate the ty</li> <li>not applicable, it</li> <li>redevelopment</li> </ul>	cipal) VPUUE CFINITEDE ivable loan) 47, 32 a reduction or deferral yment property or infrastructure of governmental facilities on <i>ubsidy type.</i> ) cce included tax increment ype of TIF district? (Mark assistance was not in the f	SSSSSSS	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a busin financial assistance to the same project?</li> <li>Yes (Specify each grantor and the value of assistance below; attach an additional she</li> </ul>	S S S s (Mark one.)
<ul> <li>A HARVEST FUC</li> <li>B Ioan (only prince)</li> <li>grant (i.e., forging)</li> <li>tax abatement</li> <li>TIF or other tax</li> <li>guarantee of pay</li> <li>contribution of</li> <li>preferential use</li> <li>land contribution</li> <li>other (Specify state)</li> <li>26. If the assistantion indicate the ty</li> <li>not applicable, state)</li> <li>redevelopment</li> <li>renewal and remote the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat</li></ul>	cipal) VPUUE CFINITEDE ivable loan) 47, 32 a reduction or deferral yment property or infrastructure of governmental facilities on <i>ubsidy type.</i> ) cce included tax increment ype of TIF district? (Mark assistance was not in the f	SSSSSSS	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a busin financial assistance to the same project?</li> <li>Yes (Specify each grantor and the value of</li> </ul>	S S S s (Mark one.)
<ul> <li>A HARVEST FUC</li> <li>B Ioan (only prince)</li> <li>grant (i.e., forging)</li> <li>tax abatement</li> <li>TIF or other tax</li> <li>guarantee of pay</li> <li>contribution of</li> <li>preferential use</li> <li>land contribution</li> <li>other (Specify state)</li> <li>26. If the assistantion indicate the ty</li> <li>not applicable, it</li> <li>redevelopment</li> </ul>	cipal) VPUE CFINITEES: ivable loan) 47, 32 reduction or deferral yment property or infrastructure of governmental facilities on ubsidy type.) ice included tax increment ype of TIF district? (Mark assistance was not in the f	SSSSSSS	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a busin financial assistance to the same project?</li> <li>Yes (Specify each grantor and the value of assistance below; attach an additional she</li> </ul>	S S S s (Mark one.)
<ul> <li>26. If the assistan indicate the ty</li> <li>26. If the assistan is development</li> <li>26. If the assistan indicate the ty</li> <li>27. The applicable, if the assistan indicate the ty</li> <li>28. If the assistan indicate the ty</li> <li>29. The applicable is a solution of the ty and the ty</li> <li>20. If the assistan indicate the ty</li> <li>20. The applicable is a solution of the ty and the ty</li> <li>20. The applicable is a solution of the ty and the ty</li> <li>20. The applicable is a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a solution of the ty a soluti</li></ul>	cipal) VPUE CFINITEIST ivable loan) 47, 32 reduction or deferral yment property or infrastructure of governmental facilities on ubsidy type.) the included tax increment ype of TIF district? (Mark assistance was not in the f novation lopment ound space	SSSSSSS	<ul> <li>assistance for property polluted by contaminants</li> <li>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</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a busin financial assistance to the same project?</li> <li>Yes (Specify each grantor and the value of assistance below; attach an additional she</li> </ul>	S S S s (Mark one.)

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<ol> <li>Minn. Stat. §116J.994 r of the following public</li> </ol>	equires that bus purposes were	siness subsidy and fina stated in the agreemen	ancial assistance agreements (Mark all that apply.)	nts state a public p	urpose. Which
D Enhancing economic dive Creating high-quality job D Job retention	growth		<ul> <li>Increasing tax base (c</li> <li>Other (please specify)</li> </ul>	annot be only purp	ose)
29. Indicate whether the age at the time of this report	reement include	the following types	of goals, and whether the ate(s) for each goal.)	e recipient had attai	ned those goals
A) Specific wage and job go 3) Other job-creation and/or C) Other wage goals D) Other goals other than wa	als to be attain retention goals	ed within 2 years	Goals Ta	rget attainment s (month & year) VFX NKY 2003	All goals attained? Yes DNo Yes No Yes No Yes No
Please attach descriptions of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the se	of goals and pr d in Questions	ogress toward 30 and 31.)			
0. For each of the followin agreement and the avera job creation goals in ful	ige hourly valu	e of any employer-pro	vided health insurance g	als for those jobs.	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal				·	s
less than \$7.00		·			s
\$7.00 to \$8.99					s
\$9.00 to \$10.99	_11				5367
\$11.00 to \$12.99					s
\$13.00 to \$14.99				<del></del>	s
\$15.00 and higher		<u> </u>			s
full-time equivalents if j	irly value of an you are unable Full-time	y employer-provided i to separate job creati Part-time/	health insurance for those on into full- and part-time FTE (only if unable to	e jobs. ( <u>Only</u> indica e positions.)	nte job creation in
Hourly Wage (excluding benefits)	Job Creațion	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					۶
\$7.00 to \$8.99					s
\$9.00 to \$10.99	N/A- B	uilding construc	TION NUT YET COM	чые <u>——</u>	s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					\$
					I

2001 Minnesota Business Assistance Form

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### Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed	it on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §11</li> </ol>	er 31, 2000, did your organization ha 16J.994? <i>(Mark one.)</i>	ave any recipients who failed to
Yes (Indicate the name of each recipient failing to represent to represent to represent. Attach additional pages if necessary.)	port and the value of subsidy or finan	icial assistance awarded to that
GNO		
Name of recipient Type of subsidy or assista	ance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that v	t to achieve any goals or fulfill any over e required to be fulfilled by the tir	other obligations under an ne of this report? <i>(Mark one.)</i>
Yes (Complete the remainder of this s	section.) 🛛 🕅 No (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each rec were to be attained by the time of reporting. (2)	cipient failing to fulfill goals or any o Attach additional pages if necessary.,	ther terms of an agreement that )
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	recipient relocated to a differ other (Specify reason.)	rent community
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	
Yes No, recipient <u>has begun</u> to repay the assista	nce. D No, recipient <u>has not begu</u>	un to repay the assistance.
38. Has the agreement been amended to extend the reci	pient's deadline for fulfilling its oblig	gations? (Mark one.)
	🛛 Yes 🗋 No	
39. Describe the steps being taken to bring recipient int	to compliance or recoup the subsidy:	
	and the second second second second second second second second second second second second second second second	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development

REC

00-0450



# 2001 Minnesota Business Assistance Form

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

Section 1 Information About Grantor

1. Name of grantor (funding en	niny) WINDOM, CItyof	2. Name of person complet	ing this form	
ECONOMIC_DEVELO	PMENT AUTHORITY	James King		· .
3. Street address		4. City	5. ZIP code	
444 Ninth Stro	eet	Windom	56101	
6. Соилту	7. Phone number	8. Fax number	9. E-mail ad	dress .
Cottonwood	507-831-6125	507-831-6142	wineda@	windom-mn
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from	the person in Que	stion 2.
N/A	· · · · · · · · · · · · · · · · · · ·			
Name/Title	Phone number	Street address	City	ZIP code
	Mark one. If granior is entity lease indicate affiliation. For l check "City government.")	12. Has your organization adopted criteria for awa compliance with Minn.	nding business sul	osidies in
City government County government County government County government County government Cother (Please specify.)	Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment       Imment     Imment			
	ed any agreements to award a bu to that is required to be reported u			
Yes (Com	olete the remainder of the form.)	ONO <u>(Stop here</u> , go to se	ction 5 on page 4.,	)
Section 2 Information A	bout Recipient			
14. Name of business or organ receiving subsidy or finance		15. Address where busines will be used	s subsidy or financ	cial assistance
Jerry Kramer,	etal	1820 N. Redding Street address Cit		
	· <u>····································</u>			
16. Does the recipient have a p	parent corporation? (Mark one.)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	parent corporation? (Mark one.) ress of parent corporation below	, If more than one, indicate u	ltimate owner.)	

Retuil Trade       Wholesale Trade       Construction       Other (please specify)       Distriput:         18. Did the recipient relocates as a result of signing this agreement? (Mark one.)         Yet (Indicate eity and state of previous address and reason recipient did not complete this project at that address.)         No (Go to Quastion 19.)         It egamboat: Rock. It Minnesota vas more completed at previous address         19. Wold the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial statistance? (Mark one.)         Or         Q Remained at previous location         Q Remained at previous location or relocated elsewhere if not awarded this business subsidy or financial statistance? (Mark one.)         Or         Q Remained at previous location         Q Remained at previous location of financial statistic end data information         Retained Remained at the recipient will benefil from the business subsidy of financ	17. Industry of recipient's facility (Mark one.):		
Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)         INO (Go to Question 19.)         (He amboat Rock, IA Minnesota vas more centrally located to markets         (Dy/State of previous address         (Dy/State of previous location         (Dy/State of previous address         (Dy/State of previous location         (Dy/State of previ	•		
No (Ge to Question 19.)         the amboat Rock, IA Minnesota vas more centrally located to markets         Chy/State of previous address         No (Ge to Question A construction and completed at previous address         Previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)         Q.         Q.         Q. Remained at previous location Q Relocated to different Minnesota location         Q. Total dollar value of business subsidy or financial assistance? (Mark one.)         20. Total dollar value of business subsidy or financial assistance (as a construction state by type in Questions 24 and 25.)         21. Does date inforowances were finished, equipment was placed into service, or the recipient occupied in the property, whichever is carlier.)         22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance (ase Question 25) required to be reported? (Mark one.)         23. Does the agreement provided is business subsidy, please indicate the type(s) and total dollar value for each type.         24. If the agreement provided is business subsidy, please indicate the type(s) and total dollar value for each type.         25. If the assistance for property polluted subsiness aubsidy previses of total cost.         26. If the assistance included tax increment financing, please indicate the type(s).         27. Are any other grantice, forgriphic local, add subsiness for cost.         28. If the assistance was not in the form of TFF	18. Did the recipient relocate as a result of signing	ng this agreemen	(? (Mark one.)
City/Sute of previous gddress       Reason project not completed at previous sideress         19. Would the recipient have remained in previous location or relocated deswhere if not awarded this business subsidy or financial assistance? (Mark one.)       Or         Image: City/Sute of previous location         Image: City/Sute of previous location       Image: City/Sute of previous location       Image: City/Sute of previous location       Image: City/Sute of previous location         Image: City/Sute of previous location       Image: City/Sute of previous location       Image: City/Sute of previous location       Image: City/Sute of previous location         Image: City/Sute of previous location       Image: City/Sute of previous location       Image: City/Sute of previous location       Image: City/Sute of previous location         Image: City/Sute of previous location       Image: City/Sute of previous location       Image: City/Sute of previous location       Image: City/Sute of previous location         Image: City/Sute of previous location       Image: City/Sute of previous location       Image: City/Sute of previous location       Image: City/Sute of previous location         Image: City/Sute of previous location       Image: City/Sute of previous location       Image: City/Sute of previous location       Image: City/Sute of previous location         Image: City/Sute of previous location       Image: Ci	Yes (Indicate city and state of previous addres No (Go to Question 19.)	s and reason rec	ipient did not complete this project at that address.)
financial assistance? (Mark one.)       Or         Image: Control in the intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent intervent interve	Steamboat Rock, IA Minner City/State of previous address Reason project	sota was not completed at	more centrally located to markets. previous address
Premained at previous location       Prelocated to different Minnesota location       Relocated outside Minnesota         ection 3 General Information About the Agreement       20. Test dollar value of business subsidy or financial assistance ( <i>Please separate value by type la Questions 24 and 25.</i> )       21. Date agreement signed ( <i>In addition to the agreement date indicate any dates the agreement was amended.</i> )         20. Test dollar value of business subsidy or financial assistance ( <i>Please separate value by type la Questions 24 and 25.</i> )       21. Date agreement signed ( <i>In addition to the agreement was amended.</i> )         21. Date agreement signed ( <i>In addition to the agreement was amended.</i> )       August 1, 2000         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 cariler.</i> )         32. Does the agreement provide a business subsidy or one of the four types of financial assistance       25. If the assistance (see Question 25) required to be reported? ( <i>Mark one.</i> )         24. If the agreement provided financial assistance       25. If the assistance for property polluted 5         25. If the agreement provided financial assistance       25. If the assistance for property polluted 5         26. If the agreement growide form of 5125_000       3 assistance for a TIF soil's 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 grantor	financial assistance? (Mark one.)	us location or rel	located elsewhere if not awarded this business subsidy or
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.)         21. Date agreement signed (In addition to the agreement was amended.)       August 1, 2000         22. Benefit date (Indicate the date the recipient will bengfit 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.)         24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.         25. If the agreement provided financial assistance         26. If the agreement provided financial assistance         27. The agreement provided financial assistance         28. Date the four type(s) and total dollar value for each type.         29. If an other, forgivable loan)         5		ocated to differen	nt Minnesota location 🛛 Relocated outside Minnesota
and 25.)       date, indicate any dates the agreement was amended.)         August 1, 2000         22. Benefit date (Indicate in date the recipient will benglit 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.)         24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.         24. If the agreement provided financial assistance         25. Does the agreement provided financial assistance (see Question 25) required to be reported? (Mark one.)         26. If the agreement provided financial assistance         27. The applicable, agreement provided financial assistance         28. Diagnetic the type(s) and total dollar value for each type.         29. If aro tapplicable, agreement provided financial assistance         20. Does the agreement provided financial assistance         21. To compute the arout count of deferral sizes	Section 3 General Information About	the Agreeme	nt
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.)         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).         27. If or other tax reduction or deferral \$125_000       25. and applicable, agreement provided financial assistance for renovating building \$	assistance (Please separate value by type in		
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.)         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).         If on a spplicable, agreement provided financial assistance       If not applicable, agreement provided financial assistance for property polluted \$	\$150,000		August 1, 2000
be reported? (Mark one.)	indicate the date improvements were finished whichever is earlier.)	d, equipment was	
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). 26. If the agreement provided financial assistance 27. If the agreement provided financial assistance for property polluted 28. and total dollar value for each type. 29. If the agreement provided financial assistance 20. If the agreement provided financial assistance 20. If the agreement provided financial assistance 21. If the agreement provided financial assistance 22. If the agreement provided financial assistance 23. If the assistance for property polluted 24. If the agreement provided financial assistance 25. If the agreement provided for bringing is up to code, and aggregated historic preservation districts, when 50% or less of total cost 25. If the agreement 26. If the aggregate included tax increment financing, please indicate the type of TIF district? (Mark one.) 26. If the aggregate and the form of TIF 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) 26. If the aggregate and the order of TIF district? (Mark one.) 27. Are any other grantor and the value of their aggregate the same project? (Mark one.) 28. Vo 29. Control development 20. Secondition 30. Secondition 31. Secondition 32. Secondition 33. Secondition 34. Secondition 35. Secondition 36. Secondition 36. Secondition 36. Secondition 37. Secondition 38. Secondition 38. Secondition 39. Secondition 39. Secondition 30. Secondition 30. Secondition 31. Secondition 31. Secondition 32. Secondition 33. Secondition 33. Secondition 34. Secondition 35. Secondition 36.		idy or one of the	four types of financial assistance (see Question 25) required to
indicate the type(s) and total dollar value for each type.       assistance, please indicate the type(s).         indicate the type(s) and total dollar value for each type.       assistance, please indicate the type(s).         indicate the type(s) and total dollar value for each type.       assistance, please indicate the type(s).         indicate the type(s) and total dollar value for each type.       assistance, please indicate the type(s).         indicate the type(s) and total dollar value for each type.       assistance, please indicate the type(s).         indicate the type(s) and total dollar value for each type.       indicate the type(s).         indicate the type(s) and total dollar value for each type.       indicate the type(s).         indicate the type(s) and total dollar value for each type.       indicate the type(s).         indicate the type(s) and total dollar value for each type.       indicate the type(s).         indicate the type(s) and total dollar value for each type.       indicate the type of TIF district? (Mark one.)         indicate the type of TIF district? (Mark one.)       indicate the type of TIF district? (Mark one.)         indicate the type of the form of TIF       indicate the the additional sheet if necessary.)         indicate the type on the form of TIF       if nancial assistance to the agreement(s):         indicate the type of TIF district? (Mark one.)       if nancial assistance to the agreement(s):         indeevelopment       if necessary.)		iness subsidy	C financial assistance
□ loan (only principal)       S			
grant (i.e., forgivable loan)       \$	I not applicable, agreement provided financial a	Issistance	not applicable, agreement provided a business subsidy
<ul> <li>P land contribution</li> <li>S_25_000</li> <li>S_assistance for pollution control or subatement</li> <li>assistance for a TIF soils condition district</li> <li>assistance for a TIF soils condition district</li> <li>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</li> <li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> <li>anot applicable, assistance was not in the form of TIF</li> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>exconomic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> <li>Grantor</li> <li>Value (S)</li> </ul>	<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> </ul>	s s s125,000 s s	by contaminants assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when
<ul> <li>abatement</li> <li>abatement</li> <li>assistance for a TIF soils condition district</li> <li>Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> <li>not applicable, assistance was not in the form of TIF</li> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>condition</li> <li>conditio</li></ul>	Directorential use of governmental facilities	\$ <u>25,00</u> 0	
indicate the type of TIF district? (Mark one.)       financial assistance to the same project? (Mark one.)         not applicable, assistance was not in the form of TIF       Yes (Specify each grantor and the value of their assistance below: attach an additional sheet if necessary.)         redevelopment       renewal and renovation         soils condition       R No         conomic development       Grantor(s) and value of the agreement(s):         mined underground space       Grantor         hazardous substance subdistrict       Grantor	O other (Specify subsidy type.)	\$	
assistance below: attach an additional sheet if necessary.)         renewal and renovation         soils condition         conomic development         economic development         mined underground space         hazardous substance subdistrict         Grantor         Value (S)	26. If the assistance included tax increment fine indicate the type of TIF district? (Mark one	ncing, please	
<ul> <li>□ renewal and renovation</li> <li>□ soils condition</li> <li>☑ economic development</li> <li>□ mined underground space</li> <li>□ hazardous substance subdistrict</li> <li>□ Grantor</li> <li>□ Value (\$)</li> </ul>	not applicable, assistance was not in the form	ofTIF	
¹ economic development ¹ mined underground space ¹ hazardous substance subdistrict ¹ Grantor            Value (S)	<ul> <li>redevelopment</li> <li>renewal and renovation</li> </ul>		₽ No
Grantor Value (S)	C mined underground space		Grantor(s) and value of the agreement(s):
Grantor Value (\$)			Grantor Value (S)
			Grantor Value (\$)

ction 4 Goals and Pi 8. Minn. Stat. §116J.994 1	equires that bus	iness subsidy and fin	ancial assistance agreemer	nts state a public pu	rpose. Which
of the following public	purposes were s	stated in the agreemen	x? (Mark all that apply.)		•
Enhancing economic dive		•	XIncreasing tax base (ca		ose)
Creating high-quality job Job retention	growth		Other (please specify)		· · · · · · · · · · · · · · · · · · ·
Stabilizing the communit	<b>y</b>				
Indicate whether the again the time of this report			of goals, and whether the late(s) for each goal.)	recipient had attain	ed those goals
			Goals Tar	get attainment	All goals
· · · · ·				(month & year)	attained?
Specific wage and job go				ly 31,2002	□Yes 12 No □Yes □No
Other job-creation and/or Other wage goals	r retention goals				QYes QNo
Other goals other than w	age and job gos	ıls			□Yes □No
ease attach descriptions sinment if not documente				• •	
agreement and the aver	age hourly valu	e of any employer-pro	reation and/or retention ge ovided health insurance go to separate goals by full- o	als for those jobs.	
	Full-time	Part-time/	FTE (only if goals not		· · ·
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Tamp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insuranc
o hourly wage-level goal	· · · · · · ·	1. <u>1. 1. 1</u>	· · · · · · · · · · · · · · · · · · ·		5
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					s
\$11:00 to \$12.99	<u> </u>	· · · · · · · · · · · · · · · · · · ·			s
\$13.00 to \$14.99	·	: 			s
\$15.00 and higher	9	· ·			.5
date and the actual ho	urly value of an	y employer-provided	aber of actual jobs created health insurance for those tion into full- and part-tim	; jobs. ( <u>Qnly</u> indica	nce the benefit ate job creation in
	Full-time	Part-time/	FTE (only if unable to	· .	· ·
Hourly Wage	Job	Sessonal/Temp.	separate FT/PT)	Job Retention	Hourly Value o
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insuran
less than \$7.00					3
\$7.00 to \$8.99		· · · · · · · · · · · · · · · · · · ·		·	3
59.00 ю \$10.99	·····				\$
\$11.00 to \$12.99		· ·			\$
\$13.00 to \$14.99	<del></del>		·		s
\$15.00 and higher		·	<del></del>	·	<u></u>
Has the recipient achie	eved <u>all goals</u> (s	ce Questions 29, 30 a	and 31) and fulfilled all ob	ligations stipulated	in the agreement
(Mark one.)		•	•	•	

Section 5 Recipients Failing to Fulfill Obligati (Do not complete this section if you completed it of		nitted to DTED.)
33. During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J	31, 2000, did your organization ha	and the second second second second second second second second second second second second second second secon
☐ Y ↔ (Indicate the name of each recipient failing to repor recipient. Attach additional pages if necessary.)	t and the value of subsidy or finan	cial assistance awarded to that
<b>⊊</b> No		· .
Name of recipient Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance
<ul> <li>34. Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that wer</li> <li>Q Yes (Complete the remainder of this sector)</li> </ul>	e required to be fulfilled by the tin	ne of this report? (Mark one.)
<ul> <li>35 39. Provide the following information for each recipi were to be amained by the time of reporting. (And 35. Information on recipient and agreement:</li> </ul>		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment oblig	ation? (Mark one.)	- · ·
• Yes • No, recipient has begun to repay the assistance	e. 🗆 No, recipient <u>has not begu</u>	m to repay the assistance.
38. Has the agreement been amended to extend the recipie	mt's deadline for fulfilling its oblig	gations? (Mark one.)
C	Yes DNo	
39. Describe the steps being taken to bring recipient into a	compliance or recoup the subsidy:	
		·
		· · · · · · · · · · · · · · · · · · ·
2001 Minnesot Minnesota Department of T	ed MBAF(s) by <u>April 1. 2001.</u> a Business Assistance Form rade and Economic Developme square, 121 East 7 th Place	

St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development

RECENTED

## **EXHIBIT A**

# Wage and Job Goals

28

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.



# **2001 Minnesota Business Assistance Form**

# 00-0106

# RECEIVED MAR 2 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 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period 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.

2. Name of person completing this form

#### Section 1 Information About Grantor

1. Name of grantor (funding entity)

1. Name of grantor (runding entity) City of Winsted		2. Name of person completing this form Matthew Podhradsky-City Administrator		
3. Street address 183 Main Avenue We	st, PO Box 126	4. City Winsted	5. ZIP code 55395	
6. County McLeod	7. Phone number 320-485-4718	8. Fax number 320-485-2858	9. E-mail address cityofwinsted@tds.net	
10. Please indicate who in your same as question 2	r organization should receive the	2002 MBAF if different from th	e person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
<ol> <li>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.")</li> </ol>		12. Has your organization he adopted criteria for award compliance with Minn. S		
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>Yes (Indicate hearing date - 11-8-0) and attach criteria)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>		
through December 31, 200	ed any agreements to award a bus 0 that is required to be reported u olete the remainder of the form.)		§116J.994? (Mark one.)	
Section 2 Information Al				
14. Name of business or organ receiving subsidy or finance	ization	15. Address where business a will be used	subsidy or financial assistance	
Scherping Syste	ems	<u>801 Kingsley Street, Winsted, MN 55395</u> Street address City State ZIP code		
16. Does the recipient have a p	parent corporation? (Mark one.)			
🗅 No	ress of parent co <del>r</del> poration below.	If more than one, indicate ulti	mate owner.)	
Carlisle Companies	5, Inc.	250 South Clinton Street address City	<u>St. Suite 201, Syr</u> acus State ZIP code	
Name of parent corporation		Succei address City		

	<b>.</b>	Contraction Services	🖵 Finance, Insurance, Real Esta	
🗆 Retail	Trade	Wholesale Trade	Construction Construction	ease specify)
18. Did the recipient relocate	as a result of sig	ning this agreemen	t? (Mark one.)	
□ Yes (Indicate city and state 2 No (Go to Question 19.)	of previous addr	ress and reason rec	i <del>pient</del> did not co <del>mp</del> lete this p <del>r</del> oject at	that address.)
City/State of previous address	Reason projec	ct not completed at	previous address	
19. Would the recipient have financial assistance? (Mark		rious location or re	ocated elsewhere if not awarded this b	ousiness subsidy or
X Remained at previou	is location	elocated to differe	nt Minnesota location	l outside Minnesota
Section 3 General Infor	mation Abou	t the Agreeme	nt	
20. Total dollar value of busi assistânce (Please separa and 25.)	-		21. Date agreement signed (In addit date, indicate any dates the agree	
\$150,000			6-5-00	
indicate the date improve whichever is earlier.)			the business subsidy or financial assis s placed into service, or the recipient o	
23. Does the agreement provi be reported? (Mark one.)	)	osidy or one of the usiness subsidy	four types of financial assistance (see	Question 25) required
24. If the agreement provided indicate the type(s) and to			25. If the assistance was one of the f assistance, please indicate the ty	
			assistance, prease indicate die ty	pe(s).
껍 not applicable, agreement p	provided financial		D not applicable, agreement provide	-
loan (only principal)			<ul> <li>△ not applicable, agreement provide</li> <li>□ assistance for property polluted</li> </ul>	-
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> </ul>			<ul> <li>not applicable, agreement provide</li> <li>assistance for property polluted by contaminants</li> </ul>	d a business subsidy \$
□ loan (only principal) 対 grant (i.e., forgivable loan) □ tax abatement		\$\$ \$_ <u></u> \$_ <u></u> \$	<ul> <li>not applicable, agreement provide</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building</li> </ul>	d a business subsidy \$ \$
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction of</li> </ul>		\$ \$_ <u></u> \$_ <u></u> \$ \$	<ul> <li>not applicable, agreement provide</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, an</li> </ul>	d a business subsidy \$ \$ d
□ loan (only principal) 対 grant (i.e., forgivable loan) □ tax abatement	or deferral	\$ \$_ <u>150,000</u> \$ \$ \$	<ul> <li>not applicable, agreement provide</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building</li> </ul>	d a business subsidy \$ \$ d I
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction of guarantee of payment</li> </ul>	or deferral infrastructure	\$ \$_ <u></u> \$_ <u></u> \$ \$	<ul> <li>not applicable, agreement provide</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, an assistance provided for designated historic preservation districts, wh 50% or less of total cost</li> </ul>	d a business subsidy \$ \$ d l en
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction of guarantee of payment</li> <li>contribution of property or</li> <li>preferential use of governm</li> <li>land contribution</li> </ul>	or deferral infrastructure æntal facilities	ss	<ul> <li>not applicable, agreement provide</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, an assistance provided for designated historic preservation districts, wh 50% or less of total cost</li> <li>assistance for pollution control or</li> </ul>	d a business subsidy \$ \$ d l en
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction of guarantee of payment</li> <li>contribution of property or</li> <li>preferential use of governm</li> </ul>	or deferral infrastructure æntal facilities	\$ \$ \$ \$ \$ \$ \$ \$	<ul> <li>not applicable, agreement provide</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, an assistance provided for designated historic preservation districts, wh 50% or less of total cost</li> </ul>	d a business subsidy \$ \$ d t en \$
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction of guarantee of payment</li> <li>contribution of property or</li> <li>preferential use of governm</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	or deferral infrastructure contal facilities	1 assistance         \$	<ul> <li>not applicable, agreement provide</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, an assistance provided for designated historic preservation districts, wh 50% or less of total cost</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition</li> </ul>	d a business subsidy \$ \$ d t en \$ n district \$
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction of guarantee of payment</li> <li>contribution of property or</li> <li>preferential use of governm</li> <li>land contribution</li> </ul>	or deferral infrastructure mental facilities	sistance         \$	<ul> <li>not applicable, agreement provide</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, an assistance provided for designated historic preservation districts, wh 50% or less of total cost</li> <li>assistance for pollution control or abatement</li> </ul>	d a business subsidy \$ d en \$ n district \$ g a business subsidy on
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction of guarantee of payment</li> <li>contribution of property or</li> <li>preferential use of governm</li> <li>land contribution</li> <li>other (Specify subsidy type.</li> </ul>	or deferral infrastructure mental facilities ) tax increment fir listrict? (Mark on	ssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssss	<ul> <li>not applicable, agreement provide</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, an assistance provided for designated historic preservation districts, wh 50% or less of total cost</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition</li> <li>27. Are any other grantors providing</li> </ul>	d a business subsidy SS d t en S g a business subsidy or project? (Mark one.) e value of their
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction of</li> <li>guarantee of payment</li> <li>contribution of property or</li> <li>preferential use of governm</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul> 26. If the assistance included indicate the type of TIF d & not applicable, assistance w	or deferral infrastructure mental facilities ) tax increment fir listrict? (Mark on	ssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssss	<ul> <li>not applicable, agreement provide</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, an assistance provided for designated historic preservation districts, wh 50% or less of total cost</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition</li> <li>27. Are any other grantors providing financial assistance to the same p</li> <li>X) Yes (Specify each grantor and the assistance below; attach an addit</li> </ul>	d a business subsidy SS d t en S g a business subsidy or project? (Mark one.) e value of their
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction of guarantee of payment</li> <li>contribution of property or</li> <li>preferential use of governm</li> <li>land contribution</li> <li>other (Specify subsidy type.</li> </ul> 26. If the assistance included indicate the type of TIF d 20 not applicable, assistance w <ul> <li>redevelopment</li> <li>renewal and renovation</li> </ul>	or deferral infrastructure mental facilities ) tax increment fir listrict? (Mark on	ssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssss	<ul> <li>not applicable, agreement provide</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, an assistance provided for designated historic preservation districts, wh 50% or less of total cost</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition</li> <li>27. Are any other grantors providing financial assistance to the same p</li> <li>X Yes (Specify each grantor and the</li> </ul>	d a business subsidy SS d t en S g a business subsidy or project? (Mark one.) e value of their
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction of</li> <li>guarantee of payment</li> <li>contribution of property or</li> <li>preferential use of governm</li> <li>land contribution</li> <li>other (Specify subsidy type.</li> </ul> 26. If the assistance included indicate the type of TIF d 26. If the assistance included indicate the type of TIF d 26. not applicable, assistance w a not applicable, assistance w c redevelopment c renewal and renovation soils condition	or deferral infrastructure mental facilities ) tax increment fir listrict? (Mark on	ssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssss	<ul> <li>not applicable, agreement provide</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, an assistance provided for designated historic preservation districts, wh 50% or less of total cost</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition</li> <li>27. Are any other grantors providing financial assistance to the same p</li> <li>X) Yes (Specify each grantor and the assistance below; attach an addit</li> <li>No</li> </ul>	d a business subsidy
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction of</li> <li>guarantee of payment</li> <li>contribution of property or</li> <li>preferential use of governm</li> <li>land contribution</li> <li>other (Specify subsidy type.</li> </ul> 26. If the assistance included indicate the type of TIF d 20 not applicable, assistance w <ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	or deferral infrastructure mental facilities ) tax increment fir listrict? (Mark on	ssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssss	<ul> <li>not applicable, agreement provide</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, an assistance provided for designated historic preservation districts, wh 50% or less of total cost</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition</li> <li>27. Are any other grantors providing financial assistance to the same p</li> <li>Yes (Specify each grantor and the assistance below; attach an addit</li> <li>No</li> <li>Grantor(s) and value of the agreement</li> </ul>	d a business subsidy
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction of</li> <li>guarantee of payment</li> <li>contribution of property or</li> <li>preferential use of governm</li> <li>land contribution</li> <li>other (Specify subsidy type.</li> </ul> 26. If the assistance included indicate the type of TIF d 26. If the assistance included indicate the type of TIF d 26. not applicable, assistance w a not applicable, assistance w c redevelopment c renewal and renovation soils condition	or deferral infrastructure nental facilities ) tax increment fir listrict? (Mark on vas not in the form	ssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssss	<ul> <li>not applicable, agreement provide</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, an assistance provided for designated historic preservation districts, wh 50% or less of total cost</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition</li> <li>27. Are any other grantors providing financial assistance to the same p</li> <li>X) Yes (Specify each grantor and the assistance below; attach an addit</li> <li>No</li> </ul>	d a business subsidy
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction of</li> <li>guarantee of payment</li> <li>contribution of property or</li> <li>preferential use of governm</li> <li>land contribution</li> <li>other (Specify subsidy type.</li> </ul> 26. If the assistance included indicate the type of TIF d 26. not applicable, assistance w <ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>	or deferral infrastructure nental facilities ) tax increment fir listrict? (Mark on vas not in the form	ssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssss	<ul> <li>not applicable, agreement provide</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, an assistance provided for designated historic preservation districts, wh 50% or less of total cost</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition</li> <li>27. Are any other grantors providing financial assistance to the same p</li> <li>X) Yes (Specify each grantor and the assistance below; attach an addit</li> <li>No</li> <li>Grantor(s) and value of the agreement</li> </ul>	d a business subsidy

Section 4 Goals and Public Purpose Identified in the Agreement

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28. Minn. Stat. §116J.994 re of the following public p					surpose. Which
<ul> <li>Enhancing economic diversion</li> <li>Creating high-quality job g</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>				ase (cannot be only pur ecify)	
29. Indicate whether the agree at the time of this report.					ined those goals
<ul> <li>A) Specific wage and job goa</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than wage</li> <li>(Please attach descriptions op attainment if not documented</li> </ul>	retention goals ge and job goal f goals and pro	ls pgress toward	Goals established? DYes DNo Yes DNo Yes DNo Yes DNo	Target attainment dates (month & year) 	All goals attained? Yes D No Yes No Yes No
30. For each of the following agreement and the averag job creation goals in full	ge hourly value	of any employer-pr	ovided health insuran	ce goals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals stated as FT/PT Job Creation		Hourly Value of Health Insurance
no hourly wage-level goal		<u></u>			\$
less than \$7.00					s
\$7.00 to \$8.99					\$
\$9.00 to \$10.99		H·	<u></u>		s (EH
\$11.00 to \$12.99	30_61	H· 2/01			3.13 6/2pl
\$13.00 to \$14.99 \$12 & higher \$13.00 and higher					s <u></u> f.F.H s <u>3.13</u> 6/2/Pl s
31. For each of the followin date and the <b>actual</b> hour full-time equivalents if y	ly value of any	employer-provided	health insurance for	those jobs. ( <u>Only</u> indic	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unab separate FT/PI Job Creation		Hourly Value of Health Insurance
less than \$7.00			<del></del>		\$
\$7.00 to \$8.99	<u></u>	<del></del>			\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99	_1				s <u>3.13</u>
\$13.00 to \$14.99	3				<b>3.</b> 13 <b>s</b>
\$15.00 and higher					<u>\$3.13</u>
32. Has the recipient achiev (Mark one.)	ed <u>all goals</u> (se	æ Questions 29, 30	and 31) and fulfilled	all obligations stipulate	d in the agreement?

🗆 Yes 🛛 🖾 No

Section 5 Recipients Failing to Fulfill Obligations

33. During the period Jan	uary 1, 2000 through Decem	<i>d it on another 2001 MBAF sub</i> aber 31, 2000, did your organization h	
report as required by N	/inn. Stat. §116J.993 and §1	16J.994? (Mark one.)	
	of each recipient failing to r Iditional pages if necessary.	eport and the value of subsidy or fina )	ncial assistance awarded to that
Da No			
Name of recipient	Type of subsidy or assis	tance (See Questions 24 and 25.)	Value of subsidy or assistance
		led to achieve any goals or fulfill any were required to be fulfilled by the ti	
🗅 Yes (Ca	mplete the remainder of this	s section.) 😨 No (Stop here and su	ubmit form to DTED .)
	d by the time of reporting.	ecipient failing to fulfill goals or any o (Attach additional pages if necessary.)	
Name of recipient in defau	dt	Type of subsidy or assistance	Initial value of subsidy or assistance
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 operati		recipient relocated to a difference tother (Specify: reason.)	erent community
37. To date, has the recip	ient fulfilled its repayment o	bligation? (Mark one.)	
🗅 Yes 🛛 🗅 No, recipient	has begun to repay the assis	tance. INO, recipient has not beg	run to repay the assistance.
38. Has the agreement be	en amended to extend the re	cipient's deadline for fulfilling its obl	igations? (Mark one.)
		⊇Yes ⊇No	
39. Describe the steps be	ng taken to bring recipient i	nto compliance or recoup the subsidy	:

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development



# 2001 Minnesota Business Assistance Form

# RECEIVED APR 0 6 2001

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

#### 1. Name of grantor (funding entity) 2. Name of person completing this form CITY OF WORTHINGTON BRADLEY CHAPULIS 3. Street address 5. ZIP code 4. City 303 9TH ST., P. O. BOX 279 WORTHINGTON 56187 6. County 7. Phone number 8. Fax number 9. E-mail address NOBLÉS (507) 372-8640 (507) 372-8643 bchapulis@mail.c 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. . . . . . . . . . . Brad Chapulis, Mgr. of Plng. & Econ. Dev. (Same as above ) ZIP code Phone number Street address Name/Title City 12. Has your organization held a public hearing on and 11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) City government Yes (Indicate hearing date - 9 / 1 / 9 and attach criteria) County government 🗆 No Regional government U We held a public hearing but have not yet adopted □ State government criteria (Indicate date of initial hearing -Other (Please specify.) 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.)

#### Section 1 Information About Grantor

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where will be used	business subsidy	or financia	assistance
Awra Doro, Inc.	<u>115 9th St</u> Street address	t., Worth City	<u>ington</u> State	<u>, MN 5</u> 618 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<ul> <li>Yes (Indicate name and address of parent corporation below.</li> <li>No</li> </ul>	If more than one, ind	licate ultimate o	wner.)	
Name of parent corporation	Street address	City	State	ZIP code

	<ul> <li>Finance, Insuran</li> <li>Construction</li> </ul>	ce, Real Estate Other (please specif)	5.1
g this agreement?	(Mark one.)		
s and reason recip	ient did not complete ti	his project at that addre	ss.)
not completed at pr	revious address		······································
us location or relo	cated elsewhere if not a	warded this business su	bsidy or
ocated to different	Minnesota location	Relocated outside M	linnesota
the Agreement	t		
	3/30/00		
		sistance (see Question 2	5) required to
			of financial
ssistance	🛛 not applicable, agreer	nent provided a busines	s subsidy
S     C       S     C       S     S       S     S       S     S       S     S       S     S       S     S       S     S	by contaminants assistance for renovation stock or bringing it u assistance provided finistoric preservation 50% or less of total c assistance for pollution abatement	ing building p to code, and or designated districts, when ost on control or	\$ \$ \$
ATTE I	Yes (Specify each gr	antor and the value of the	
of TIF	assistance below; att	ach an adailionaí sheel	'if necessary.)
	assistance below; att ⊐ No	ach an adamonal sheel	if necessary.)
	□ No Grantor(s) and value of	the agreement(s):	
	🗅 No		
	s and reason recip not completed at pro- us location or reloce ocated to different the Agreement ancial Questions 24 will benefit from the dy or one of the for ness subsidy please r each type. ssistance sss sss s	Wholesale Trade       □ Construction         ag this agreement? (Mark one.)         as and reason recipient did not complete the         not completed at previous address         us location or relocated elsewhere if not a         ocated to different Minnesota location         the Agreement         ancial       21. Date agreement sign         Questions 24       21. Date agreement sign         ancial       21. Date agreement sign         Questions 24       3 / 30 / 00         will benefit from the business subsidy or fit         dy or one of the four types of financial assistance         please       25. If the assistance was         r each type.       25. If the assistance was         ssistance       10 not applicable, agreer         s	Wholesale Trade       Construction       Other (please specify and the specif

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# Section 4 Goals and Public Purpose Identified in the Agreement

<ul> <li>Penhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>			
<ol> <li>Indicate whether the agr at the time of this report</li> </ol>				e recipient had attai	ned those goals	
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than wa</li> <li>Please attach descriptions of</li> </ul>	retention goals age and job goa of goals and pro	s Ils ogress toward	established? date ⊠Yes □No <u>J∖</u> □Yes □No	rget attainment es (month & year) ane 2002	All goals attained? 44,47 Yes XNo Yes No Yes No Yes No Yes No	
0. For each of the followin			reation and/or retention a	unals stated in the		
agreement and the avera	age hourly value	e of any employer-pro	by the separate goals by full-	oals for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00	. <u></u>				s	
\$7.00 to \$8.99			<u> </u>		s	
\$9.00 to \$10.99	275				s <u>1.</u> 00	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99					s	
\$15.00 and higher					s	
1 Example of the Collection		y employer-provided	ber of <b>actual</b> jobs created health insurance for those	e jobs. ( <u>Only</u> indice		
		^r <i>to separate job creat</i> Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	• Hourly Value of Health Insurance	
date and the <b>actual</b> hou <i>full-time equivalents if</i> Hourly Wage	you are unable Full-time Job	Part-time/ Seasonal/Temp.	FTE ( <u>only</u> if unable to separate FT/PT)	Job	•	
date and the <b>actual</b> hou <i>full-time equivalents if</i> Hourly Wage (excluding benefits)	you are unable Full-time Job	Part-time/ Seasonal/Temp.	FTE ( <u>only</u> if unable to separate FT/PT)	Job	Health Insurance	
date and the <b>actual</b> hou <i>full-time equivalents if</i> Hourly Wage (excluding benefits) less than \$7.00	you are unable Full-time Job	Part-time/ Seasonal/Temp.	FTE ( <u>only</u> if unable to separate FT/PT)	Job	Health Insurance	
date and the <b>actual</b> hou <i>full-time equivalents if</i> Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	you are unable Full-time Job Creation 	Part-time/ Seasonal/Temp.	FTE ( <u>only</u> if unable to separate FT/PT)	Job	Health Insurance	
date and the <b>actual</b> hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	you are unable Full-time Job Creation  15	Part-time/ Seasonal/Temp.	FTE ( <u>only</u> if unable to separate FT/PT)	Job	Health Insurance	

#### Section 5 Designants Failing to Fulfill Obligations

<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116</li> </ol>	er 31, 2000, did your organization have any recipients who failed to 5J.994? (Mark one.)
Ses (Indicate the name of each recipient failing to rep recipient. Attach additional pages if necessary.)	port and the value of subsidy or financial assistance awarded to that
No No	
Name of recipient Type of subsidy or assistant	nce (See Questions 24 and 25.) Value of subsidy or assistance
	d to achieve any goals or fulfill any other obligations under an vere required to be fulfilled by the time of this report? (Mark one.)
Yes (Complete the remainder of this so	ection.) DNo (Stop here and submit form to DTED .)
<ul><li>35 39. Provide the following information for each recipient were to be attained by the time of reporting. (A)</li></ul>	ipient failing to fulfill goals or any other terms of an agreement that ttach additional pages if necessary.)
35. Information on recipient and agreement:	
Awra Doro, Inc. Name of recipient in default	Loan \$175,000 Type of subsidy or assistance Subsidy or assistance
115     9th     Street       Street address of recipient	Worthington, MN56187\$171,753+accrueCity/ZIP code of recipientOutstanding value ofinteresubsidy or assistance
36. Reason(s) for default (Mark all that apply.):	
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	□ recipient relocated to a different community ☑ other (Specify reason.) Restructuring Permanent
37. To date, has the recipient fulfilled its repayment obl	Working Capital igation? (Mark one.)
□ Yes 🕅 No, recipient has begun to repay the assistant	nce. Do, recipient has not begun to repay the assistance.
38. Has the agreement been amended to extend the recip	pient's deadline for fulfilling its obligations? (Mark one.)
	⊐ Yes ØNo
<ul><li>39. Describe the steps being taken to bring recipient into</li></ul>	o compliance or recoup the subsidy:
Local EDC working w/company	to secure additional working capital

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

Or fax to: (651) 215-3841





2001 Minnesota 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.
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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)	2. Name of person completing this form HVSTVN BUKSNESS
3. Street address 26325 FORST BOWEVAr	4. City 5. ZIP code WYDMUNG 55042
6. County (MiSag () 051-467	
Dinnis Conjell/Admin_ UE	Ild receive the 2002 MBAF if different from the person in Question 2. <u>- +UTC-0575</u> <u>2UB35 FUTSI BIVD, WYOMUNG</u> 550 number Street address City ZIP code
11. Classification of grantor (Mark one. If grant created by gov't agency, please indicate affi example, a city EDA would check "City gove	ation. For adopted criteria for awarding business subsidies in
City government County government Regional government State government Other (Please specify.)	<ul> <li>A Yes (Indicate hearing date - SAQAA and <u>attach criteria</u>)</li> <li>□ No</li> <li>□ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>□ Other (Please attach explanation.)</li> </ul>
	to award a business subsidy or financial assistance from January 1, 2000 be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)
Yes (Complete the remainded	of the form.)
Section 2 Information About Recipien	
14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>
Sunnise Fiberglass	Street address City State 718 code

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

Tyes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) ZNO

Name of parent corporation	Street address	City	State	ZIP code

Street address

City '

State  $\smile$  ZIP code

	Manufacturing	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please specif)</li> </ul>	ĵ7
18. Did the recip	pient relocate as a result of	signing this agreement	? (Mark one.)	
❑ Yes (Indicate c ⊿No (Go to Que		address and reason reci	pient did not complete this project at that addre.	ss.)
City/State of prev	vious address Reason pr	oject not completed at	previous address	
	ecipient have remained in pance? (Mark one.)	previous location or rel	ocated elsewhere if not awarded this business sul	bsidy or
Remain	ed at previous location	Relocated to differen	It Minnesota location 🛛 Relocated outside M	innesota
ection 3 Gen	eral Information At	out the Agreemer	ıt	
	value of business subsidy Please separate value by ty		21. Date agreement signed (In addition to the a date, indicate any dates the agreement was	0
indicate the a		nished, equipment was	he business subsidy or financial assistance. For placed into service, or the recipient occupied the	
	(Mark one.)		four types of financial assistance (see Question 2 ☐ financial assistance	5) required to
	ent provided a business su ype(s) and total dollar va		25. If the assistance was one of the four types of assistance, please indicate the type(s).	of financial
🗅 not applicable,	, agreement provided finar L1.1	icial assistance	arDelta not applicable, agreement provided a busines	s subsidy
☐ loan (only prin □ grant (i.e., forg	icipal)	<u>stot.000</u>	assistance for property polluted by contaminants	\$
□ tax abatement		\$	assistance for renovating building	\$
TIF or other tag guarantee of pa	x reduction or deferral	\$ \$	stock or bringing it up to code, and assistance provided for designated	
contribution of	f property or infrastructure	s	historic preservation districts, when	
preferential use Iand contribution	e of governmental facilitie	s \$	50% or less of total cost assistance for pollution control or	۶
□ other (Specify :		\$	abatement	J
			□ assistance for a TIF soils condition district	\$
	nce included tax incremer type of TIF district? (Mar		27. Are any other grantors providing a busines financial assistance to the same project? (A	
❑ not applicable,	, assistance was not in the	form of TIF	Yes (Specify each grantor and the value of the assistance below; attach an additional sheet	heir if necessarv.)
Tredevelopment			,	· · · · · · ·
□ renewal and re			ØN₀	1. anaini
<ul> <li>soils condition</li> <li>economic deve</li> </ul>			Grantor(s) and value of the agreement(s): $4.7$	H. 172510 W_
D mined undergr	round space		Pro Internetional Prov	DLAW S
□ hazardous sub:	stance subdistrict	-1	$\frac{D(U) - M(r)}{Grantor} = \frac{1991,333}{Value(\$)}$	
				<del>_</del>
			Grantor Value (\$)	

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# Section 4 Goals and Public Purpose Identified in the Agreement

		e	ent? (Mark all that apply.) $Q \neq A = \frac{1}{2}$	NI DIA There is	,
<ul> <li>Enhancing economic divers</li> <li>Creating high-quality job g</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	sity rowth <b>E1</b> Fur fr	7/23/01 16#1	$\ell$ $f$ $f$ $f/23$ , A Increasing tax base (ca Control other (please specify)	annot be only purp	ose)
29. Indicate whether the agree at the time of this report.				recipient had attai	ned those goals
<ul> <li>A) Specific wage and job goa</li> <li>B) Other job-creation and/or r</li> <li>C) Other wage goals</li> <li>D) Other goals other than wage</li> <li>(Please attach descriptions of attainment if not documented)</li> </ul>	etention goals ge and job goal <i>Ggoals and pro</i>	s gress toward	established? dates	get attainment (month & year) 30-02	All goals attained? Yes ØNo Yes No Yes No Yes No
	e hourly value	of any employer-pi	creation and/or retention go rovided health insurance go to separate goals by full- o	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					\$
less than \$7.00					\$
\$7.00 to \$8.99	26				<u>sa.70</u>
\$9.00 to \$10.99	122				s <u>2,70</u>
\$11.00 to \$12.99	<b></b> 3	<u> </u>			s
\$13.00 to \$14.99	ſ				\$
\$15.00 and higher	_2				s
31. For each of the following date and the <b>actual</b> hour full-time equivalents if y	ly value of any ou are unable	v employer-provided to separate job cred	d health insurance for those ation into full- and part-time	jobs. ( <u>Only</u> indic	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					s
\$7.00 to \$8.99	2			<u> </u>	<u>, 27</u> 0
\$9.00 to \$10.99			·		s <u>J.</u> O
\$11.00 to \$12.99	<del>-</del>				s
\$13.00 to \$14.99		<del></del>			\$
\$15.00 and higher					s
32. Has the recipient achiev (Mark one.)	ed <u>all goals</u> (se	ee Questions 29, 30		ligations stipulated	d in the agreement?

2001 Minnesota Business Assistance Form

# Section 5 Recipients Failing to Fulfill Obligations

Do not complete this s	section if you completed	l it on another 2001 MBAF sub	mitted to DTED.)
	uary 1, 2000 through Decem Minn. Stat. §116J.993 and §1	ber 31, 2000, did your organization ha 116J.994? <i>(Mark one.)</i>	ave any recipients who failed to
	of each recipient failing to r dditional pages if necessary.)	eport and the value of subsidy or finan	icial assistance awarded to that
ΖNO			
Name of recipient	Type of subsidy or assis	tance (See Questions 24 and 25.)	Value of subsidy or assistance
		led to achieve any goals or fulfill any were required to be fulfilled by the tir	ę
🗅 Yes (Co	omplete the remainder of this	section.) Drive (Stop here and su	bmit form to DTED .)
	ed by the time of reporting.	ecipient failing to fulfill goals or any o (Attach additional pages if necessary.)	
Name of recipient in defai	alt	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default	(Mark all that apply.):		
<ul> <li>recipient ceased operati</li> <li>recipient was unable to</li> </ul>		recipient relocated to a differ other (Specify reason.)	rent community
37. To date, has the recip	ient fulfilled its repayment o	bligation? (Mark one.)	
🗆 Yes 🛛 🗆 No, recipient	has begun to repay the assist	tance. DNo, recipient has not begi	un to repay the assistance.
38. Has the agreement be	en amended to extend the rec	cipient's deadline for fulfilling its obli	gations? (Mark one.)
		🗆 Yes 🗆 No	
39. Describe the steps bei	ng taken to bring recipient in	nto compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

00-0163



# 2001 Minnesota Business Assistance Form

RECEIVED MAR 2 9 2001

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

Section 1 Information About Grantor

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City & ZumbrotaTricia Hinckley3. Street address4. City175 West Avenue2umbrota6. County7. Phone number8. Fax number9. E-mail addressGODDHUE507-732-7318507-732-7884+hinckley@cityhaw. Europe
6. County 7. Phone number 8. Fax number 9. E-mail address
6. County 7. Phone number 8. Fax number 9. E-mail address
6-001 hun 507-7318 502-737-7884 Housella Go Libert the
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
<ol> <li>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.")</li> <li>Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)</li> </ol>
<ul> <li>✓ City government</li> <li>County government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> <li>Other (Please attach explanation.)</li> </ul>
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.) DNo ( <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 assistance15. Address where business subsidy or financial assistance will be used
FIACS ZUMBROTA, LLC <u>IDED Arctic Are: Zumbrotalli 5599</u> 2 Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)
<ul> <li>Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)</li> <li>No</li> </ul>
Name of parent corporation         Street address         City         State         ZIP code

17. Industry of recipient's facility (Mark one.):				
Manufacturing Dervices Retail Trade Dervices	Finance, Insurance     Finance, Insurance     Gonstruction	e, Real Estate Other (please specif	5v)	
18. Did the recipient relocate as a result of signing this agree				
Yes (Indicate city and state of previous address and reason No (Go to Question 19.)	recipient did not complete thi	s project at that addre	ss.)	
City/State of previous address Reason project not complete	d at previous address.			
19. Would the recipient have remained in previous location financial assistance? (Mark one.) Wis ways a	n relocated elsewhere if not aw		bsidy or	
		Relocated outside M	linnesota	
ection 3 General Information About the Agree	ment			
20. Total dollar value of business subsidy or financial assistance ( <i>Please separate value by type in Questions 2</i>		tes the agreement was	-	
and 25.) BB5,000	2/19	2/15/01		
22. Benefit date (Indicate the date the recipient will benefit f indicate the date improvements were finished, equipment whichever is earlier.) $51/00$	rom the business subsidy or find was placed into service, or the	ancial assistance. For recipient occupied the	r example, e property,	
<ul> <li>23. Does the agreement provide a business subsidy or one of be reported? (Mark one.)</li> </ul>		stance (see Question 2	5) required to	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type		<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>		
□ not applicable, agreement provided financial assistance	🛱 not applicable, agreeme	ent provided a busines	s subsidy	
□ loan (only principal) \$ □ grant (i.e., forgivable loan) \$	assistance for property by contaminants	polluted	\$	
□ tax abatement       \$	<ul> <li>assistance for renovating stock or bringing it up assistance provided for historic preservation d</li> </ul>	to code, and designated istricts, when	\$	
preferential use of governmental facilities       \$         land contribution       \$	50% or less of total cos assistance for pollution		\$	
other (Specify subsidy type.) \$	abatement assistance for a TIF soi	ls condition district	\$	
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	<ul><li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li></ul>			
I not applicable, assistance was not in the form of TIF	Yes (Specify each gran assistance below; attac			
D redevelopment D renewal and renovation D soils condition	M No		, <b>.</b> .,,,	
Solis condition control development mined underground space hazardous substance subdistrict	Grantor(s) and value of th	e agreement(s):		
	Grantor	Value (\$)		
	Grantor	Value (\$)	····	

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# Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 r of the following public	equires that bus purposes were s	siness subsidy and fin stated in the agreeme	ancial assistance agreements ant? (Mark all that apply.)	nts state a public p	urpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		Marceasing tax base (o Other <i>(please specify</i> )	cannot be only purp CACALMS	manufacture
29. Indicate whether the age at the time of this report	eement include	d the following types oxes and attainment of	s of goals, and whether the late(s) for each goal.)	e recipient had attai	ned those goals
<ul> <li>A) Specific wage and job goals to be attained within 2 years</li> <li>B) Other job-creation and/or retention goals</li> <li>C) Other wage goals</li> <li>D) Other goals other than wage and job goals</li> <li>(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)</li> </ul>			established? date	rget attainment s (month & year) 5 1 1 / 0 2	All goals attained? Yes No Yes No Yes No Yes No
30. For each of the followin agreement and the avera job creation goals in fut	nge hourly value Il-time equivale	e of any employer-pr	reation and/or retention g ovided health insurance g to separate goals by full-	oals for those jobs.	( <u>Only</u> indicate tions.)
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	<del></del>				s
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99	3				s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher					s
	urly value of an	y employer-provided	hber of actual jobs created health insurance for thos tion into full- and part-tin FTE (only if unable to separate FT/PT) Job Creation	e jobs. ( <u>Only</u> indic	
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99	10		_		51.64
\$11.00 to \$12.99					s
\$13.00 to \$14.99					\$
\$15.00 and higher					S
32. Has the recipient achie	ved <u>all goals</u> (s	ee Questions 29, 30 a	and 31) and fulfilled <u>all o</u>	bligations stipulated	d in the agreement?
(Mark one.)		Yes (	□ No		

2001 Minnesota Business Assistance Form

#### Section 5 Recipients Failing to Fulfill Obligations

it on another 2001 MBAF sub	mitted to DTED.)		
er 31, 2000, did your organization ha 16J.994? <i>(Mark one.)</i>	ave any recipients who failed to		
port and the value of subsidy or finar	ncial assistance awarded to that		
ance (See Questions 24 and 25.)	Value of subsidy or assistance		
ed to achieve any goals or fulfill any were required to be fulfilled by the tir			
section.) 🕅 No (Stop here and su	bmit form to DTED .)		
cipient failing to fulfill goals or any o Attach additional pages if necessary.	ther terms of an agreement that		
Type of subsidy or assistance	Initial value of subsidy or assistance		
City/ZIP code of recipient	Outstanding value of subsidy or assistance		
<ul> <li>recipient relocated to a different community</li> <li>other (Specify reason.)</li> </ul>			
ligation? (Mark one.)			
nce. DNo, recipient <u>has not beg</u>	<u>un</u> to repay the assistance.		
pient's deadline for fulfilling its obli	gations? (Mark one.)		
🗆 Yes 🗆 No			
to compliance or recoup the subsidy:			
·····			
· · · · · · · · · · · · · · · · · · ·			
	16J.994? (Mark one.)         port and the value of subsidy or final         ance (See Questions 24 and 25.)         ed to achieve any goals or fulfill any         were required to be fulfilled by the till         section.)       Image: No (Stop here and subsidy or any of Attach additional pages if necessary).         Type of subsidy or assistance         City/ZIP code of recipient         Igation? (Mark one.)         ance.       No, recipient has not begin         pient's deadline for fulfilling its oblight		

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

Or fax to: (651) 215-3841

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Department of Trade and Economic Development