2002 Business Assistance Report

APPENDIX T

Business and Financial Assistance Forms Submitted by State, County, City and Local Government Agencies Provided between July 1, 1995 through December 31, 2001 In Accordance with Minnesota Statutes § 116J.993 through § 116J.995

VOLUME 2 OF 2

Part A

Volume 2 consists of
Part A through Part C

Prepared by:

Analysis and Evaluation Office
Minnesota Department of Trade
and Economic Development
500 Metro Square Building
121 7th Place East
St. Paul, Minnesota 55101-2146

Print This Page

Copyright © 1999 - 2003, Minnesota Department of Trade and Economic Development. All rights reserved.

2002 Minnesota Business Assistance Forms Submitted by Government Agencies for Eligible Projects Reported in 2002

Forms submitted by City, County, and State Government Agencies

Select the agency from the list below to obtain a copy (in PDF format) of the submitted form(s).

- Albany, City of (1 form)
- Annandale EDA (1 form)
- Anoka, City of (1 form)
- Benson, City of (1 form)
- Big Lake EDA (3 forms)
- Blackduck, City of (1 form)
- Blue Earth EDA (3 forms)
- Brainerd, City of (2 forms)
- Burnsville EDA (1 form)
- Cambridge, City of (3 forms)
- Cottage Grove, City of (3 forms)
- Dawson, City of (1 form)
- Delano, City of (1 form)
- Detroit Lakes, City of (1 form)
- Detroit Lakes EDA (1 form)
- Dunnell, City of (1 form)
- East Grand Forks EDHA (5 forms)
- Eveleth, City of (1 form)
- Fairmount, City of (1 form)
- Faribault EDA (1 form)
- Fergus Falls, City of (2 forms)
- Granite Falls, City of (5 forms)
- Hastings, City of (2 forms)
- Hibbing, City of (1 form)
- Houston County (1 form)
- Howard Lake, City of (1 form)
- Iron Range Resources and Rehabilitation Agency (3 forms)
- Isanti, City of (1 form)
- Jasper, City of (1 form)
- Kasson, City of (4 forms)
- Koochiching EDA (2 forms)
- Lino Lakes EDA (1 form)
- Luverne EDA (1 form)
- Maplewood, City of (1 form)
- Meeker County (1 form)
- Minneapolis Community Development Agency (1 form)
- Minnesota Department of Agriculture (1 form)
- Minnesota Department of Trade and Economic Development (14 forms)
- Monticello HRA (1 form)
- Montrose, City of (2 forms)

- Moorhead, City of (3 forms)
- Nobles County (1 form)
- North Branch EDA (3 forms)
- North Mankato Port Authority (1 form)
- Osseo EDA (1 form)
- Perham, City of (4 forms)
- Red Wing Port Authority (1 form)
- Rochester, City of (1 form)
- Rockford, City of (5 forms)
- Rogers, City of (2 forms)
- Rosemount Port Authority (3 forms)
- Saint Louis Park EDA (1 form)
- Saint Paul, City of (4 forms)
- Saint Paul Port Authority (1 form)
- Saint Peter EDA (1 form)
- Sauk Centre, City of (2 forms)
- Sauk Rapids HRA (2 forms)
- Shoreview, City of (1 form)
- Spicer, City of (1 form)
- Swift County (1 form)
- Waite Park, City of (1 form)
- Warroad Port Authority (1 form)
- Waseca, City of (1 form)
- Waterville, City of (1 form)
- Worthington, City of (1 form)
- Wyoming, City of (1 form)

Forms submitted by City, County, and State Government Agencies

- Red Wing HRA (4 forms)

Print This Page

Copyright © 1999 - 2003, Minnesota Department of Trade and Economic Development. All rights reserved.

01-0494

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 9 2002

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

Section 1 Grantor Information

1. Name of grantor (funding entity)		2. Name of person completing this form	
City of Albany		Tom Schneider, Admin.	
3. Street address: 400 Railroad Ave.		4. City: Albany	5. ZIP code: 56307
6. County: Stearns	7. Phone number: 320-845-4244	8. Fax number: 320-845-2316	9. E-mail address: albanycity@albanytel.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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 ***(attach criteria)***
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes: *Hearing Date:* 6/7/00 *Year Criteria Submitted:* 2000

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Ramler Trucking, Inc.

15. Address where business subsidy or financial assistance will be used: 400 13th St.; Albany MN 56307

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.)*
- [x] No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

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

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

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

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

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

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

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***
$ 57,037

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*
Original 5/31/2001
1st Amendment 8/15/2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* April 1, 2002

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

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

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $57,037
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

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

☒ not applicable, agreement provided a business subsidy

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

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

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

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

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*
☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

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

Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	April 1, 2001	☒ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No		☐ Yes ☐ No

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

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

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

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

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

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

☒ No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement

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

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

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

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

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

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

❑ Yes ❑ No

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

_____

_____

_____

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

Or fax to: (651) 215-3841

01-0078

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 0 5 2002

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

Section 1 Grantor Information

1. Name of grantor (funding entity) Annandale Economic Development Authority		2. Name of person completing this form Mary Degiovanni	
3. Street address 30 Cedar Street East		4. City Annandale	5. ZIP code 55302
6. County Wright	7. Phone number (320) 274-3055	8. Fax number (320) 274-5728	9. E-mail address city@annandale.mn.us

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

Name/Title | Phone number | Street address | City | ZIP code

11. Classification of grantor (*Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."*)

☒ City government
☐ County government
☐ Regional government
☐ State government
☐ Other (*Please specify.*) _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (*Mark one.*)

☐ Yes, in 2002 (***attach criteria***)
☐ Yes, in 2002 but have not yet adopted criteria
☒ Yes, prior to 2002

If Yes:
Hearing Date: 9/13/00 *Year Criteria Submitted:* 2001

☐ No
☐ Other (*Please attach explanation.*)

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (*Mark one.*)

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

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Coro, LLC	15. Address where business subsidy or financial assistance will be used 475 Annandale Blvd, Annandale, MN 55302 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

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

XX Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

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

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

New Hope, MN — Annandale is 2nd location - business also in New Hope
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.)*

XX Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

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

$175,000

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

6-4-2001

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

6-5-2001

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

X business subsidy ❑ financial assistance

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

❑ not applicable, agreement provided financial assistance

❑ loan (only principal) $_____
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
X TIF or other tax reduction or deferral $175,000
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

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

XX not applicable, agreement provided a business subsidy

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

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

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

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

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

❑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
X No

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

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	XX Yes ❑ No	6-5-03	❑ Yes XX No
B) Other job-creation and/or retention goals	❑ Yes ❑ No		❑ Yes ❑ No
C) Other wage goals	❑ Yes ❑ No		❑ Yes ❑ No
D) Other goals other than wage and job goals	❑ Yes ❑ No		❑ Yes ❑ No

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

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

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	1				$ .52
$11.00 to $12.99	1				$ .77
$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 XX No

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

XX No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

❑ Yes ❑ No

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

_____

_____

_____

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

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

Or fax to: (651) 215-3841

01-0600

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 2 4 2002

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

Section 1 Grantor Information

1. Name of grantor (funding entity): City of Wyoming		2. Name of person completing this form: Kirstin Barsness	
3. Street address: 24430 Imperial Ct		4. City: Forest Lake	5. ZIP code: 55025
6. County: Chisago	7. Phone number: 651 408 1032	8. Fax number: 651 408 1033	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.")*

- ☑ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☑ Yes, prior to 2002

If Yes:
Hearing Date: 8-6-99 *Year Criteria Submitted:* same

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Regal Machine Inc	15. Address where business subsidy or financial assistance will be used: 1503 273rd St Wyoming 55092 (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 _____

May 24 02 01:45p Kirstin E. Barsness 651-408-1033 p.9

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

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

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

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

Forest Lake — Site unable to accomodate expansion
City/State of previous address — Reason project not completed at previous address

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

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

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)*** $570,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)* Jan 31, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* February 2001

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

☑ business subsidy ☐ financial assistance

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

☐ not applicable, agreement provided financial assistance

☑ loan (only principal) MIF	$ 120,000
☐ grant (i.e., forgivable loan)	$_____
☐ tax abatement	$_____
☑ TIF or other tax reduction or deferral	$ 450,000
☐ guarantee of payment	$_____
☐ contribution of property or infrastructure	$_____
☐ preferential use of governmental facilities	$_____
☐ land contribution	$_____
☐ other *(Specify subsidy type.)* _____	$_____

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

☐ not applicable, agreement provided a business subsidy

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

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

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

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

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

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

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

Grantor — Value ($)

Grantor — Value ($)

May 24 02 01:45p Kirstin E. Barsness 651-408-1033 p.10

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☑ Yes ☐ No	1-31-03	☐ Yes ☑ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No	_____	☐ Yes ☐ No

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	12	___	___	37	$ 2/hr
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

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

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

May 24 02 01:46p Kirstin E. Barsness 651-408-1033 p.11

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

☑ No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

☐ Yes ☐ No

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

_____

_____

_____

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

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

Or fax to: (651) 215-3841

May 24 02 01:46p Kirstin E. Barsness 651-408-1033 p.12

01-0117

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 2 0 2002

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

Section 1 Grantor Information

1. Name of grantor (funding entity) CITY OF WORTHINGTON		2. Name of person completing this form BRADLEY CHAPULIS	
3. Street address 303 NINTH ST.		4. City WORTHINGTON	5. ZIP code 56187
6. County NOBLES	7. Phone number 507-372-8640	8. Fax number 507-372-8643	9. E-mail address BCHAPULIS@MAIL.CI.WORTHINGTON.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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 ***(attach criteria)***
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes:
Hearing Date: 9/13/99 *Year Criteria Submitted:* 1999

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance

REATECH CORPORATION

15. Address where business subsidy or financial assistance will be used

Street address	City	State	ZIP code
1027 4TH AVE., SUITE 200	WORTHINGTON		

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.)*
- [x] No

Name of parent corporation	Street address	City	State	ZIP code

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

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

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

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

BURNSVILLE, MN. | COMPANY EXPANSION | STILL HEADQUARTERED IN BURNSVILLE
City/State of previous address | Reason project not completed at previous address

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

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

Section 3 Agreement Information

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

$200,000

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

JUNE 30TH, 2001

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

JUNE 30TH, 2001

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

☒ business subsidy ❑ financial assistance

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

❑ not applicable, agreement provided financial assistance

☒ loan (only principal) $200,000
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
❑ TIF or other tax reduction or deferral $_____
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

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

☒ not applicable, agreement provided a business subsidy

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

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

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

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

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

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

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

Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	JUNE 30, 2003	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No	_____	☐ Yes ☐ No

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	50				$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	1				$ 2.32
$13.00 to $14.99	4				$ 1.16 AVG.
$15.00 and higher	3				$ 1.63 AVG.

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

☐ No

ADL	RLF LOAN	$175,000+
Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

☐ Yes ☐ No

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

_____

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

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

Or fax to: (651) 215-3841

01-0215

2002 Minnesota Business Assistance Form

RECEIVED: MAR 20 2002

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

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Waterville		2. Name of person completing this form Chuck Pettipiece, Pettipiece Cesario Development Solutions, Inc.	
3. Street address PO Box 9		4. City Waterville	5. ZIP code 56096
6. County Le Sueur	7. Phone number 507-362-8300	8. Fax number 507-362-8835	9. E-mail address

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
Nickie Roberge, City Administrator	507-362-8300	PO Box 9	Waterville	56096

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affilation. For example, a city EDA would check "City government.")*

- ☒ City Government
- ☐ County Government
- ☐ Regional Government
- ☐ State Government
- ☐ Other *(Please specify)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. 116J,994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 11/8/00 Year Criteria Submitted: 2000

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. 116J993 and 116J.994? *(Mark one.)*

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

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Gear & Broach Inc.	15. Address where business subsidy or financial assistance will be used 7204 Winnetka Ave N, Minneapolis, MN 55428			
	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

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

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

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

City/State of previous address | Reason project not completed at previous address

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

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance ***(Please separate value by type in Question 24 and 25.)***
$300,000

21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
9-1-01

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

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

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

☐ not applicable, agreement provided financial assistance
☒ Loan (only principal) $200,000
☐ Grant (i.e., forgivable loan) $
☒ tax abatement $100,000
☐ TIF or other tax reduction or deferral $
☐ guarantee of payment $
☐ contribution of property or infrastructure $
☐ preferential use of governmental facilities $
☐ land contribution $
☐ other (specify subsidy type.) $

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

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

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

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

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*
☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantors and value of the agreement(s):

Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

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

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth "to increase net jobs in the City"
- ☒ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other (please specify)

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	September 2002	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage & job goals	☐ Yes ☒ No		☐ Yes ☐ No

Please attach description 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
No hourly wage –level goal				17	–
Less than $7.00					
$7.00 to $8.99					
$9.00 to $10.99					
$11.00 to $12.99	21				–
$13.00 to $14.99					
$15.00 and higher					

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
No hourly wage –level goal				17	–
Less than $7.00					
$7.00 to $8.99	1				$5.00
$9.00 to $10.99	10				$5.00
$11.00 to $12.99	6				$5.00
$13.00 to $14.99					
$15.00 and higher					

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

☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

☒ No

Name of recipient	Type of subsidy or assistance (See Questions 24 & 25	Value of Subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one)*

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

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

35. Information on recipient and agreement:

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

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

☐ recipient ceased operation ☐ recipient relocated to a different community

☐ recipient was unable to fill vacant positions ☐ other (specify reason) _____

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

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

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

☐ Yes ☐ No

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

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146
Or fax to: (651) 215-3841

01-0578

2 e.t.h. 9/19/02

2001 Minnesota Business Assistance Form

Minnesota Trade & Economic Development

- 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.

RECEIVED MAY 2 2002

Section 1 Information About Grantor

1. Name of grantor (funding entity)		2. Name of person completing this form	
City of Waseca		Mark Leiferman	
3. Street address		4. City	5. ZIP code
508 South State Street		Waseca	56093
6. County	7. Phone number	8. Fax number	9. E-mail address
Waseca	507-835-9700	507-835-8871	markl@city.waseca.com

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

Mark Leiferman, Community Development Director (Name/Title) 507-835-9741 (Phone number) 508 So.State Street (Street address) Waseca (City) 56093 (ZIP code)

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

e.t.h. 8/16/02

- ☒ Yes *(Indicate hearing date* 8/15/00 *and attach criteria)*
- ☐ No
- ☐ We held a public hearing but have not yet adopted criteria *(Indicate date of initial hearing -* _____*)*
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or 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 business subsidy or financial assistance will be used
Twin Oaks Veterinary Clinic	1400 So.State Street (Street address) Waseca (City) MN (State) 56093 (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

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

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

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

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

City/State of previous address _____ Reason project not completed at previous address _____

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

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

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*
$34,710.00

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*
(Pending) 12.26.01 E.T.H. 9/10/02

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*
12.26.01 E.T.H. 9/10/02

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

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

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☒ tax abatement $ 34,710
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

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

☒ not applicable, agreement provided a business subsidy

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

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

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

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

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

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

☐ No

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

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	12/03	☒ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

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

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

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

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

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

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

☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

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

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

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

☒ No

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

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

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

☐ Yes ☐ No

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

_____

_____

_____

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

Or fax to: (651) 215-3841

01-0172

2002 Minnesota Business Assistance Form

RECEIVED MAR 2 ; 2002

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

Section 1 Grantor Information

1. Name of grantor (funding entity) WARROAD PORT AUTHORITY		2. Name of person completing this form DICK SODERBERG, CHAIRMAN	
3. Street address P.O. BOX 666		4. City WARROAD	5. ZIP code 56763
6. County ROSEAU	7. Phone number 218-386-1454	8. Fax number 218-386-3375	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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)*

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes: *Hearing Date* 2/9/01 *Year Criteria Submitted.* 2001

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance HEATMOR, INC.	15. Address where business subsidy or financial assistance will be used INDUSTRIAL PARK CT., WARROAD MN 56763 (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.)*
- [x] No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

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

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

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

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

RURAL WARROAD, MN — SPACE LIMITATIONS TO EXPAND AND CONSOLIDATE
City/State of previous address — Reason project not completed at previous address

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

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

Section 3 Agreement Information

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

$223,852

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

7/23/01

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

7/31/01 (DATE OF BOND ISSUANCE)

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

☒ business subsidy ☐ financial assistance

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

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $223,852
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

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

☒ not applicable, agreement provided a business subsidy

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

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

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

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

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

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

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

MN INVESTMENT FUND — $62,000
Grantor — Value ($)

_____
Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

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

- [x] Enhancing economic diversity
- [ ] Creating high-quality job growth
- [ ] Job retention
- [ ] Stabilizing the community
- [x] Increasing tax base (cannot be only purpose)
- [x] Other *(please specify)* COUNTERCUT PUBLIC IMPROVEMENTS

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	[x] Yes [ ] No	JULY, 2003	[x] Yes [ ] No
B) Other job-creation and/or retention goals	[ ] Yes [x] No		[ ] Yes [ ] No
C) Other wage goals	[ ] Yes [x] No		[ ] Yes [ ] No
D) Other goals other than wage and job goals	[ ] Yes [x] No		[ ] Yes [ ] No

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

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

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	7				$ 0.75
$11.00 to $12.99	4				$ 0.75
$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.)* [x] Yes [ ] No

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

☒ No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

☐ Yes ☐ No

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

_____

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

Or fax to: (651) 215-3841

01-0224

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

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

Section 1 Grantor Information

1. Name of grantor (funding entity) CITY OF WAITE PARK		2. Name of person completing this form VERENA M. WEBER	
3. Street address 19 13TH AVENUE NORTH		4. City WAITE PARK	5. ZIP code 56387
6. County STEARNS	7. Phone number 320-252-6822	8. Fax number 320-252-6955	9. E-mail address WPCH@ASTOUND.NET

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

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
*Hearing Date:*_____ *Year Criteria Submitted:*_____

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance BEN'S TOOL AND IRON WORKS	15. Address where business subsidy or financial assistance will be used 475 PROGRESS ROAD, WAITE PARK MN 56387 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 _____

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

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

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

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

321 SUNDIAL DRIVE
WAITE PARK MN — NEW STRUCTURE-EXPANSION

City/State of previous address — Reason project not completed at previous address

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

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

Section 3 Agreement Information

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

$2,430,000

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

12/10/01

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

7-1-01 MOVED IN

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

☒ business subsidy ☐ financial assistance

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

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☒ other *(Specify subsidy type.)* _____ $2,430,000

TAX INCREMENT FINANCING

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

☐ not applicable, agreement provided a business subsidy

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

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

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

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

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

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

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

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	7/03 2 FTE	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☒ Yes ☐ No	7/03 5 01/2002	☐ Yes ☒ No
C) Other wage goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No	_____	☐ Yes ☐ No

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	9				$
$13.00 to $14.99					$
$15.00 and higher					$

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

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

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

☒ No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

❑ Yes ❑ No

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

_____

_____

_____

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

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

Or fax to: (651) 215-3841

01-0597

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 24 2002

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

Section 1 Grantor Information

1. Name of grantor (funding entity) Swift County		2. Name of person completing this form Susan M. Pirsig	
3. Street address 301 14th St. N.		4. City Benson	5. ZIP code 56215
6. County Swift	7. Phone number 320-842-4769	8. Fax number 320-843-4850	9. E-mail address sue.pirsig@co.swift.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.")*

- ☐ City government
- ☒ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes: *Hearing Date:* 6-20-00 *Year Criteria Submitted:* 2001

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance
Custom Roto-Mold Inc.

15. Address where business subsidy or financial assistance will be used
555 22nd St. S. Benson MN 56215
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 _____

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

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

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

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

City/State of previous address _____ Reason project not completed at previous address _____

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

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

Section 3 Agreement Information

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

$125,000

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

6-29-01

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

June 2001

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

☒ business subsidy ☐ financial assistance

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

☐ not applicable, agreement provided financial assistance

☒ loan (only principal) $ 125,000
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

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

☒ not applicable, agreement provided a business subsidy

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

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

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

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

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

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

☒ No

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

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	12-31-02	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99	21				$ .40
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99	8				$ .40
$9.00 to $10.99	2				$ .40
$11.00 to $12.99	3				$ .40
$13.00 to $14.99					$
$15.00 and higher	2				$ .40

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

☒ No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement:

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

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

☐ recipient ceased operation ☐ recipient relocated to a different community

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

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

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

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

☐ Yes ☐ No

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

_____

_____

_____

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

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

Or fax to: (651) 215-3841

Trade & Economic Development

2002 Minnesota Business Assistance Form

01-0357

RECEIVED APR 1 2002

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

Section 1 Grantor Information

1. Name of grantor (funding entity): City of Spicer
2. Name of person completing this form: Jean Spaulding
3. Street address: 196 Manitoba St., P.O. Box 656
4. City: Spicer
5. ZIP code: 56288
6. County: Kandiyohi
7. Phone number: 320-796-5562
8. Fax number: 320-796-2044
9. E-mail address: spicerca@ftds.net
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2

Name/Title | Phone number | Street address | City | ZIP code

11. Classification of grantor (*Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."*)

- [X] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other (*Please specify.*) _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (*Mark one.*)

- [ ] Yes, in 2002 (***attach criteria***)
- [ ] Yes, in 2002 but have not yet adopted criteria
- [X] Yes, prior to 2002

If Yes: *Hearing Date:* 10/6/99 *Year Criteria Submitted:* 3/21/01

- [ ] No
- [ ] Other (*Please attach explanation.*)

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (*Mark one.*)

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

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: DA Washworks
15. Address where business subsidy or financial assistance will be used: 207 Access Dr Spicer MN 56288

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. If more than one, indicate ultimate owner.*)
[ ] No

Rockin D Corporation Box 670 Spicer MN 56288

Name of parent corporation | Street address | City | State | ZIP code

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

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

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

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

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

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

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

Section 3 Agreement Information

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

$174,250.

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

August 1, 2001

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

August 15, 2001

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

☒ business subsidy ☐ financial assistance

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

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☒ grant (i.e., forgivable loan) DTED $43,000
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $131,250
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☒ other *(Specify subsidy type.)* _____ $371,000

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

☒ not applicable, agreement provided a business subsidy

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

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

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

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

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

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

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

Grantor	Value ($)
DTED	$43,000.
SBA loan	$241,000.
SWFoundation	$130,000.

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	_____	☒ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No	_____	☐ Yes ☐ No

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

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

Hourly Wage (excluding benefits)	Full time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	2.5	–			$ 0.
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99			—		$
$11.00 to $12.99			—		$
$13.00 to $14.99		–	–	–	$
$15.00 and higher		–			$

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99			—		$
$9.00 to $10.99	1	1			$ 2.17 (FT only)
$11.00 to $12.99	1				$ 2.17
$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

DA Washburn

Section 5 Recipients Failing to Fulfill Obligations

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

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

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

☒ No

Name of recipient | Type of subsidy or assistance *(See Questions 21 and 25.)* | Value of subsidy or assistance

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

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

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

☐ Yes ☐ No

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

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

Or fax to: (651) 215-3841

01-0346

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

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

Section 1 Grantor Information

1. Name of grantor (funding entity): City of Shoreview		2. Name of person completing this form: Melissa Joyce	
3. Street address: 4600 Victoria Street North		4. City: Shoreview	5. ZIP code: 55126
6. County: Ramsey	7. Phone number: 651-490-4681	8. Fax number: 651-490-4699	9. E-mail address: mjoyce@ci.shoreview.mn.us

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

N/A

Name/Title | Phone number | Street address | City | ZIP code

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes: *Hearing Date:* 5/7/01 *Year Criteria Submitted:* 2001

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Lexington Shores LLC	15. Address where business subsidy or financial assistance will be used: 3150 Lexington Ave, Shoreview MN 55126 (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.)*
- [x] No

Name of parent corporation | Street address | City | State | ZIP code

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

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

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

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

City/State of previous address | Reason project not completed at previous address

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

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

Section 3 Agreement Information

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

$45,000

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

11/30/01

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

November 2002

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

☒ business subsidy ☐ financial assistance

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

☐ not applicable, agreement provided financial assistance

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

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

☒ not applicable, agreement provided a business subsidy

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

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

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

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

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

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

☐ No

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

DTED $83,500
Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	11/04	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No		☐ Yes ☐ No

A.T.H. 9/11/02 phone

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	10	___	___	___	$___
$13.00 to $14.99	1.5	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

A.T.H. 9/11/02 phone

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

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

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

☐ Yes ☒ No A.T.H. 9/11/02 phone

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

☒ No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

☐ Yes ☐ No

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

_____

_____

_____

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

Or fax to: (651) 215-3841

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 30 2002

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

Section 1 Grantor Information

1. Name of grantor (funding entity) Sauk Rapids HRA		2. Name of person completing this form Jack Kahlhamer	
3. Street address 115 2nd Ave North		4. City Sauk Rapids	5. ZIP code 56379
6. County Benton	7. Phone number (320) 258-5302	8. Fax number (320) 258-5359	9. E-mail address

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

Jack Kahlhamer, Finance Director (320) 258-5330 — 115 2nd Ave N Sauk Rapids MN 56379

Name/Title — Phone number — Street address — City — ZIP code

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☑ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 4/22/99 *Year Criteria Submitted:* 1999

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Kay/Ebun Properties	15. Address where business subsidy or financial assistance will be used: Sauk Rapids MN 56379 (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

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

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

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

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

City/State of previous address _____ Reason project not completed at previous address _____

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

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

Section 3 Agreement Information

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

247,700

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

6/25/01

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

6/25/01 A.A.H. 9/20/01

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

☑ business subsidy ☐ financial assistance

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

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☑ TIF or other tax reduction or deferral A.A.H. 8/22/02 $247,700
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

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

☑ not applicable, agreement provided a business subsidy

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

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

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

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

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

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

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

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	6/25/03	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

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

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

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

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

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

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No N/A AT THIS TIME

8.7.H. 8/22/02

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

☑ No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

❑ Yes ☑ No

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

_____

_____

_____

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

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

Or fax to: (651) 215-3841

01-0724

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 30 2002

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

Section 1 Grantor Information

1. Name of grantor (funding entity) SAUK RAPIDS, HRA		2. Name of person completing this form JACK KAHLHAMER	
3. Street address 115 2ND AVE NORTH		4. City SAUK RAPIDS	5. ZIP code 56379
6. County BENTON	7. Phone number (320) 258-5302	8. Fax number (320) 258-5359	9. E-mail address

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

JACK KAHLHAMER, FINANCE DIRECTOR (320) 258-5330 — 115 2ND AVE N SAUK RAPIDS, MN 56379

Name/Title — Phone number — Street address — City — ZIP code

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☑ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☑ Yes, prior to 2002

If Yes:
Hearing Date: 9/27/99 *Year Criteria Submitted:* 1999

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance BENTON BUSINESS PARK PARTNERSHIP, LLP	15. Address where business subsidy or financial assistance will be used Jim Park South, Sauk Rapids MN 56379 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

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

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

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

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

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

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

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

Section 3 Agreement Information

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

UP TO $ 266,000 PAY AS YOU GO TIF

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

4/9/2001

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

6/6/01

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

☑ business subsidy ☐ financial assistance

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

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☑ TIF or other tax reduction or deferral Q.T.H. 8/22/02 $265,000
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

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

☑ not applicable, agreement provided a business subsidy

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

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

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

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

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

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

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

Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☑ Yes ☐ No	6/6/2002	☐ Yes ☑ No N/A
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

E.F.H. 8/22/02

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

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

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

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

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

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☑ No N/A DEADLINE 6/6/03

E.F.H. 8/22/02

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

☑ No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement: N/A

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

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

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

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

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

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

☐ Yes ☑ No

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

_____

_____

_____

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

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

Or fax to: (651) 215-3841

01-0377

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 2 2002

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

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Sauk Centre		2. Name of person completing this form Traci Ryan	
3. Street address 405 Sinclair Lewis Avenue		4. City Sauk Centre	5. ZIP code 56378
6. County Stearns	7. Phone number 320-352-2203	8. Fax number 320-352-2206	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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 10-20-99 *Year Criteria Submitted:* 1999

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Fitness Guru	15. Address where business subsidy or financial assistance will be used 1314 Timberlane Sauk Ctr MN 56378 (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 _____

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

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

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

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

City/State of previous address _____ Reason project not completed at previous address _____

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

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

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)* $89,650

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)* 8-1-2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* 8-1-2001

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

☒ business subsidy ☐ financial assistance

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

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $ 89,650
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

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

☒ not applicable, agreement provided a business subsidy

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

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

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

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

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

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

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

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	8-1-03	☒ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

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

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

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

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

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

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

❑ No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

❑ Yes ❑ No

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

_____

_____

_____

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

Or fax to: (651) 215-3841

01-0378

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR

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

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Sauk Centre		2. Name of person completing this form Traci Ryan	
3. Street address 405 Sinclair Lewis Avenue		4. City Sauk Centre	5. ZIP code 56378
6. County Stearns	7. Phone number 320-352-2203	8. Fax number 320-352-2206	9. E-mail address coralee.fox@ci.sauk-centre.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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes:
Hearing Date: 10/20/99 *Year Criteria Submitted:* 1999

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance
T & M, Inc.

15. Address where business subsidy or financial assistance will be used
625 Lincoln Loop Sauk Ctr. MN 56378
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.)*
- [x] No

Name of parent corporation | Street address | City | State | ZIP code

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

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

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

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

City/State of previous address _____ Reason project not completed at previous address _____

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

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

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)* $ 25,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)* 6-22-01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* 6-22-01

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

☒ business subsidy ☐ financial assistance

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

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $ 25,000
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

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

☒ not applicable, agreement provided a business subsidy

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

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

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

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

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

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

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

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	6-22-03	☒ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

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

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

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

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

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

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

☐ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance
Johnson Precision/ SCO.	TIF-pay-as-you-go	Not to exceed $41,690.

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement:

Johnson Precision/SCO Name of recipient in default	TIF pay go Type of subsidy or assistance	Not to exceed $41,690 Initial value of subsidy or assistance
633 Lincoln Loop Street address of recipient	Sauk Centre City/ZIP code of recipient 56378	$7,882.17 Outstanding value of subsidy or assistance

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

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

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

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

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

☐ Yes ☒ No

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

Since the MBA forms were completed in 2001, the business was 1 job short of meeting the goals established. The city intends to hold a public hearing to extend the deadline (officially) to 12-22-01 and is awaiting job creation figures for the final date to determ what action is necessary as far as repayment requirements.

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

Or fax to: (651) 215-3841

Payments to SCO on behalf of Johnson Precision were as follows:

For Year 2000=	$2370.00
	1437.90
Total	$ 3807.90

For Year 2001= $ 4074.27

Total paid to date = $ 7,882.17

01-0461

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 2 0 2002 Post Marked 4-25-02

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

Section 1 Grantor Information

1/02/03 L.T.H.

1. Name of grantor (funding entity) St. Peter EDA Economic Development Authority		2. Name of person completing this form: Rosten Wille, Dir. of Community Dev.	
3. Street address: 227 South Front Street		4. City: St. Peter	5. ZIP code: 56082
6. County: Nicollet	7. Phone number: 507-931-0661	8. Fax number: 507-931-4917	9. E-mail address: stped@rconnect. com

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

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government")*

- [X] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [X] Yes, prior to 2002

If Yes: *Hearing Date:* 9/17/99 *Year Criteria Submitted:* 1999

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: LJP Enterprises of St. Peter, LLC

15. Address where business subsidy or financial assistance will be used: 1720 N Gault, St. Peter, MN, 56082 (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 _____

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

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

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

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

City/State of previous address | Reason project not completed at previous address

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

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

Section 3 Agreement Information

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

$120,000

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

May 24, 2001

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

May 19, 2001

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

☒ business subsidy ❑ financial assistance

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

❑ not applicable, agreement provided financial assistance

☒ loan (only principal) $120,000
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
❑ TIF or other tax reduction or deferral $_____
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

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

☒ not applicable, agreement provided a business subsidy

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

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

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

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

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

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

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

Grantor | Value ($)

Grantor | Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	May 19, 01	☒ Yes ☐ No
B) Other job-creation and/or retention goals	☒ Yes ☐ No	May 19, 01	☒ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No		☐ Yes ☐ No

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal				30 employees	$ 1
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00				1	$
$7.00 to $8.99					$
$9.00 to $10.99				10	$
$11.00 to $12.99				6	$
$13.00 to $14.99				3	$ 1
$15.00 and higher				23	$ 1

plus MRCI employees

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

☒ No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

❑ Yes ❑ No

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

_____

_____

_____

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

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

Or fax to: (651) 215-3841

01-0240

Trade & Economic Development

2002 Minnesota Business Assistance Form

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

RECEIVED

Section 1 Grantor Information

1. Name of grantor (funding entity) Port Authority of the City of Saint Paul		2. Name of person completing this form Melanie Isakson	
3. Street address 345 St. Peter Street, #1900		4. City Saint Paul	5. ZIP code 55102
6. County Ramsey	7. Phone number 651/224-5686	8. Fax number 651/223-5198	9. E-mail address mai@sppa.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
Peter Klein/VP Finance	651/224-5686	345 St. Peter St.,	St. Paul	55102

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government")*

- ☐ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☒ Other *(Please specify.)* Port Authority

12. 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, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes: *Hearing Date:* 11/23/99 *Year Criteria Submitted:* 1999

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Custom Exchange, LLC	15. Address where business subsidy or financial assistance will be used 849 Western Ave., St. Paul, MN 55117 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

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

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

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

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

St. Paul, MN — Lack of expansion space

City/State of previous address — Reason project not completed at previous address

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

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

Section 3 Agreement Information

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

$417,520

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

09/28/01

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

Currently under construction

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

☒ business subsidy ☐ financial assistance

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

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☒ land contribution $417,520
☐ other *(Specify subsidy type.)* _____ $_____

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

☒ not applicable, agreement provided a business subsidy

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

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

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

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

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

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

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

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	12/04	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	8			150	$ 4
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	0	Under Construction			$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

☐ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance
Aries Precision Sheet Metal	Land Sale	$692,604

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

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

☐ Yes ☐ No

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

_____

_____

_____

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

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

Or fax to: (651) 215-3841

01-0318

Minnesota Trade & Economic Development

2001 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- 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 St. Paul		2. Name of person completing this form Beth Ulrich	
3. Street address 25 W. 4th St. #1400		4. City St Paul	5. ZIP code 55102
6. County Ramsey	7. Phone number 651-266-6689	8. Fax number 651-228-3220	9. E-mail address beth.ulrich@ci.stpaul.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one)*

- ☒ Yes *(Indicate hearing date* 9/8/99 *and attach criteria)*
- ☐ No
- ☐ We held a public hearing but have not yet adopted criteria *(Indicate date of initial hearing -* _____*)*
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or 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

Highland Grill

15. Address where business subsidy or financial assistance will be used

771 Cleveland Ave. S. - St. Paul, MN 55116

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

Blue Plate Restaurant Company, Inc. — Name of parent corporation

1000 N. Hamline Ave., St. Paul, MN 55104 — Street address City State ZIP code

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

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

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

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

City/State of previous address _____ Reason project not completed at previous address _____

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

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

Section 3 General Information About the Agreement

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

$221,250

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

May 23, 2001

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

September, 2001

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

☒ business subsidy ☐ financial assistance

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

☐ not applicable, agreement provided financial assistance

☒ loan (only principal) $ 221,250
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

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

☒ not applicable, agreement provided a business subsidy

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

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

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

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

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

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

☐ No

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

Associated Bank $250,000
Grantor Value ($)

_____
Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

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

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* improve health, safety security
  - Support commercial activity
  - goods and services availability

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	6 jobs May '03	☒ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No	_____	☐ Yes ☐ No

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	____	____	6	____	$____
less than $7.00	____	____	____	____	$____
$7.00 to $8.99	____	____	____	____	$____
$9.00 to $10.99	____	____	____	____	$____
$11.00 to $12.99	____	____	____	____	$____
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	____	____	6	____	$____
$7.00 to $8.99	____	____	____	____	$____
$9.00 to $10.99	____	____	____	____	$____
$11.00 to $12.99	____	____	____	____	$____
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

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

☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

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

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

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

☒ No E.J.H. 9/4/02 per phone

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

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

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)* E.J.H. 9/4/02 per phone

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

35. Information on recipient and agreement:

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

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

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

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

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

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

☐ Yes ☐ No

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

_____

_____

_____

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

Or fax to: (651) 215-3841

01-0319

Minnesota Trade & Economic Development

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 ***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 Saint Paul		2. Name of person completing this form Beth Ulrich	
3. Street address 25 W. 4th St. #1400		4. City St. Paul	5. ZIP code 55102
6. County Ramsey	7. Phone number 651-266-6689	8. Fax number 651-228-3220	9. E-mail address beth.ulrich@ci.stpaul.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one)*

- ☒ Yes *(Indicate hearing date -* 9/8/99 *and attach criteria)*
- ☐ No
- ☐ We held a public hearing but have not yet adopted criteria *(Indicate date of initial hearing -* _____*)*
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or 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

Long's Auto Place, Inc.

15. Address where business subsidy or financial assistance will be used

1566 Rice St., St. Paul, MN 55117

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 _____

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

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

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

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

City/State of previous address | Reason project not completed at previous address

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

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

Section 3 General Information About the Agreement

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

100,000

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

5-24-01

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

project not complete

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

☒ business subsidy ☐ financial assistance

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

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $ 80,000
☐ grant (i.e., forgivable loan) $ 20,000
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

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

☒ not applicable, agreement provided a business subsidy

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

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

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

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

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

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

☐ No

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

Grantor	Value ($)
University National Bank	$300,000
NEAR	30,000
Grantor	Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

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

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* goods & services availability support commercial activity retain local business

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	May '03	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

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

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

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

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

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

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

☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

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

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

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

☒ No E.F.H. 9/4/02 per phone

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

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

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)* E.F.H. 9/4/02 per phone

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

35. Information on recipient and agreement:

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

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

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

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

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

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

☐ Yes ☐ No

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

_____

_____

_____

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

Or fax to: (651) 215-3841

01-0331

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 1 2002

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

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Saint Paul		2. Name of person completing this form Jeff Nelson	
3. Street address 25 W 4th St.		4. City Saint Paul	5. ZIP code 55102
6. County Ramsey	7. Phone number 651-266-6560	8. Fax number 651-228-3261	9. E-mail address jeff.nelson@ci.stpaul.mn

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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
*Hearing Date:*_____ *Year Criteria Submitted:*_____

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance The Markham Co. (Hamm Bldg)	15. Address where business subsidy or financial assistance will be used 408 St. Peter Saint Paul, MN 55102 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 _____

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

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

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

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

City/State of previous address _____ Reason project not completed at previous address _____

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

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

Section 3 Agreement Information

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

$50,000

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

8/01/2001

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

10/30/01

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

☒ business subsidy ☐ financial assistance

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

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☒ grant (i.e., forgivable loan) $50,000
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

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

☐ not applicable, agreement provided a business subsidy

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

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

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

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

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

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

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

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☒ No	_____	☐ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No	_____	☐ Yes ☐ No

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

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

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

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

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

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

☒ No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement:

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

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

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

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

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0332

2002 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Saint Paul		2. Name of person completing this form Jeff Nelson	
3. Street address 25 W 4th St.		4. City Saint Paul	5. ZIP code 55102
6. County Ramsey	7. Phone number 651-266-6560	8. Fax number 651-228-3261	9. E-mail address jeff.nelson@ci.stpaul.mn.

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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
*Hearing Date:*_____ *Year Criteria Submitted:*_____

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Jackson Venture, Inc DBA Artists' Quarter	15. Address where business subsidy or financial assistance will be used 408 St. Peter St. Paul MN 55102 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 _____

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☒ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Saint Paul — New Landlord/Bad Lease
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*
$80,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*
8/1/2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*
10/30/01

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $80,000
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*
☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor — Value ($)
Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☒ No	_____	☐ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No	_____	☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	____	____	____	____	$____
less than $7.00	____	____	____	____	$____
$7.00 to $8.99	____	____	____	____	$____
$9.00 to $10.99	____	____	____	____	$____
$11.00 to $12.99	____	____	____	____	$____
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	____	____	____	____	$____
$7.00 to $8.99	____	____	____	____	$____
$9.00 to $10.99	____	____	____	____	$____
$11.00 to $12.99	____	____	____	____	$____
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0320

MINNESOTA Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of St. Louis Park - EDA		2. Name of person completing this form GREG HUNT	
3. Street address 5005 Minnetonka Blvd.		4. City St. Louis Park	5. ZIP code 55416
6. County Hennepin	7. Phone number 952-924-2197	8. Fax number 952-924-2663	9. E-mail address ghunt@stlouispark.org

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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify:)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes:
Hearing Date 10/18/99 *Year Criteria Submitted:* _____

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Meridian Properties Real Estate Development, LLC	15. Address where business subsidy or financial assistance will be used 4600-4750 Excelsior Blvd. St. Louis Park MN 55416 (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.)*
- [x] No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*:

❑ Manufacturing ❑ Services ☒ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ☒ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)* $44,159,582

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)* 7-23-01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* 9-14-01

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**.

❑ not applicable, agreement provided financial assistance

❑ loan (only principal) $_____
☒ grant (i.e., forgivable loan) $3,221,942
❑ tax abatement $_____
☒ TIF or other tax reduction or deferral $38,800,000
❑ guarantee of payment $_____
☒ contribution of property or infrastructure $2,134,640
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
☒ other *(Specify subsidy type.)* Fee Waivers $3,000

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

❑ not applicable, assistance was not in the form of TIF

☒ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

❑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor	Value ($)
Metropolitan Council	$2,800,000
DTED	$421,942

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☒ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☒ Other *(please specify)* Redevelop an area of substandard and obsolete buildings in order to establish a mixed-use development that serves as a "town center" and increase tax base.

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☐ No	_____	☐ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☒ Yes ☐ No	See Construction Schedule Attached	☒ Yes ☐ No On schedule

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) * see attached

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	.....	.....	✓	✓	$.....
less than $7.00	.....	.....	.....	.....	$.....
$7.00 to $8.99	.....	.....	.....	.....	$.....
$9.00 to $10.99	_____	_____	_____	_____	$_____
$11.00 to $12.99	.....	.....	.....	.....	$.....
$13.00 to $14.99	_____	_____	_____	_____	$_____
$15.00 and higher	.....	.....	.....	.....	$.....

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	.....	.....	NA	NA	$.....
$7.00 to $8.99	.....	.....	.....	.....	$.....
$9.00 to $10.99	.....	.....	.....	.....	$.....
$11.00 to $12.99	_____	_____	_____	_____	$_____
$13.00 to $14.99	.....	.....	.....	.....	$.....
$15.00 and higher	.....	.....	.....	.....	$.....

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0381

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 2002

Post Marked 4-2-02

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) Rosemount Port Authority		2. Name of person completing this form Jim Parsons	
3. Street address 2875 W. 145th St.		4. City Rosemount	5. ZIP code 55068
6. County Dakota	7. Phone number 651-322-2020	8. Fax number 651-423-5203	9. E-mail address jim.parsons@ci.rosemount.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify:)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 4-4-00 *Year Criteria Submitted:* _____

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance
Precision Components, Inc.
Preventive Care, Inc.

15. Address where business subsidy or financial assistance will be used
15215 Boulder Trail, Rosemount MN 55068
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 _____

17. Industry of recipient's facility *(Mark one.)*

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☒ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Eagan, Minnesota — Renting space; no room to expand.

City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)* $200,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)* 7-6-01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

2-15-02

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☒ land contribution $ 82000
☒ other *(Specify subsidy type.)* _____ $ 118000
Public Improvements

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s).

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	2-15-04	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	2				$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	0				$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

Faxed 5-2-02

01-0382

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Rec'd Mailed 4-2-02

Section 1 Grantor Information

1. Name of grantor (funding entity) Rosemount Port Authority		2. Name of person completing this form Jim Parsons	
3. Street address 2875 W. 145th Street		4. City Rosemount	5. ZIP code 55068
6. County Dakota	7. Phone number 651-322-2020	8. Fax number 651-423-5203	9. E-mail address jim.parsons@ci.rosemount.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify:)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 4-4-00 *Year Criteria Submitted:* _____

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Gruett-Labriola Partnership and Associated Wood Products	15. Address where business subsidy or financial assistance will be used: 15051 Biscayne Ave., Rosemount MN 55068 (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 _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Bloomington,MN — No land available for expansion

City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance: *(Please separate value by type in Questions 24 and 25.)*

$642,096

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

2-16-01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* 12-27-01

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $see below
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☒ land contribution $642096
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J 994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	10-03	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	20				$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	3				$ 1.00
$13.00 to $14.99					$
$15.00 and higher	3				$ 1.00

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

❑ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ❑ No *(Stop here and submit form to DTED.)*

35 – 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0384

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 3

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) Rosemount Port Authority		2. Name of person completing this form Jim Parsons	
3. Street address 2875 145th St. W.		4. City Rosemount	5. ZIP code 55068
6. County Dakota	7. Phone number 651-423-4411	8. Fax number 651-423-5203	9. E-mail address jim.parsons@ci.rosemount.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes: *Hearing Date:* 4-4-00 *Year Criteria Submitted* _____

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Kaywer Properties, LLC	15. Address where business subsidy or financial assistance will be used: 15223 Boulder Trail, Rosemount MN 55068 (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 _____

17. Industry of recipient's facility *(Mark one.)*

☒ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
❑ No *(Go to Question 19.)*

Eagan, Minnesota — Lost the lease
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ☒ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)*** $200,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)* July 11, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* Recipient has not yet occupied the property, as of April 1, 2002.

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**.

❑ not applicable, agreement provided financial assistance

❑ loan (only principal) $_____
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
☒ TIF or other tax reduction or deferral see below
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
☒ land contribution $200,000
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

❑ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
☒ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*
❑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	*	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

*2 years from occupancy. Recipent has not occupied the site.

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	2				$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	Not appliable because the recipient has not yet occupied the property, so the benefit date has not yet occured.				$
$7.00 to $8.99					
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

TIF-11 DIAMOND LAKE ASSOCIATES LLP

01-0255

2002 Minnesota Business Assistance Form

Minnesota Trade & Economic Development

RECEIVED MAR 2 9 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) CITY OF ROGERS		2. Name of person completing this form GARY EITEL	
3. Street address 12913 MAIN STREET		4. City ROGERS	5. ZIP code 55374
6. County HENNEPIN	7. Phone number 763-428-2253	8. Fax number 763-428-4470	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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)*

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [ ] Yes, prior to 2002

If Yes: *Hearing Date:* 6-13-00 *Year Criteria Submitted:* 2001

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance DIAMOND LAKE ASSOCIATES LLP	15. Address where business subsidy or financial assistance will be used (NO ADDRESS YET) 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.)*
- [x] No (STATED IN DEVELOPMENT AGMT)

Name of parent corporation | Street address | City | State | ZIP code

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☒ Other *(please specify)* DISTRIBUTION

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)* NEW FACILITY

☐ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)*** $875,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)* JULY 24, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* BENEFIT DATE = TIF NOTE ISSUE DATE = [NOT ISSUED YET]

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $ 875,000
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☒ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	_____	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No	_____	☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	____	____	____	____	$____
less than $7.00	____	____	____	____	$____
$7.00 to $8.99 8.25/HR	40	____	____	____	$____
$9.00 to $10.99	____	____	____	____	$____
$11.00 to $12.99	____	____	____	____	$____
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	____	____	____	____	$____
$7.00 to $8.99	____	____	____	____	$____
$9.00 to $10.99	____	____	____	____	$____
$11.00 to $12.99	____	____	____	____	$____
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No L.F.H. 8/30/02 per phone

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

L.F.H. 8/30/02 per phone

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

_____

_____

Return your completed MBAF(s) by April 1, 2002, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

TIF-10 OPUS - GAGE
AHL SERVICES, I

01-0333

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) CITY OF ROGERS		2. Name of person completing this form GARY EITEL	
3. Street address 12913 MAIN STREET		4. City ROGERS	5. ZIP code 55374
6. County HENNEPIN	7. Phone number 763-428-2253	8. Fax number 763-428-4470	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.")*

- [X] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [ ] Yes, prior to 2002

If Yes: Hearing Date: 6-13-00 *Year Criteria Submitted:* 2001

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[X] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance (GAGE) (AHL) OPUS NORTHWEST LLC 10350 BREN ROAD WEST, MPLS, MN 55343	15. Address where business subsidy or financial assistance will be used PART OF LOT 1, BLK 1, ROG IND PK 12TH ADD'N 19850 So. DIAM. LK Rd, ROGERS, MN 55374 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.)*
- [X] No (STATED IN DEVELOPMENT AGREEMENT)

Name of parent corporation | Street address | City | State | ZIP code

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☒ Other *(please specify)* DISTRIBUTION

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)* GAGE CONSOLIDATED (6) MINNEAPOLIS LOCATIONS INTO THIS NEW SITE IN ROGERS — WITH A RESTRUCTURING OF THE COMPANY

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$1,253,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

JANUARY 1, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

BENEFIT DATE = TIF NOTE DATE - OCTOBER 23, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $ 1,253,000
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☒ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	10-23-03	☒ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99 8.25/hr	50	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	50	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No E.T.A. - 8/30/02 per phone

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

E.T.A. 8/30/02 per phone

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

Return your completed MBAF(s) by April 1, 2002, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0539

2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Rockford		2. Name of person completing this form Shannon Sweeney	
3. Street address 6031 Main Street		4. City Rockford	5. ZIP code 55373
6. County Wright/Hennepin	7. Phone number (763) 477-6565	8. Fax number (763) 477-4393	9. E-mail address ssweeney@rconnect.com

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.
Nancy Evers, Administrator

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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 ***(attach criteria)***
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes:
Hearing Date: 12/14/00 *Year Criteria Submitted:* 2001

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance
Holiday Sales, Inc.

15. Address where business subsidy or financial assistance will be used
6800 Black Oak Rockford MN 55373
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.)*
- [x] No

Name of parent corporation | Street address | City | State | ZIP code

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
❑ No *(Go to Question 19.)*

Minneapolis, MN — Needed more space

City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ☒ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$146,028

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

6/22/01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* 12/1/01

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**.

❑ not applicable, agreement provided financial assistance

❑ loan (only principal) $_____
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
☒ TIF or other tax reduction or deferral $ 146,028
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)*_____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

❑ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
☒ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

❑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☒ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	12/03	☒ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	2				$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	2				$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0541

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 16 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Rockford		2. Name of person completing this form Shannon Sweeney	
3. Street address 6031 Main Street		4. City Rockford	5. ZIP code 55373
6. County Wright/Hennepin	7. Phone number (763) 477-6565	8. Fax number (763) 477-4393	9. E-mail address ssweeney@rconnect.com

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.
Nancy Evers, Administrator

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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes:
Hearing Date: 12/14/2000 *Year Criteria Submitted:* 2001

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance
R & L Meyer Properties, LLC

15. Address where business subsidy or financial assistance will be used
6940 Beck Dr. Rockford MN 55373
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.)*
- [x] No

Name of parent corporation | Street address | City | State | ZIP code

17. Industry of recipient's facility *(Mark one.)*:

❑ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ☒ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ☒ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***
$215,240.85

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*
11/13/01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* Anticipated Benefit Date 6/1/02

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**.

❑ not applicable, agreement provided financial assistance

❑ loan (only principal) $_____
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
☒ TIF or other tax reduction or deferral $215,240.85
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

❑ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
☒ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*
❑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☒ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	6/04	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	4				$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	0				$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0542

Minnesota Trade & Economic Development

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 ***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 Rockford		2. Name of person completing this form Shannon Sweeney	
3. Street address 6031 Main Street		4. City Rockford	5. ZIP code 55373
6. County Wright/Hennepin	7. Phone number (763) 477-6565	8. Fax number (763) 477-4393	9. E-mail address sweeney@arconnect.com

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.
Nancy Evers, City Administrator
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")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [x] Yes *(Indicate hearing date - 12/14/00 and **attach crueria**)*
- [ ] No
- [ ] We held a public hearing but have not yet adopted criteria *(Indicate date of initial hearing - _____)*
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or 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 receiving subsidy or financial assistance
Hiatt Chlor Systems

15. Address where business subsidy or financial assistance will be used
6801 Bleck Drive Rockford MN 55373
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.)*
- [x] No

Name of parent corporation | Street address | City | State | ZIP code

17. Industry of recipient's facility *(Mark one.)*

☒ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ☒ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
❑ No *(Go to Question 19.)*

Plymouth, MN — leased space, business wanted to expand + own.
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ☒ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 General Information About the Agreement

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$640,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

8/1/01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property whichever is earlier.)*

8/1/02

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

❑ not applicable, agreement provided financial assistance

❑ loan (only principal) $_____
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
☒ TIF or other tax reduction or deferral $_____
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

❑ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
☒ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☒ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*

❑ No

Grantor(s) and value of the agreement(s):

DTED — Value ($) $210,000
Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	3/1/04	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	16				$ 0.80
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	1				$ 2.44
$11.00 to $12.99	1				$ 2.47
$13.00 to $14.99	1				$ 2.56
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)*

☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2001*, to:

2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0543

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Rockford		2. Name of person completing this form Shannon Sweeney	
3. Street address 6031 Main Street		4. City Rockford	5. ZIP code 55373
6. County Wright/Hennepin	7. Phone number (763) 477-6565	8. Fax number (763) 477-4393	9. E-mail address ssweeney@rconnect.com

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.
Nancy Evers, Administrator

Name/Title | Phone number | Street address | City | ZIP code

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 12/14/00 *Year Criteria Submitted:* 2001

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance
Diversified Remediation and Controls, Inc.

15. Address where business subsidy or financial assistance will be used
6704 Bleck Dr. Rockford MN 55373
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

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
❑ No *(Go to Question 19.)*

Rogers, MN — Business formerly leased space
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ☒ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$169,524

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

May 18, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* 11/1/01

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

❑ not applicable, agreement provided financial assistance

☒ loan (only principal)	$ $37,750
❑ grant (i.e., forgivable loan)	$_____
❑ tax abatement	$_____
☒ TIF or other tax reduction or deferral	$ 131,774
❑ guarantee of payment	$_____
❑ contribution of property or infrastructure	$_____
❑ preferential use of governmental facilities	$_____
❑ land contribution	$_____
❑ other *(Specify subsidy type.)*_____	$_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants	$_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost	$_____
❑ assistance for pollution control or abatement	$_____
❑ assistance for a TIF soils condition district	$_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

❑ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
☒ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

❑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☒ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	11/03	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	5				$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	1				$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0544

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 10 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Rockford		2. Name of person completing this form Shannon Sweeney	
3. Street address 6031 Main Street		4. City Rockford	5. ZIP code 55373
6. County Wright/Hennepin	7. Phone number (763) 477-6565	8. Fax number (763) 477-4393	9. E-mail address ssweeney@rconnect.com

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.
Nancy Evers, Administrator

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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 ***(attach criteria)***
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes:
Hearing Date: 12/14/00 *Year Criteria Submitted:* 2001

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance
Shark Industries, Ltd

15. Address where business subsidy or financial assistance will be used
6700 Bleck Dr. Rockford MN 55373
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.)*
- [x] No

Name of parent corporation | Street address | City | State | ZIP code

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Chicago, IL
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☐ Relocated to different Minnesota location ☒ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$ 334,900

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

2/16/01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* 8/1/01

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $ 334,900
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)*_____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☐ No

Grantor(s) and value of the agreement(s):

EDP of Wright County — $ 25,000
Grantor — Value ($)
DTED — $ 200,000
Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☒ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	2/06	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	20				$
$11.00 to $12.99	8				$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99	7				$ .52
$9.00 to $10.99	8				$ .61
$11.00 to $12.99	1				$ 2.35
$13.00 to $14.99	1				$ 1.13
$15.00 and higher	8				$ 2.39

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0400

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 4

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from *January 1, 2001 through December 31, 2001* per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period *January 1, 2001 through December 31, 2001:* 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Rochester		2. Name of person completing this form Terry Spaeth	
3. Street address 201 4th Street SE - Rm 266		4. City Rochester	5. ZIP code 55904-3781
6. County Olmsted	7. Phone number (507) 285-8082	8. Fax number (507) 287-7979	9. E-mail address 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 _____ 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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes: *Hearing Date:* 8/16/99 *Year Criteria Submitted:* 2000

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance PEMSTAR, Inc.	15. Address where business subsidy or financial assistance will be used 3535 Technology Dr NW Rochester MN 55901 (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.)*
- [x] No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$850,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

April 16, 2001, TIF+Land Sale Development Agreement
12/18/01 - DTED Grant Agreement

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

December 1, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

- ☐ loan (only principal) $_____
- ☒ grant (i.e., forgivable loan) (DTED) $300,000
- ☐ tax abatement $_____
- ☒ TIF or other tax reduction or deferral $400,000
- ☐ guarantee of payment $_____
- ☐ contribution of property or infrastructure $_____
- ☐ preferential use of governmental facilities $_____
- ☒ land contribution $150,000
- ☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

- ☐ assistance for property polluted by contaminants $_____
- ☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
- ☐ assistance for pollution control or abatement $_____
- ☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

- ☒ redevelopment
- ☐ renewal and renovation
- ☐ soils condition
- ☐ economic development
- ☐ mined underground space
- ☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	2/03	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	40				$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	0				$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

318102

01-0086

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 1 2 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity)		2. Name of person completing this form	
[illegible] Housing Authority		[illegible]	
3. Street address		4. City	5. ZIP code
4[illegible] [illegible] Street		[illegible]	[illegible]
6. County	7. Phone number	8. Fax number	9. E-mail address
[illegible]	6[illegible]-3[illegible]-[illegible]	6[illegible]-3[illegible]-4[illegible]	

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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 ***(attach criteria)***
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes,
Hearing Date: [illegible] *Year Criteria Submitted:* [illegible]

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here; go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used
[illegible] Hyatt [illegible]	[illegible] 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.)*
- [x] No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☒ Other *(please specify)* [illegible]

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City-State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

[illegible]

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

2001 E.H. 1/2/03

CITY: MINN, [illegible]

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☒ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☒ other *(Specify subsidy type.)* [illegible] $ [illegible]

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s).

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☒ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	5/03	☐ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99	2				$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99	2				$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	1				$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☒ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☒ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0603

RECEIVED MAY 24 2002

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Perham		2. Name of person completing this form Susan Bjorklund	
3. Street address 125 Second Avenue N.E. PO Box 130		4. City Perham	5. ZIP code 56573
6. County Otter Tail	7. Phone number 218-346-4455	8. Fax number 218-346-9364	9. E-mail address sbjorklund@cityofperham.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 8/27/99 *Year Criteria Submitted:* 3/2000

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Photos Unlimited of Perham, Inc.	15. Address where business subsidy or financial assistance will be used 610 Pinewood Lane Perham MN 56573 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 _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)* Business relocated within the City of Perham due to lack of space and appropriate facilities.

City/State of previous address | Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$240,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

11/1/2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

11/1/2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

- ☒ loan (only principal) $ 150,000
- ☐ grant (i.e., forgivable loan) $_____
- ☐ tax abatement $_____
- ☒ TIF or other tax reduction or deferral $ 90,000
- ☐ guarantee of payment $_____
- ☐ contribution of property or infrastructure $_____
- ☐ preferential use of governmental facilities $_____
- ☐ land contribution $_____
- ☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

- ☐ assistance for property polluted by contaminants $_____
- ☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
- ☐ assistance for pollution control or abatement $_____
- ☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

- ☐ redevelopment
- ☐ renewal and renovation
- ☐ soils condition
- ☒ economic development
- ☐ mined underground space
- ☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor | Value ($)

Grantor | Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	11/2003	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

6.7.11. 8/16/02

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	5	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	0	___	$___
$7.00 to $8.99	___	___	0	___	$___
$9.00 to $10.99	___	___	0	___	$___
$11.00 to $12.99	___	___	0	___	$___
$13.00 to $14.99	___	___	0	___	$___
$15.00 and higher	___	___	0	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)* 6.7.4.8 6/02

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0604

2002 Minnesota Business Assistance Form

RECEIVED MAY 24 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Perham		2. Name of person completing this form Susan Bjorklund	
3. Street address 125 Second Avenue N.E. PO Box 130		4. City Perham	5. ZIP code 56573
6. County Otter Tail	7. Phone number 218-346-4455	8. Fax number 218-346-9364	9. E-mail address sbjorklund@cityofperham.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify:)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 8/27/99 *Year Criteria Submitted:* 3/2000

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Minnesota Metalworks, Inc.	15. Address where business subsidy or financial assistance will be used 360 7th Ave. S.E. Perham MN 56573 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

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)* Business Relocated to the East Industrial Park in the City of Perham. Lack of space is previous facility.

City/State of previous address | Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$250,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

11/1/2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

11/1/2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☒ loan (only principal) $150,000
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☒ other *(Specify subsidy type.)* MN DTED $100,000

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor | Value ($)

Grantor | Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	11/2003	☐ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99			12		$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99			1		$
$11.00 to $12.99			1		$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

❑ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ❑ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0605

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Perham		2. Name of person completing this form Susan Bjorklund	
3. Street address 125 Second Avenue N.E. PO Box 130		4. City Perham	5. ZIP code 56573
6. County Otter Tail	7. Phone number 218-346-4455	8. Fax number 218-346-9364	9. E-mail address sbjorklund@cityofperham.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify:)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.9947 *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 8/27/99 *Year Criteria Submitted:* 3/2000

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Tuffy's Pet Foods, Inc.	15. Address where business subsidy or financial assistance will be used 145 1st Ave. No. Perham MN 56573 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

KLN Enterprises, Inc.	800 4th St. NW Perham MN 56573
Name of parent corporation	Street address City State ZIP code

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*
Would have closed. Needed financing to purchase and re-open business.
☐ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$1,094,332.66

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

4/26/2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported?. *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☒ loan (only principal) $ 16,666 ~~150,000~~
☐ grant (i.e., forgivable loan) $_____
☒ tax abatement $ 361,000
☐ 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.)* MN DTED LP $ 500,000 66,666.66

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*
☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☒ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

E.T.A. 8/16/02

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	4/2003	☒ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	0	0	52	0	$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99			71		$ .98
$11.00 to $12.99			11		$ .98
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.9947 *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No E.T.H. 8/16/02

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)* E.T.H. 8/16/02

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0606

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 24 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Perham		2. Name of person completing this form Susan Bjorklund	
3. Street address 125 Second Avenue N.E. PO Box 130		4. City Perham	5. ZIP code 56573
6. County Otter Tail	7. Phone number 218-346-4455	8. Fax number 218-346-9364	9. E-mail address sbjorklund@cityofperham.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 8/27/99 *Year Criteria Submitted:* 3/2000

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Greenspire Graphics	15. Address where business subsidy or financial assistance will be used 802 Jenny Avenue Perham MN 56573 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 _____

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☒ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)* Relocated within the City. They were able to purchase and build a new facility for expansion.

City/State of previous address | Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$366,202

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

5/30/2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

5/30/2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☒ loan (only principal) $ 150,000
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $ 216,202
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☒ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor | Value ($)

Grantor | Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	5/2003	☐ Yes ☒ No E.T.H. 8/19/02
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	2.5	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	2	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.9947 *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No E.T.B. 8/19/02

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No E.T.B. 8/19/02 *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0037

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED FEB 2 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Osseo EDA		2. Name of person completing this form Dave Callister	
3. Street address 415 Central Avenue		4. City Osseo	5. ZIP code 55369
6. County Hennepin	7. Phone number 763-425-2624	8. Fax number 763-425-1111	9. E-mail address daveca1@ci.osseo.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes,
Hearing Date: 10/9/00 *Year Criteria Submitted:* 2000

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Calico Barn, T W Remodeling Todd & Ann Walock	15. Address where business subsidy or financial assistance will be used 116 County Road 81, Osseo, MN 55369 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 _____

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☒ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Maple Grove, MN — lease expired at previous site

City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$420,000.00

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

March 26, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

September 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $420,000
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☒ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s)

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☒ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	Sept. 2001	☒ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No	_____	☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99	2				$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99		6			$
$13.00 to $14.99					$
$15.00 and higher	2				$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0761

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED JUN 3 2002 Post Marked 5-31-02

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) North Mankato Port Authority Comm		2. Name of person completing this form Steve Mork	
3. Street address PO Box 2055		4. City North Mankato	5. ZIP code 56002-2055
6. County Nicollet	7. Phone number (507) 625-4141	8. Fax number (507) 625-4151	9. E-mail address smork@nrothmankato.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.")*

- [X] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify:)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 ***(attach criteria)***
- [ ] Yes, in 2002 but have not yet adopted criteria
- [X] Yes, prior to 2002

If Yes,
Hearing Date: 9/22/99 *Year Criteria Submitted* _____

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

- [X] Yes *(Complete the remainder of the form.)*
- [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Capstone Press, Inc

15. Address where business subsidy or financial assistance will be used: 1905 Lookout Dr, N.Mankato, MN 56003
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.)*
- [X] No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☒ Other *(please specify)* Distribution

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$862,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

Development agreement 9/7/01
loan 11/9/01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

Summer , 2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☒ loan (only principal) $494,000
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $368,000
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

Loan is from DTED Grant CDAP-01-153-H-FY02

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*

☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☐ No		☐ Yes ☐ No
B) Other job-creation and/or retention goals	☒ Yes ☐ No	06/30/04	☐ Yes ☒ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	61 FTE in excess of $9.00				$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)*

☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33 During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? ***(Mark one.)***

☐ Yes ***(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)***

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? ***(Mark one.)***

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35 - 39 Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35 Information on recipient and agreement

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36 Reason(s) for default *(Mark all that apply.)*

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37 To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance ☐ No, recipient has not begun to repay the assistance.

38 Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39 Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0392

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 4 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) NORTH BRANCH EDA		2. Name of person completing this form DAVID STUELBERG	
3. Street address 6408 ELM STREET		4. City NORTH BRANCH	5. ZIP code 55056
6. County CHISAGO	7. Phone number 651-674-8113	8. Fax number 651-674-8262	9. E-mail address davids@north-branch.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 8/23/99 *Year Criteria Submitted:* 2001

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: J & C REAL Estate	15. Address where business subsidy or financial assistance will be used: ~~[illegible]~~ GRAND AVE. NORTH BRANCH, MN 55056 (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

Summit Concrete (Name of parent corporation)	SAME AS ABOVE (Street address)	City	State	ZIP code

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☒ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

FOREST LAKE, MN. unable to Recieve A Subsidy from city
City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$ 108,336

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

7/31/2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $ 108,336
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☒ Other *(please specify)* Job Creation

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	7/31/2003	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	____	____	____	____	$____
less than $7.00	____	____	____	____	$____
$7.00 to $8.99	____	____	____	____	$____
$9.00 to $10.99	____	____	10	____	$____
$11.00 to $12.99	____	____	____	____	$____
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	____	____	____	____	$____
$7.00 to $8.99	____	____	____	____	$____
$9.00 to $10.99	____	____	0	____	$____
$11.00 to $12.99	____	____	____	____	$____
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0393

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 4 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) NORTH BRANCH EDA		2. Name of person completing this form DAVID STUTELBERG	
3. Street address 6408 ELM STREET		4. City NORTH BRANCH	5. ZIP code 55056
6. County CHISAGO	7. Phone number 651-674-8113	8. Fax number 651-674-8262	9. E-mail address davids@north-branch.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 8/23/99 *Year Criteria Submitted:* 2001

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance DAVID J & MARTHA ARNOLD	15. Address where business subsidy or financial assistance will be used GRAND AVE. NORTH BRANCH, MN. 55056 (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
SPECIALTY PRESS	SAME AS ABOVE			

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)* Publishing

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

KESK, MN. — NO ASSISTANCE AVAILABLE
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$ 70,866

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

8/21/2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☒ tax abatement $ 70,866
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☒ Other *(please specify)* JOB CREATION

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	AUGUST 2003	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	8	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	0	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0394

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 4 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) NORTH BRANCH EDA		2. Name of person completing this form DAVID STUTELBERG	
3. Street address 6408 ELM STREET		4. City NORTH BRANCH	5. ZIP code 55056
6. County CHISAGO	7. Phone number 651-674-8113	8. Fax number 651-674-8262	9. E-mail address davids@north-branch.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 8/23/99 *Year Criteria Submitted:* 2001

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance PRIME VENTURES, LTD	15. Address where business subsidy or financial assistance will be used GRAND AVE, NORTH BRANCH, MN 55056 (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 _____

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☒ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$ 52,226

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

7/11/2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $ 52,220
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☒ Other *(please specify)* Job Creation

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	July 2003	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	10	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0531

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 15 2002

Post Marked 5/14/02

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) Nobles County		2. Name of person completing this form Lynn Wilson	
3. Street address 315 Tenth Street		4. City Worthington	5. ZIP code 56187
6. County Nobles	7. Phone number 507-372-8385	8. Fax number 507-372-8223	9. E-mail address lwilson@co.nobles.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
Melvin Ruppert	507-372-8241	315 Tenth Street	Worthington,	MN

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ❑ City government
- ☒ County government
- ❑ Regional government
- ❑ State government
- ❑ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ❑ Yes, in 2002 ***(attach criteria)***
- ❑ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 3/20/01 *Year Criteria Submitted:* 2001

- ❑ No
- ❑ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ❑ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance

Highland Manufacturing Inc.

15. Address where business subsidy or financial assistance will be used

Street address	City	State	ZIP code
1660 Rowe Avenue	Worthington,	MN	56187

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 ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ☒ Relocated to different Minnesota location ☒ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$500,000.

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

July 17, 01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* July 17, 01

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

❑ not applicable, agreement provided financial assistance

☒ loan (only principal) $ 500,000
☒ grant (i.e., forgivable loan) $ 10,000
❑ tax abatement $_____
❑ TIF or other tax reduction or deferral $_____
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

❑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☒ Job retention
- ☒ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	July 31, 03	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☒ Yes ☐ No	July 31, 03	☐ Yes ☒ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	50	___	___	___	$ 12.00
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	27	___	___	___	$ 10.65
$11.00 to $12.99	3	___	___	___	$ 12.17
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36 Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0199

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 2 8 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Moorhead		2. Name of person completing this form Loretta Szweduik	
3. Street address 500 Center Avenue		4. City Moorhead	5. ZIP code 56560
6. County Clay	7. Phone number 218-299-5375	8. Fax number 218-299-5399	9. E-mail address loretta.szweduik@ci.moorhead.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date 8/23/99 *Year Criteria Submitted:* _____

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Marguerite's Music	15. Address where business subsidy or financial assistance will be used 3100 8th St. S, Moorhead, MN 56560 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 _____

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☒ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Moorhead, MN

City/State of previous address | Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☐ Relocated to different Minnesota location ☒ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$59,157

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

6-20-01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

November, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☒ other *(Specify subsidy type.)* _____ $_____
Border City Development Zone $59,157

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor | Value ($)

Grantor | Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☒ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	7/2003	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99	1				$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00		1			$
$7.00 to $8.99				1	$
$9.00 to $10.99					$
$11.00 to $12.99				1	$ ~~8.00~~
$13.00 to $14.99					$
$15.00 and higher				5	$ ~~9.00~~

discussed 9/4/02 ELH phone

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0201

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 20 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Moorhead		2. Name of person completing this form Loretta Szweduik	
3. Street address 500 Center Avenue		4. City Moorhead	5. ZIP code 56560
6. County Clay	7. Phone number 218-299-5375	8. Fax number 218-299-5399	9. E-mail address loretta.szweduik@ci.moorhead.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

☒ City government

☐ County government

☐ Regional government

☐ State government

☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

☐ Yes, in 2002 ***(attach criteria)***

☐ Yes, in 2002 but have not yet adopted criteria

☒ Yes, prior to 2002

If Yes:
Hearing Date: 8/23/99 *Year Criteria Submitted:* _____

☐ No

☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance PTE Properties, LLC	15. Address where business subsidy or financial assistance will be used 2600 24th Ave S, Moorhead, MN 56560 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 _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Moorhead, MN

City/State of previous address | Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☐ Relocated to different Minnesota location ☒ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$29,155

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

October, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* March, 2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☒ other *(Specify subsidy type.)* _____ $_____
Border City Development Zone $29,155

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor | Value ($)

Grantor | Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ❑ Enhancing economic diversity
- ❑ Creating high-quality job growth
- ☒ Job retention
- ❑ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ❑ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ❑ No	7/2003	❑ Yes ☒ No
B) Other job-creation and/or retention goals	❑ Yes ❑ No		❑ Yes ❑ No
C) Other wage goals	❑ Yes ❑ No		❑ Yes ❑ No
D) Other goals other than wage and job goals	❑ Yes ❑ No		❑ Yes ❑ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99	3				$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99	0				$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ❑ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0203

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 2 0 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Moorhead		2. Name of person completing this form Loretta Szweduik	
3. Street address 500 Center Avenue		4. City Moorhead	5. ZIP code 56560
6. County Clay	7. Phone number 218-299-5375	8. Fax number 218-299-5399	9. E-mail address loretta.szweduik@ci.moorhead.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 8/23/99 *Year Criteria Submitted:* _____

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Todd & Rebecca Holte dba Todd's Alignment & Repair	15. Address where business subsidy or financial assistance will be used 2911 16th St S, Moorhead, MN 56560 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 _____

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☒ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Moorhead, MN _____
City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☐ Relocated to different Minnesota location ☒ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$31,767

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

6-28-01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

November, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☒ other *(Specify subsidy type.)* _____ $_____
Border City Development Zone $31,767

25. If the assistance was one of the four types of financial assistance, please indicate the type(s)

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

_____
Grantor Value ($)
_____
Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☒ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	7/03	☒ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	1			1	$
$11.00 to $12.99				1	$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99				1	$ 1.00
$11.00 to $12.99				1	$ 1.00
$13.00 to $14.99	1				$ 1.00
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0233

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity): City of Montrose	2. Name of person completing this form: BARBARA SWANSON
3. Street address: 311 BUFFALO AVE. S.	4. City: Montrose; 5. ZIP code: 55363
6. County: WRIGHT; 7. Phone number: 763 675 3717	8. Fax number: 763 675 3033; 9. E-mail address: cityman@ekalink.net

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes: *Hearing Date:* 11/13/01 *Year Criteria Submitted:* 2000

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Ce Barbeque Inc	15. Address where business subsidy or financial assistance will be used: 515 3rd St So Montrose MN; Street address; City; State; ZIP code: 55363

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 ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)* 450,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)* 5/15/01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* OCT 1ST 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $[illegible]
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below, attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	10/1/2013	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☒ Yes ☐ No	10/1/2013	☐ Yes ☒ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	5	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	2	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	1	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	2	1	___	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default: *(Mark all that apply.)*

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0234

RECEIVED MAR 29 2002

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from *January 1, 2001 through December 31, 2001* per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period *January 1, 2001 through December 31, 2001:* 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity): City of Montrose		2. Name of person completing this form: Barbara Thunstrom	
3. Street address: 311 Bertelle Ave S		4. City: Montrose	5. ZIP code: 55363
6. County: Wright	7. Phone number: 763-675-3717	8. Fax number: 763 675 3058	9. E-mail address: cityman@ltdl.link.net

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify:)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes: *Hearing Date:* 11/13/00 *Year Criteria Submitted:* 2000

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

- [x] Yes *(Complete the remainder of the form.)*
- [ ] No *(Stop here, go to section 3 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Lyman Lumber Company	15. Address where business subsidy or financial assistance will be used: 105 Zephyr Ave S, Montrose, MN 55363 (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.)*
- [x] No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

3145 Dennis Ave, Minneapolis, MN — Forced relocation due to MnDOT highway project
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)* $
762,335

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*
March 13, 2001, amended March 23, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*
July 24, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $762,335
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)*_____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*
☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s).

Grantor _____ Value ($)
Grantor _____ Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	July 2005	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☒ Yes ☐ No	July 2004	☐ Yes ☒ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) As 12/31/01, building project under construction. Relocation secured on 2/19/02

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient:	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goal's or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - ASC
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0134

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 2 5 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity)	2. Name of person completing this form		
MONTICELLO HOUSING & REDEVELOPMENT AUTHORITY	OLLIE KOROPCHAK		
3. Street address: 505 WALNUT STREET, SUITE 1	4. City: MONTICELLO	5. ZIP code: 55362	
6. County: WRIGHT	7. Phone number: 763-271-3208	8. Fax number: 763-295-4404	9. E-mail address: ollie.koropchak@ci.monticello.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."*)

XX ☐ City government

☐ County government

☐ Regional government

☐ State government

☐ Other (*Please specify.*) ____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (*Mark one.*)

X ☐ Yes, in 2002 (*attach criteria*)

☐ Yes, in 2002 but have not yet adopted criteria

☐ Yes, prior to 2002

If Yes:
Hearing Date Oct. 4, 2000 *Criteria Submitted* ____
AMENDED

☐ No

☐ Other (*Please attach explanation.*)

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (*Mark one.*)

XXX ☐ Yes (*Complete the remainder of the form.*) ☐ No (*Stop here — go to section 5 on page 4.*)

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used			
INTEGRATED RECYCLING TECHNOLOGIES CORPORATIO	Street address: 9696 FALLON AVENUE NE	City: MONTICELLO	State: MN	ZIP code: 55362

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.*)

XX ☐ No

Name of parent corporation | Street address | City | State | ZIP code

17. Industry of recipient's facility (*Mark one.*)

XX Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other (*please specify*) ____

18. Did the recipient relocate as a result of signing this agreement? (*Mark one.*)

XX ☐ Yes (*Indicate city and state of previous address and reason recipient did not complete the project at that address.*)
☐ No (*Go to Question 19.*)

ROGERS, MN LAND LOCKED, TWO BUSINESSES IN ONE BUILDING
City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (*Mark one.*)

☐ Remained at previous location XX ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3. Agreement Information

20. **Total** dollar value of business subsidy or financial assistance (***Please separate value by type in Questions 24 and 25.***)

$40,000

21. Date agreement signed (*In addition to the agreement date, indicate any dates the agreement was amended.*)

JUNE 11, 2001

22. Benefit date (*Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.*) NOVEMBER 16, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (*Mark one.*)

XX ☐ Business subsidy ☐ Financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $____
☐ grant (or forgivable loan) $____
☐ tax abatement $____
XX TIF or other tax reduction or deferral land $40,000
☐ guarantee of payment $____
☐ contribution of property or infrastructure $____
☐ preferential use of governmental facilities $____
☐ land contribution $____
☐ other (*Specify subsidy type.*) ____ $____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

X ☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $____
☐ assistance for pollution control or enforcement $____
☐ assistance for a TIF soils condition district $____

26. If the assistance included tax increment financing, please indicate the type of TIF district? (*Mark one.*)

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
XX economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? (*Mark one.*)

XXX ☐ Yes (*Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.*)
☐ No

Grantor(s) and value of the agreement(s):

MONTICELLO EDA $72,500 real estate loan
Grantor Value ($)

~~CITY OF MONTICELLO~~ ~~up to $9,000~~ ~~water/sewer access fee~~ - Local TIF Contribution
Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

XX Enhancing economic diversity
XX Creating high-quality job growth
☐ Job retention
☐ Stabilizing the community
XX Increasing tax base (cannot be only purpose)
☐ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	XX Yes ☐ No	February 6, 2003	☐ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No	_____	☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
NOT LESS THAN $12.00	2	___	___	___	$___
NOT LESS THAN $14.00	1	___	___	___	$___
NOT LESS THAN $16.00	1	___	___	___	$___
NOT LESS THAN $18.00	1				

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	1	___	___	___	$___
NOT LESS THAN $12.00	2	___	___	___	$___
NOT LESS THAN $14.00	1	___	___	___	$___
NOT LESS THAN $16.00	1	___	___	___	$___
NOT LESS THAN $18.00	1				

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☑ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

_____

_____

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0440

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 15 2002

Post Marked 4-12-02

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) DTED (Challenge Grant)		2. Name of person completing this form Bart Bevins	
3. Street address 500 Metro Sq. 121 7th Place East		4. City St Paul	5. ZIP code 55101
6. County Ramsey	7. Phone number (651) 297-1170	8. Fax number (651) 296-5287	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.")*

- ❑ City government
- ❑ County government
- ❑ Regional government
- ☑ State government
- ❑ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ❑ Yes, in 2002 ***(attach criteria)***
- ❑ Yes, in 2002 but have not yet adopted criteria
- ☑ Yes, prior to 2002

If Yes:
Hearing Date: 9.24.99 *Year Criteria Submitted:* _____

- ❑ No
- ❑ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☑ Yes *(Complete the remainder of the form.)* ❑ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: TWF Industries, Inc.

15. Address where business subsidy or financial assistance will be used: 2720 Latoka Ln SW, Alexandria MN 56311
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 _____

17. Industry of recipient's facility *(Mark one.)*:

❑ Manufacturing ☑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☑ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

150,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

6-1-01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

6-30-01

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☑ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**.

❑ not applicable, agreement provided financial assistance

❑ loan (only principal) w/ interest $150,000
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
❑ TIF or other tax reduction or deferral $_____
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☑ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

❑ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

❑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☑ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ❑ Enhancing economic diversity
- ☑ Creating high-quality job growth
- ☑ Job retention
- ❑ Stabilizing the community
- ❑ Increasing tax base (cannot be only purpose)
- ❑ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	❑ Yes ☑ No		❑ Yes ☑ No
B) Other job-creation and/or retention goals	☑ Yes ❑ No	06-2008	❑ Yes ☑ No
C) Other wage goals	❑ Yes ☑ No		❑ Yes ☑ No
D) Other goals other than wage and job goals	❑ Yes ☑ No		❑ Yes ☑ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99	10	—		34	$ 1.00
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99	3			3	$ 1.00
$9.00 to $10.99	1			10	$ 1.00
$11.00 to $12.99	1			7	$ 1.00
$13.00 to $14.99				4	$ 1.00
$15.00 and higher				6	$ 1.00

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ❑ Yes ☑ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No E.J.H. 8/23/02

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)* E.J.H. 8/23/02

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

01-0707

RECEIVED MAY 30 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from ***January 1, 2001 through December 31, 2000***1per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.

- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.

- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

❑ City government
❑ County government
❑ Regional government
* State government
❑ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

* Yes *(Indicate hearing date - 7-27-00 and **attach criteria**)*
❑ No
❑ We held a public hearing but have not yet adopted criteria *(Indicate date of initial hearing - _____)*
❑ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or 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 MARKETING CONCEPTS OF MINNESOTA, INC	15. Address where business subsidy or financial assistance will be used 130 LAKE AVE NW SPICER MN 56288 Street address City ZIP code

16. Does the recipient have a parent corporation? *(Mark one.)*

❑ Yes *(Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)*
* No

Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility *(Mark one.)*:

❑ Manufacturing * Service ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
* No *(Go to Question 19.*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ❑ Relocated to different Minnesota location * *shut down and closed* ❑ Relocated outside Minnesota

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance *(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)*

$189,700

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

SEPTEMBER 20, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

DECEMBER 31, 2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

* business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s).

❑ not applicable, agreement provided financial assistance

* loan $189,700
❑ grant (i.e., forgivable loan)
❑ tax abatement
❑ TIF or other tax reduction or deferral
❑ guarantee of payment
❑ contribution of property or infrastructure
❑ preferential use of governmental facilities
❑ land contribution
❑ other *(Specify subsidy type.)*

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

❑ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost
❑ assistance for pollution control or abatement
❑ assistance for a TIF soils condition district

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

* not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*

❑ No

Grantor(s) and value of the agreement(s

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

❑ Enhancing economic diversity
* Creating high-quality job growth
❑ Job retention
❑ Stabilizing the community
❑ Increasing tax base (cannot be only purpose)
❑ Other *(please specify)*

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes ❑ No	DECEMBER 2003	❑ Yes ☒ No 8-1-H 8/21/02
B) Other job-creation and/or retention goals	❑ Yes ❑ No	_____	❑ Yes ❑ No
C) Other wage goals	❑ Yes ❑ No	_____	❑ Yes ❑ No
D) Other goals other than 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	____	____	____	____	$____
less than $7.00	____	____	____	____	$____
$7.00 to $8.99		____	____	____	$
$9.00 to $10.99	____	____	____	____	$____
$11.00 to $12.99	27	____		____	$1.00
$13.00 to $14.99		____	____	____	$
$15.00 and higher		____	____	____	$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	____	____	____	____	$____
$7.00 to $8.99	____	____	____	____	$
$9.00 to $10.99	____	____	____	____	$____
$11.00 to $12.99	14	____	____	____	$1.00
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ❑ Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

* No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* * No *(Stop here and submit form to DTED .)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2001*, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0760

2 27.14.8123 3/0 C

Trade & Economic Development

2001 Minnesota Business Assistance Form

RECEIVED MAY 3 1 2002

Post Marked 5-28-02

- 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) DTED (Challenge Grant)		2. Name of person completing this form Bart Bevins	
3. Street address 500 Metro Sq., 121 7th Place		4. City	5. ZIP code
6. County Ramsey	7. Phone number (651) 297-1170	8. Fax number (651) 296-5287	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.")*

- ☐ City government
- ☐ County government
- ☐ Regional government
- ☒ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☒ Yes *(Indicate hearing date* 9-24-99 *and* ***attach criteria****)*
- ☐ No
- ☐ We held a public hearing but have not yet adopted criteria *(Indicate date of initial hearing -* _____*)*
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or 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.)*

27.14.8123 3/0 C

☒ 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: Apprise Technologies, Inc	15. Address where business subsidy or financial assistance will be used: 4802 Oneota St. Duluth, MN 55807 (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 _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 General Information About the Agreement

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)*** $100,000.00

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)* August 1, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* August 1, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**.

❑ not applicable, agreement provided financial assistance

☒ loan (only principal) $ 100,000.00
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
❑ TIF or other tax reduction or deferral $_____
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☒ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*

❑ No

Grantor(s) and value of the agreement(s):

Grantor	Value ($)
The Northland Foundation	$100,000.00
MN Power Economic Dev.	$200,000.00

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☒ Job retention
- ☒ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☐ No		☐ Yes ☐ No
B) Other job-creation and/or retention goals	☒ Yes ☐ No	June, 2003	☐ Yes ☒ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	5				$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99		1		3	$ 25.38
$13.00 to $14.99					$
$15.00 and higher	1	1		12	$ 25.38

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)*

☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

❑ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ❑ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2001*, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0756

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 4 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) DTED (Challenge Grant)		2. Name of person completing this form Bart Bevins	
3. Street address 500 Metro Sq. 121 7th Place East		4. City St. Paul	5. ZIP code 55101
6. County Ramsey	7. Phone number (651) 297-1170	8. Fax number (651) 296-5287	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.")*

- ☐ City government
- ☐ County government
- ☐ Regional government
- ☑ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☐ Yes, prior to 2002

If Yes: *Hearing Date:* 9/24/99 *Year Criteria Submitted:* 9/20/02

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Pro-Tainer Inc. / Shavic Properties LLP	15. Address where business subsidy or financial assistance will be used: 1301 3rd Ave W. Alexandria MN 56308 (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

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Alexandria / MN — Relocated at Industrial Park
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

$150,000 E.T.A. 9/20/02

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

Shavic Properties LLP Received loan of $150,000. on June 28, 2001 - 6% rate
Pro-Tainer Inc. received loan of $150,000 on Sept. 5, 2001 - 6% rate

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.)*

10/1/01

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☐ business subsidy ☒ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☒ loan (only principal) E.T.A. 9/20/02 $150,000
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☒ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☒ Job retention
- ☒ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	10/2003	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☒ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☒ No
D) Other goals other than wage and job goals	☐ Yes ☒ No		☐ Yes ☒ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	3				$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	1				$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	1				$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	1				$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No E.T.H. 9/20/02

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)* E.T.H. 9/20/02

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0759

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 4 2002

Post Marked 4-2-02

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) DTED Challenge Grant		2. Name of person completing this form ~~Kerry Weber~~ Bart Bevins	
3. Street address 500 Metro Sq 121 7th Place East ~~PO Box 187~~		4. City St. Paul ~~Morgan~~	5. ZIP code 55101 ~~56266~~
6. County Ramsey ~~Redwood~~	7. Phone number (651) 297-1110 ~~507-249-3176~~	8. Fax number (651) 296-5288 ~~507-249-3176~~	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.")*

- ❑ City government
- ❑ County government
- ❑ Regional government
- ☑ State government
- ❑ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ❑ Yes, in 2002 ***(attach criteria)***
- ❑ Yes, in 2002 but have not yet adopted criteria
- ☑ Yes, prior to 2002

If Yes:
Hearing Date: 9-24-99 *Year Criteria Submitted:* _____

- ❑ No
- ❑ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☑ Yes *(Complete the remainder of the form.)* ❑ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Waynes Inc	15. Address where business subsidy or financial assistance will be used PO Box 187 Morgan MN 56266 (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 _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☒ Services ❑ Finance, Insurance, Real Estate
☒ Retail Trade ☒ Wholesale Trade ☒ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

50,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

May 3, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

May 3, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ~~☐ financial assistance~~

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**.

~~☒ not applicable, agreement provided financial assistance~~

- ☒ loan (only principal) $80,000
- ❑ grant (i.e., forgivable loan) $_____
- ❑ tax abatement $_____
- ❑ TIF or other tax reduction or deferral $_____
- ❑ guarantee of payment $_____
- ❑ contribution of property or infrastructure $_____
- ❑ preferential use of governmental facilities $_____
- ❑ land contribution $_____
- ~~☒ other *(Specify subsidy type.)*~~ Inventory Cash Flow $50,000

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

- ❑ assistance for property polluted by contaminants $_____
- ❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
- ❑ assistance for pollution control or abatement $_____
- ❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

- ❑ redevelopment
- ❑ renewal and renovation
- ❑ soils condition
- ❑ economic development
- ❑ mined underground space
- ❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☒ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
❑ No

Grantor(s) and value of the agreement(s):

Grantor	Value ($)
Bremer Bank	50,000

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ❑ Enhancing economic diversity
- ❑ Creating high-quality job growth
- ☒ Job retention
- ☒ Stabilizing the community
- ❑ Increasing tax base (cannot be only purpose)
- ❑ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	❑ Yes ❑ No	_____	❑ Yes ❑ No
B) Other job-creation and/or retention goals	❑ Yes ❑ No	_____	❑ Yes ❑ No
C) Other wage goals	❑ Yes ❑ No	_____	❑ Yes ❑ No
D) Other goals other than wage and job goals	☒ Yes ❑ No	12-01	☒ 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	____	____	____	____	$____
less than $7.00	____	____	____	10 PT	$____
$7.00 to $8.99	____	____	4 } E.F.H. 4 zipcl	17T ~~2PT~~	$____
$9.00 to $10.99	____	____	3 }	6T ~~3PT~~	$1.13
$11.00 to $12.99	____	____	____	2T	$1.32
$13.00 to $14.99	____	____	____	3T	$1.28
$15.00 and higher	____	____	____	____	$____

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	____	____	____	10	$____
$7.00 to $8.99	____	____	4 } E.F.H. 4 zipcl	17T ~~2PT~~	$____
$9.00 to $10.99	____	____	3 }	6T ~~3PT~~	$1.13
$11.00 to $12.99	____	____	____	2T	$1.32
$13.00 to $14.99	____	____	____	3T	$1.28
$15.00 and higher	____	____	____	____	$____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ❑ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No E.J.H. 01/23/02

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

E.J.H. 01/23/02

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2002 Minnesota Business Assistance Form

Minnesota Trade & Economic Development

01-0717

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from ***January 1, 2001 through December 31, 2000***1per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.

- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.

- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

❑ City government
❑ County government
❑ Regional government
* State government
❑ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

* Yes *(Indicate hearing date - 7-27-00 and **attach criteria**)*
❑ No
❑ We held a public hearing but have not yet adopted criteria *(Indicate date of initial hearing - _____)*
❑ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or 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 GEAR & BROACH, INC.	15. Address where business subsidy or financial assistance will be used 7204 WINNETKA AVE NO WATERVILEE MN 55428 Street address City ZIP code

16. Does the recipient have a parent corporation? *(Mark one.)*

❑ Yes *(Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)*
* No

Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility *(Mark one.)*:

* Manufacturing ❑ Service ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
* No *(Go to Question 19.*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

* Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance *(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)*

$200,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

SEPTEMBER 1, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

SEPTEMBER 30, 2003

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

* business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s).

❑ not applicable, agreement provided financial assistance

* loan $200,000
❑ grant (i.e., forgivable loan)
❑ tax abatement
❑ TIF or other tax reduction or deferral
❑ guarantee of payment
❑ contribution of property or infrastructure
❑ preferential use of governmental facilities
❑ land contribution
❑ other *(Specify subsidy type.)*

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

❑ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost
❑ assistance for pollution control or abatement
❑ assistance for a TIF soils condition district

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

* not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*

❑ No

Grantor(s) and value of the agreement(s

Grantor	Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ❑ Enhancing economic diversity
- * Creating high-quality job growth
- ❑ Job retention
- ❑ Stabilizing the community
- * Increasing tax base (cannot be only purpose)
- ❑ Other *(please specify)*

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes ❑ No	SEPTEMBER 2003	❑ Yes ☒ No 8/22/02
B) Other job-creation and/or retention goals	❑ Yes ❑ No	_____	❑ Yes ❑ No
C) Other wage goals	❑ Yes ❑ No	_____	❑ Yes ❑ No
D) Other goals other than 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	____	____	____	____	$____
less than $7.00	____	____	____	____	$____
$7.00 to $8.99		____	____	____	$
$9.00 to $10.99		____	____	____	$
$11.00 to $12.99	9	____		____	$5.00
$13.00 to $14.99	8	____	____	____	$5.00
$15.00 and higher	4	____	____	____	$5.00

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	____	____	____	____	$____
$7.00 to $8.99	1	____	____	____	$5.00
$9.00 to $10.99	10	____	____	____	$5.00
$11.00 to $12.99	6	____	____	____	$5.00
$13.00 to $14.99		____	____	____	$
$15.00 and higher		____	____	____	$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ❑ Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

* No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* * No *(Stop here and submit form to DTED .)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2001*, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

01-0716

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from ***January 1, 2001 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 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

❑ City government
❑ County government
❑ Regional government
* State government
❑ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

* Yes *(Indicate hearing date - 7-27-00 and **attach criteria**)*
❑ No
❑ We held a public hearing but have not yet adopted criteria *(Indicate date of initial hearing - _____)*
❑ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or 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 FAST INC.	15. Address where business subsidy or financial assistance will be used 201 JACKSON ST (Street address) EVELETH (City) MN 55734 (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

17. Industry of recipient's facility *(Mark one.)*:

* Manufacturing ❑ Service ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
* No *(Go to Question 19.*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

* Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance *(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)*

$100,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

FEBRUAURY 8, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

SEPTEMBER 30, 2003

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

* business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s).

❑ not applicable, agreement provided financial assistance

* loan $100,000
❑ grant (i.e., forgivable loan)
❑ tax abatement
❑ TIF or other tax reduction or deferral
❑ guarantee of payment
❑ contribution of property or infrastructure
❑ preferential use of governmental facilities
❑ land contribution
❑ other *(Specify subsidy type.)*

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

❑ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost
❑ assistance for pollution control or abatement
❑ assistance for a TIF soils condition district

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

* not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*

❑ No

Grantor(s) and value of the agreement(s

Grantor	Value ($)
IRRRA	**$600,000**
NORTHLAND FOUND	**$250,000**

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

❑ Enhancing economic diversity
* Creating high-quality job growth
❑ Job retention
❑ Stabilizing the community
* Increasing tax base (cannot be only purpose)
❑ Other *(please specify)*

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes ❑ No	SEPTEMBER 2003	❑ Yes ☒ No 8-14-2002
B) Other job-creation and/or retention goals	❑ Yes ❑ No	_____	❑ Yes ❑ No
C) Other wage goals	❑ Yes ❑ No	_____	❑ Yes ❑ No
D) Other goals other than 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	____	____	____	____	$____
less than $7.00	____	____	____	____	$____
$7.00 to $8.99		____	____	____	$
$9.00 to $10.99	1.5	____	____	____	$.70
$11.00 to $12.99	12	____		____	$.84
$13.00 to $14.99	1.5	____	____	____	$.98
$15.00 and higher	6	____	____	____	$1.16

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	____	____	____	____	$____
$7.00 to $8.99	____	____	____	____	$
$9.00 to $10.99	5	____	____	____	$
$11.00 to $12.99	1.5	____	____	____	$.50
$13.00 to $14.99		____	____	____	$
$15.00 and higher		____	____	____	$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ❑ Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

* No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* * No *(Stop here and submit form to DTED .)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2001*, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

MINNESOTA Trade & Economic Development

2002 Minnesota Business Assistance Form

01-0721

RECEIVED MAY 30 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from ***January 1, 2001 through December 31, 2000***1per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.

- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.

- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

❑ City government
❑ County government
❑ Regional government
• State government
❑ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

• Yes *(Indicate hearing date - 7-27-00 and **attach criteria**)*
❑ No
❑ We held a public hearing but have not yet adopted criteria *(Indicate date of initial hearing - _____)*
❑ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or 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 CARGILL DOW, LLC	15. Address where business subsidy or financial assistance will be used 15305 Minnetonka Blvd (Street address) Minnetonka (City) MN 55345 (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
Dow Chemical and Cargill, Inc.

Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility *(Mark one.)*:

* Manufacturing ❑ Service ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
* No *(Go to Question 19.*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

* Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance *(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)*

$400,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

SEPTEMBER 14, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

* business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s).

❑ not applicable, agreement provided financial assistance

√ loan
❑ grant (i.e., forgivable loan)
❑ tax abatement
❑ TIF or other tax reduction or deferral
❑ guarantee of payment
❑ contribution of property or infrastructure
❑ preferential use of governmental facilities
❑ land contribution
❑ other *(Specify subsidy type.)*

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

❑ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost
❑ assistance for pollution control or abatement
❑ assistance for a TIF soils condition district

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

* not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*

❑ No

Grantor(s) and value of the agreement(s

Grantor	Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ❑ Enhancing economic diversity
- * Creating high-quality job growth
- ❑ Job retention
- ❑ Stabilizing the community
- * Increasing tax base (cannot be only purpose)
- ❑ Other *(please specify)*

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes ❑ No	DECEMBER 2003	❑ Yes ☒ No E.T.H. 4/22/02
B) Other job-creation and/or retention goals	❑ Yes ❑ No	_____	❑ Yes ❑ No
C) Other wage goals	❑ Yes ❑ No	_____	❑ Yes ❑ No
D) Other goals other than 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	____	____	____	____	$____
less than $7.00	____	____	____	____	$____
$7.00 to $8.99		____	____	____	$
$9.00 to $10.99		____	____	____	$
$11.00 to $12.99		____		____	$
$13.00 to $14.99		____	____	____	$
$15.00 and higher		____	40	____	$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	____	____	____	____	$____
$7.00 to $8.99		____	____	____	$
$9.00 to $10.99		____	____	____	$
$11.00 to $12.99		____	____	____	$
$13.00 to $14.99		____	____	____	$
$15.00 and higher		____	____	____	$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ❑ Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

* No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* * No *(Stop here and submit form to DTED .)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2001*, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

02-0614

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

01-0720

RECEIVED MAY 30 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from ***January 1, 2001 through December 31, 2000***1per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government".)*

- ❑ City government
- ❑ County government
- ❑ Regional government
- * State government
- ❑ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- * Yes *(Indicate hearing date - 7-27-00 and **attach criteria**)*
- ❑ No
- ❑ We held a public hearing but have not yet adopted criteria *(Indicate date of initial hearing - _____)*
- ❑ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or 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 DIVERSIFIED MANUFACTURING	15. Address where business subsidy or financial assistance will be used 101 7TH Ave (Street address) Newport (City) MN 55055 (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

17. Industry of recipient's facility *(Mark one.)*

* Manufacturing ❑ Service ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
* No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

* Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance *(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)*

$290,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

SEPTEMBER 14, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

* business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s).

❑ not applicable, agreement provided financial assistance

√ loan
❑ grant (i.e., forgivable loan)
❑ tax abatement
❑ TIF or other tax reduction or deferral
❑ guarantee of payment
❑ contribution of property or infrastructure
❑ preferential use of governmental facilities
❑ land contribution
❑ other *(Specify subsidy type.)*

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

❑ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost
❑ assistance for pollution control or abatement
❑ assistance for a TIF soils condition district

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

* not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*

❑ No

Grantor(s) and value of the agreement(s)

Grantor	Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ❑ Enhancing economic diversity
- * Creating high-quality job growth
- ❑ Job retention
- ❑ Stabilizing the community
- * Increasing tax base (cannot be only purpose)
- ❑ Other *(please specify)*

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes ❑ No	DECEMBER 2003	❑ Yes ☒ No
B) Other job-creation and/or retention goals	❑ Yes ❑ No		❑ Yes ❑ No
C) Other wage goals	❑ Yes ❑ No		❑ Yes ❑ No
D) Other goals other than 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	35				$
$13.00 to $14.99					$
$15.00 and higher	8				$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ❑ Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

* No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* * No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2001*, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

02 - 0204

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

01-0710

RECEIVED MAY 30 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from ***January 1, 2001 through December 31, 2000***1per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

❑ City government
❑ County government
❑ Regional government
* State government
❑ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

* Yes *(Indicate hearing date - 7-27-00 and **attach criteria**)*
❑ No
❑ We held a public hearing but have not yet adopted criteria *(Indicate date of initial hearing - _____)*
❑ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or 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 VENTURE ALLIES, LLC	15. Address where business subsidy or financial assistance will be used 3051 2ND ST SO (Street address) ST.CLOUD (City) MN 56301 (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

17. Industry of recipient's facility *(Mark one.)*:

❑ Manufacturing * Service ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
* No *(Go to Question 19.*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

* Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance *(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)*

$95,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

AUGUST 8, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

DECEMBER 31, 2003

23 Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

* business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s).

❑ not applicable, agreement provided financial assistance

* loan $95,000
❑ grant (i.e., forgivable loan)
❑ tax abatement
❑ TIF or other tax reduction or deferral
❑ guarantee of payment
❑ contribution of property or infrastructure
❑ preferential use of governmental facilities
❑ land contribution
❑ other *(Specify subsidy type.)*

25 If the assistance was one of the four types of financial assistance, please indicate the type(s).

❑ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost
❑ assistance for pollution control or abatement
❑ assistance for a TIF soils condition district

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

* not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

Yes *(Specify each grantor and the value of their assistance below, attach an additional sheet if necessary.)*

* No

Grantor(s) and value of the agreement(s

Grantor	Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ❑ Enhancing economic diversity
- * Creating high-quality job growth
- ❑ Job retention
- ❑ Stabilizing the community
- * Increasing tax base (cannot be only purpose)
- ❑ Other *(please specify)*

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes ❑ No	DECEMBER 2003	❑ Yes ☒ No E.7.14 8/22/02
B) Other job-creation and/or retention goals	❑ Yes ❑ No		❑ Yes ❑ No
C) Other wage goals	❑ Yes ❑ No		❑ Yes ❑ No
D) Other goals other than 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99	1				$1.95
$15.00 and higher	9				$3.28

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	1				$.92
$13.00 to $14.99					$
$15.00 and higher	3				$1.46

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ❑ Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

* No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* * No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2001*, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

Trade & Economic Development

2002 Minnesota Business Assistance Form

01-0715

RECEIVED MAY 30 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from ***January 1, 2001 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 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2

Name/Title | Phone number | Street address | City | ZIP code

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ❑ City government
- ❑ County government
- ❑ Regional government
- * State government
- ❑ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- * Yes *(Indicate hearing date - 7-27-00 and **attach criteria**)*
- ❑ No
- ❑ We held a public hearing but have not yet adopted criteria *(Indicate date of initial hearing - _____)*
- ❑ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or 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 ENTRONIX INTERNATIONAL	15. Address where business subsidy or financial assistance will be used 1402 PROGRESS PARK (Street address) EVELETH (City) MN 55734 (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

17. Industry of recipient's facility *(Mark one.)*.

❑ Manufacturing * Service ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
* No *(Go to Question 19.*

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

* Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance *(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)*	21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*
$290,000	**OCTOBER 18, 2001**

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

DECEMBER 31, 2003

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

* business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
❑ not applicable, agreement provided financial assistance	❑ not applicable, agreement provided a business subsidy
❑ loan * grant (i.e., forgivable loan) $290,000 ❑ tax abatement ❑ TIF or other tax reduction or deferral ❑ guarantee of payment ❑ contribution of property or infrastructure ❑ preferential use of governmental facilities ❑ land contribution ❑ other *(Specify subsidy type.)*	❑ assistance for property polluted by contaminants ❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost ❑ assistance for pollution control or abatement ❑ assistance for a TIF soils condition district

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*	27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*
* not applicable, assistance was not in the form of TIF	Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
❑ redevelopment ❑ renewal and renovation ❑ soils condition ❑ economic development ❑ mined underground space ❑ hazardous substance subdistrict	* No Grantor(s) and value of the agreement(s Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ❑ Enhancing economic diversity
- * Creating high-quality job growth
- ❑ Job retention
- ❑ Stabilizing the community
- * Increasing tax base (cannot be only purpose)
- ❑ Other *(please specify)*

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes ❑ No	DECEMBER 2003	❑ Yes ☒ No
B) Other job-creation and/or retention goals	❑ Yes ❑ No		❑ Yes ❑ No
C) Other wage goals	❑ Yes ❑ No		❑ Yes ❑ No
D) Other goals other than wage and job goals	❑ Yes ❑ No		❑ Yes ❑ No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

E.4 11.8/22/02

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	74				$.72
$11.00 to $12.99	5				$.96
$13.00 to $14.99	35				$1.09
$15.00 and higher	3				$1.92

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	37				$2.20
$13.00 to $14.99	10				$2.20
$15.00 and higher	1				$2.20

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ❑ Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

* No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* * No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement.

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*.

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2001*, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

Trade & Economic Development

2002 Minnesota Business Assistance Form

01-0718

RECEIVED MAY 30 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from ***January 1, 2001 through December 31, 2000***1per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ , 121 7TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government".)*

- ❑ City government
- ❑ County government
- ❑ Regional government
- * State government
- ❑ Other *(Please specify)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- * Yes *(Indicate hearing date - 7-27-00 and **attach criteria**)*
- ❑ No
- ❑ We held a public hearing but have not yet adopted criteria *(Indicate date of initial hearing - _____)*
- ❑ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or 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 A.R K.BEDDING	15. Address where business subsidy or financial assistance will be used 100 1ST ST S.E. (Street address) GLENWWOD (City) MN 56334 (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

17. Industry of recipient's facility *(Mark one.)*:

* Manufacturing ❑ Service ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
* No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

* Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance *(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)*

$150,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

SEPTEMBER 1, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

SEPTEMBER 30, 2003

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

* business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s).

❑ not applicable, agreement provided financial assistance

* loan $200,000
❑ grant (i.e., forgivable loan)
❑ tax abatement
❑ TIF or other tax reduction or deferral
❑ guarantee of payment
❑ contribution of property or infrastructure
❑ preferential use of governmental facilities
❑ land contribution
❑ other *(Specify subsidy type.)*

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

❑ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost
❑ assistance for pollution control or abatement
❑ assistance for a TIF soils condition district

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

* not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

Yes *(Specify each grantor and the value of their assistance below, attach an additional sheet if necessary.)*

❑ No

Grantor(s) and value of the agreement(s)

Grantor	Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ❑ Enhancing economic diversity
- * Creating high-quality job growth
- ❑ Job retention
- ❑ Stabilizing the community
- * Increasing tax base (cannot be only purpose)
- ❑ Other *(please specify)*

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes ❑ No	SEPTEMBER 2003	❑ Yes ☒ No 8-4-4.8/22/02
B) Other job-creation and/or retention goals	❑ Yes ❑ No	_____	❑ Yes ❑ No
C) Other wage goals	❑ Yes ❑ No	_____	❑ Yes ❑ No
D) Other goals other than 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	15				$1.87

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ❑ Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

* No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* * No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2001*, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

Trade & Economic Development

01-0751

2001 Minnesota Business Assistance Form

RECEIVED MAY 28 2002

Post Marked 5-24-02

- 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): DTED (Challenge Grant)		2. Name of person completing this form: Bart Davis	
3. Street address: 500 Metro Sq 121 7th Place East		4. City: St. Paul	5. ZIP code: 55101
6. County: Ramsey	7. Phone number: (651) 297-1170	8. Fax number: (651) 296-5287	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")*

- ☐ City government
- ☐ County government
- ☐ Regional government
- ☑ State government
- ☐ Other *(Please specify:)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☑ Yes *(Indicate hearing date -* 9-24-99 *and* ***attach criteria****)*
- ☐ We held a public hearing but have not yet adopted criteria *(Indicate date of initial hearing - _____)*
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or 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: Prestige Plating & Coating

15. Address where business subsidy or financial assistance will be used: 100 Washington St Brainerd MN 56401

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 _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address | Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 General Information About the Agreement

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

100,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

11/21/01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

5/1/02

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

❑ not applicable, agreement provided financial assistance

☒ loan (only principal) $100,000 ext 11, 8/23/02
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
❑ TIF or other tax reduction or deferral $_____
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

❑ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

❑ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☒ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*

❑ No

Grantor(s) and value of the agreement(s):

Minnesota Power 100,000
Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ❑ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ❑ Job retention
- ❑ Stabilizing the community
- ❑ Increasing tax base (cannot be only purpose)
- ❑ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment dates) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ❑ No	11/22/03	❑ Yes ☒ No
B) Other job-creation and/or retention goals	❑ Yes ❑ No	_____	❑ Yes ❑ No
C) Other wage goals	❑ Yes ❑ No	_____	❑ Yes ❑ No
D) Other goals other than wage and job goals	❑ Yes ❑ No	_____	❑ Yes ❑ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	2				$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	1				$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)*

❑ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No Q.7.H. 8/23/02

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.)* Q.7.H. 8/23/02 ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2001*, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0757

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 4 2002

Post Marked 4-2-02

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) DTED (Challenge Grant)		2. Name of person completing this form Bart Brewis	
3. Street address 500 Metro Sq. 121 7th Place East		4. City St. Paul	5. ZIP code 55101
6. County Ramsey	7. Phone number (651) 297-1170	8. Fax number (651) 296-5287	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.")*

- ☐ City government
- ☐ County government
- ☐ Regional government
- ☑ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☑ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☑ Yes, prior to 2002

If Yes:
Hearing Date: 9-24-99 *Year Criteria Submitted:* _____

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☑ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Mattracks, Inc.	15. Address where business subsidy or financial assistance will be used: 202 Cleveland Ave. Karlstad MN 56732 (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 _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)* _____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$150,000.00

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

3-16-01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

3-16-01

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

❑ not applicable, agreement provided financial assistance

☒ loan (only principal) $ 150,000 (e.t.a. 8/23/02)
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
❑ TIF or other tax reduction or deferral $_____
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☒ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
❑ No

Grantor(s) and value of the agreement(s):

Grantor	Value ($)
Wells Fargo Bank	150,000.00
Ottertail Loan Pool	50,000.00

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ❑ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☒ Job retention
- ❑ Stabilizing the community
- ❑ Increasing tax base (cannot be only purpose)
- ❑ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ❑ No	3/2003	☒ Yes ❑ No
B) Other job-creation and/or retention goals	❑ Yes ❑ No		❑ Yes ❑ No
C) Other wage goals	❑ Yes ❑ No		❑ Yes ❑ No
D) Other goals other than wage and job goals	❑ Yes ❑ No		❑ Yes ❑ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99	8				$ 1.05 ea.
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	8				$ 1.12 ea
$11.00 to $12.99	1			1	$ 1.12 ea
$13.00 to $14.99	1				$ 1.12 ea
$15.00 and higher	4				$ 1.12 ea

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ❑ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39 Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38 Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0114

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 19 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from *January 1, 2001 through December 31, 2001* per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period *January 1, 2001 through December 31, 2001:* 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity): MN Dept. of Agriculture		2. Name of person completing this form: Wayne W. Marzolf	
3. Street address: 90 W. Plato Blvd.		4. City: St. Paul	5. ZIP code: 55107
6. County: Ramsey	7. Phone number: 651-296-1748	8. Fax number: 651-296-9388	9. E-mail address

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.
Gail Ryan, Ass't Dept. Counsel 651-296-3378 90 W. Plato Blvd
Name/Title | Phone number | Street address | City | ZIP code

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☐ City government
- ☐ County government
- ☐ Regional government
- ☒ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☐ Yes, prior to 2002

If Yes:
Hearing Date: _____ *Year Criteria Submitted:* _____

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Minnesota Agroforestry Cooperative	15. Address where business subsidy or financial assistance will be used: 900 Robert St., Alexandria MN 56308 (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

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☒ Other *(please specify)* Forestry

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address | Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*
$107,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*
Sept. 18, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☐ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal)	$_____
☐ grant (i.e., forgivable loan)	$109,000
☐ tax abatement	$_____
☐ TIF or other tax reduction or deferral	$_____
☐ guarantee of payment	$_____
☐ contribution of property or infrastructure	$_____
☐ preferential use of governmental facilities	$_____
☐ land contribution	$_____
☐ other *(Specify subsidy type.)* _____	$_____

Appropriation requires $1 to $1 match

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants	$_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost	$_____
☐ assistance for pollution control or abatement	$_____
☐ assistance for a TIF soils condition district	$_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☒ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☐ No

Grantor(s) and value of the agreement(s):

Grantor	Value ($)
WestMin RC+D Council	$63,800
USDA - RBEG	50,000

Rural Business Enterprise Grant

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☒ Other *(please specify)* To develop & strengthen Coop's ability to provide agro-forestry services to MN landowners

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☒ No		☐ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☒ Yes ☐ No	10-1-03	☐ 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	X	X	X	$ X
less than $7.00	—	—	—	—	$ —
$7.00 to $8.99	—	—	—	—	$ —
$9.00 to $10.99	—	—	—	—	$ —
$11.00 to $12.99	—	—	—	—	$ —
$13.00 to $14.99	—	—	—	—	$ —
14 $15.00 and higher	1	—	—	—	$ —

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	—	X	X	X	$ X
$7.00 to $8.99	—	—	—	—	$ —
$9.00 to $10.99	—	—	—	—	$ —
$11.00 to $12.99	—	—	—	—	$ —
$13.00 to $14.99	—	—	—	—	$ —
14 $15.00 and higher	1	—	—	—	$ —

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* To date ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0248

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 2 9 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) Agency Minneapolis Community Development		2. Name of person completing this form Kent Robbins	
3. Street address 105 Fifth Avenue South		4. City Minneapolis	5. ZIP code 55401-2534
6. County Hennepin	7. Phone number 612-673-5187	8. Fax number 612-673-5111	9. E-mail address kent.robbins@mcda.org

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. 55401-2534

Name/Title	Phone number	Street address	City	ZIP code
Terrell Towers, Director,	612-673-5134	105 Fifth Avenue S,	Minneapolis,	MN

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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 ***(attach criteria)***
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes: January 22, 2001
Hearing Date: _____ *Year Criteria Submitted:* 2001

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Hillcrest Development	15. Address where business subsidy or financial assistance will be used 900 Sixth Ave SE, Mpls, MN 55414 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.)*
- [x] No

Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
❑ No *(Go to Question 19.)*

Mpls, Ford Centre 420 N Fifth St, Suite 1100, Mpls, MN 55401
City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ☒ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$1.5 Mill

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

December 17, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* April 1, 2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**.

❑ not applicable, agreement provided financial assistance

❑ loan (only principal) $_____
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
☒ TIF or other tax reduction or deferral $1.5 mil
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

❑ not applicable, assistance was not in the form of TIF

☒ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

❑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ❑ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☒ Job retention
- ☒ Stabilizing the community
- ❑ Increasing tax base (cannot be only purpose)
- ❑ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ❑ No	4/1/04	❑ Yes ☒ No
B) Other job-creation and/or retention goals	☒ Yes ❑ No	4/1/06	❑ Yes ☒ No
C) Other wage goals	❑ Yes ❑ No		❑ Yes ❑ No
D) Other goals other than wage and job goals	❑ Yes ❑ No		❑ Yes ❑ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	30				$
$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.)* Not Applicable

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ❑ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

RECEIVED APR ? 2002 01-0366

2002 Minnesota Business Assistance Form

Pd. Marked 4-1-02

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from *January 1, 2001 through December 31, 2001* per Minn. Stat. 116J.993 to 116J.995Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period *January 1, 2001 through December 31, 2001:* 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651)296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) Meeker County		2. Name of persons completing this form Joe Egge	
3. Street and Address 325 North Sibley Avenue		4. City Litchfield	5. ZIP Code 55355
6. County Meeker	7. Phone Number (320)693-5272	8. Fax Number (320)693-5287	9. E-mail Address joeegge@co.meeker.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".*)

- ☐ City government
- ☒ County government
- ☐ Regional government
- ☐ State government
- ☐ Other (*Please specify*)

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. 116J.994? (*Mark one.*)

- ☐ Yes, in 2002 (*attach criteria*)
- ☐ Yes, in 2002 but we have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing date: 8/17/99 *Year Criteria submitted:* 2000

- ☐ No
- ☐ Other (*Please attach explanation.*)

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. 116J.993 and 116J.994? (*Mark one.*)

☒ 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 North Star Processing, LLC	15. Address where business subsidy or financial assistance will be used. 725 Aspen Drive — Litchfield — 55355 Street Address — City — Zip Code

16. Does the recipient have a parent corporation? (*Mark one.*)

- ☐ Yes (*Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.*)
- ☒ No

Name of parent corporation | Street Address | City | State | ZIP Code

17. Industry of recipient's facility (*Mark one.*)

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other (*please specify*)

18. Did the recipient relocate as a result of signing this agreement? (*Mark one.*)

☐ Yes (*Indicate city and state of previous address and reason recipient did not complete this project at that address.*)
☒ No (*Go to Question 19.*)

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (*Mark one.*) N/A Startup business.

☐ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance. (*Please separate by type in Questions 24 and 25.*)

$150,000.00

21. Date agreement signed (*In addition to the agreement date, indicate any dates the agreement was amended.*)

August 24, 2001

22. Benefit date (*Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.*)

August 24, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (*Mark one.*)

☐ Business Subsidy ☐ Financial Assistance

24. If the agreement provided a business subsidy, please indicate the type(s).

☐ not applicable, agreement provided financial assistance
☒ loan $ 150,000.00
☐ grant (i.e. forgivable loan)
☐ tax abatement
☐ TIF or other tax reduction or deferral
☐ guarantee of payment
☐ contribution of property or infrastructure
☐ preferential use of government facilities
☐ land contribution
☐ other (*Specify subsidy type*)

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy
☐ assistance for property polluted by contaminants
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost.
☐ assistance for pollution control or abatement
☐ assistance for a TIF soils condition district

26. If the assistance included tax increment financing, please indicate the type of TIF district. (*Mark one*)

☒ not applicable, assistance was not in the form of TIF
☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project?(*Mark one.*)

☒ Yes (*Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.*)
☐ No

Grantor(s) and value of the agreement(s):

Grantor	Value ($)
Litchfield Industries, Inc.	$150,000
Southwest Minnesota Foundation	$200,000

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. 116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* Job creation & benefit to LMI persons
- ☐ Other *(please specify)*
- ☐ Other *(please specify)*

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All Goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☐ No	August 2003	☐ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than 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.)*

See Attached.

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time Seasonal/Temp. Job Creation	FTE (Only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	18				$
$13.00 to $14.99					$
$15.00 and higher	16				$

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.)*

See below - Question 32.

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time Seasonal/Temp. Job Creation	FTE (Only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	12				$ 1.92*
$13.00 to $14.99					$
$15.00 and higher	8				$ 1.92*

*6 FTE's with insurance to date.

32. Has the recipient achieved all goals (see Questions 29, 30, and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)*

☐ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed in on another 2000 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. 116J.993 and 116J.994? *(Mark One.)*

❑ Yes *(Indicate the name of each recipient to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance (*See Questions 24 and 25.*)	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35 - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply).*

❑ recipient ceased operation
❑ recipient was unable to full vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)*

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul MN 55101-2146

Or fax to: (651)215-3841

01-0091

FISCAL NOTES

MINNESOTA Trade & Economic Development

2002 Minnesota Business Assistance Form

'02 MAR 13 A9:34

RECEIVED MAR 13 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period *January 1, 2001 through December 31, 2001:* 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Maplewood		2. Name of person completing this form Melinda Coleman	
3. Street address 1830 East County Road B		4. City Maplewood	5. ZIP code 55109
6. County Ramsey	7. Phone number 651-770-4526	8. Fax number 651-779-3570	9. E-mail address melinda.coleman@ci.maplewood.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify:)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes: *Hearing Date:* 8/27/01 *Year Criteria Submitted:* 01

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Schroeder Milk Company, Inc.	15. Address where business subsidy or financial assistance will be used 2080 Rice St., Maplewood, MN 55113 (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 _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

500,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

Aug. 27, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

Aug. 1, 2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☐ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $500,000
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ *Stabilizing the community*
- ☐ Increasing tax base (cannot be only purpose)
- ☒ Other *(please specify)* construction of manufacturing facilities

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	Aug. 2004	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	30				$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No E.T.H. 9/4/02 per phone

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

E.T.H. 9/4/02 per phone

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0340

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity): Luverne Economic Development Authority		2. Name of person completing this form: Tony R. Chladek	
3. Street address: 203 E. Main PO Box 659		4. City: Luverne	5. ZIP code: 56156
6. County: Rock	7. Phone number: 507 449 5033	8. Fax number: 507 449 5034	9. E-mail address: edadir@cityofluverne.org

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Matthew Hylen/City Admin | 507.949.2388 | 203 E. Main PO Box 659 | Luverne | MN 56156

Name/Title | Phone number | Street address | City | ZIP code

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☑ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☑ Yes, prior to 2002

If Yes:
Hearing Date: 9.14.99 *Year Criteria Submitted:* See 2001 MBAF

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☑ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Netbriefings Inc	15. Address where business subsidy or financial assistance will be used: Street address / Luverne (City) / MN (State) / 56156 (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.)*

Netbriefings Inc | 421 N. Wabasha St. | St. Paul | MN | 55102

Name of parent corporation | Street address | City | State | ZIP code

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☑ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☑ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☑ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$250,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

November 8th, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* November 8th, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☑ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☑ loan (only principal) $ 250,000
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☐ No

Grantor(s) and value of the agreement(s):

Grantor	Value ($)
SWMF	200,000
Associated Bank	150,000

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☑ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☑ Yes ☐ No	Nov 5, 2001	☑ Yes ☐ No
B) Other job-creation and/or retention goals	☑ Yes ☐ No	Nov, 2002	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

wage and job goals have been established for each of the first five years.

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	1	___	___	___	$___
$15.00 and higher	1	___	___	___	$___

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	1	___	___	___	$___
$15.00 and higher	1	___	___	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☑ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☑ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☑ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0208

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 2 0 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) LINO LAKES EDA		2. Name of person completing this form Mary Alice Divine	
3. Street address 600 Town Center Pkwy		4. City Lino Lakes	5. ZIP code 55014
6. County Anoka	7. Phone number 651/982-2423	8. Fax number 651/982-2499	9. E-mail address mdivine@ci.lino-lakes.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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes:
Hearing Date: 11/8/99 *Year Criteria Submitted:* 2001

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Hazeldelman LLC	15. Address where business subsidy or financial assistance will be used: 7301 Apollo Crest, Lino Lakes, MN 55014 (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.)*
- [x] No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Rosemount, MN — Not a suitable location
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$217,059.00

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

3/29/01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

8/10/2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $217,059
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. *Minn. Stat. §116J.994* requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☒ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	8/2003	☒ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	8				$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99	4				$
$15.00 and higher	23				$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED .)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0183

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 2 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) Koochiching Economic Development Authority		2. Name of person completing this form Richard E Swatek	
3. Street address 405 3rd Street		4. City Int'l Falls	5. ZIP code 56649
6. County Koochiching	7. Phone number 2182838585	8. Fax number 2182834688	9. E-mail address keda@northwinds.net

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☒ City government
- ☒ County government
- ☐ Regional government
- ☐ State government
- ☒ Other *(Please specify.)* Joint Powers

12. 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, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes: *Hearing Date:* 7/13 *Year Criteria Submitted:* 01

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Koochwave Communications	15. Address where business subsidy or financial assistance will be used: 1229 3rd St Int'l Falls MN 56649 (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 _____

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☒ Other *(please specify)* Telecommunications

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)*** $40,000.00

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

August 29, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

- ☐ loan (only principal) $_____
- ☒ grant (i.e., forgivable loan) $40,000
- ☐ tax abatement $_____
- ☐ TIF or other tax reduction or deferral $_____
- ☐ guarantee of payment $_____
- ☐ contribution of property or infrastructure $_____
- ☐ preferential use of governmental facilities $_____
- ☐ land contribution $_____
- ☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

- ☐ assistance for property polluted by contaminants $_____
- ☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
- ☐ assistance for pollution control or abatement $_____
- ☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

- ☐ redevelopment
- ☐ renewal and renovation
- ☐ soils condition
- ☐ economic development
- ☐ mined underground space
- ☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☒ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☐ No

Grantor(s) and value of the agreement(s):

Grantor	Value ($)
DTED	$105,560

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☐ No	_____	☐ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☒ Yes ☐ No	_____	☒ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) The scope of wirelers project is significant

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.)*

N/A

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	____	____	____	____	$____
less than $7.00	____	____	____	____	$____
$7.00 to $8.99	____	____	____	____	$____
$9.00 to $10.99	____	____	____	____	$____
$11.00 to $12.99	____	____	____	____	$____
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

N/A

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	____	____	____	____	$____
$7.00 to $8.99	____	____	____	____	$____
$9.00 to $10.99	____	____	____	____	$____
$11.00 to $12.99	____	____	____	____	$____
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0185

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 2 7 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) Koochiching Economic Development Authority		2. Name of person completing this form Richard E Swatek	
3. Street address 405 3rd Street		4. City Int'l Falls	5. ZIP code 56649
6. County Koochiching	7. Phone number 2182838585	8. Fax number 2182834688	9. E-mail address keda@northwinds.net

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- [x] City government
- [x] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* Joint Powers

12. 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, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes: *Hearing Date:* 07/13 *Year Criteria Submitted:* 01

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Ground Support

15. Address where business subsidy or financial assistance will be used: 5819 Hwy 11 Int'l Falls MN 56649
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.)*
- [x] No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Colorado — Equipment and customers purchased
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

~~$31,000~~ $42,000 C.Y.H. 4/2/03

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

July 31, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

December, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☐ business subsidy ☒ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☒ loan (only principal) $31,000
☒ grant (i.e., forgivable loan) $11,000
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☒ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☐ No

Grantor(s) and value of the agreement(s):

City of Littlefork $42,000
Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	_____	☒ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No	_____	☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	7.0	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	9.0	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0323

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500, 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Kasson, MN		2. Name of person completing this form Daniel King	
3. Street address 401 5th Street S.E.		4. City Kasson	5. ZIP code 55944
6. County Dodge Co.	7. Phone number 507-634-6328	8. Fax number 507-634-4737	9. E-mail address planning_eda@cityofkasson.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."*)

XX City government

☐ County government

☐ Regional government

☐ State government

☐ Other (*Please specify.*) _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (*Mark one.*)

☐ Yes, in 2002 (***attach criteria***)

☐ Yes, in 2002 but have not yet adopted criteria

XX Yes, prior to 2002

If Yes: *Hearing Date* 3/22/2000 *Year Criteria Submitted:* 2001

☐ No

☐ Other: (*Please attach explanation.*)

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (*Mark one.*)

XX Yes (*Complete the remainder of the form.*) ☐ No (*Stop here, go to section 5 on page 4.*)

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance DANIEL AND MARGARET GADIENT	15. Address where business subsidy or financial assistance will be used 504 S. MANKATO AVE. KASSON, MN 55944 (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.*)

X No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*

❑ Manufacturing ☒ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$ 175,474

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

11/30/01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

5/2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**

❑ not applicable, agreement provided financial assistance

❑ loan (only principal) $_____
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
☒ TIF or other tax reduction or deferral $_____
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

❑ not applicable, assistance was not in the form of TIF

☒ redevelopment
❑ renewal and renovation
❑ soils condition
☒ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

❑ Yes *(Specify each grantor and the value of their assistance below, attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☒ Job retention
- ☒ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	5/2003	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	3				$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	2 (AT LEAST OVER $10.00)				$
$11.00 to $12.99	1				$
$13.00 to $14.99	1				$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0324

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Kasson, MN		2. Name of person completing this form Daniel King	
3. Street address 401 5th Street S.E.		4. City Kasson	5. ZIP code 55944
6. County Dodge Co.	7. Phone number 507-634-6328	8. Fax number 507-634-4737	9. E-mail address planning_eda@cityofkasson.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."*)

- XX City government
- ❑ County government
- ❑ Regional government
- ❑ State government
- ❑ Other (*Please specify.*) _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (*Mark one.*)

- ❑ Yes, in 2002 (***attach criteria***)
- ❑ Yes, in 2002 but have not yet adopted criteria
- XX Yes, prior to 2002

If Yes: *Hearing Date* 3/22/2000 *Year Criteria Submitted:* 2001

- ❑ No
- ❑ Other (*Please attach explanation.*)

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (*Mark one.*)

XX Yes (*Complete the remainder of the form.*) ❑ No (*Stop here, go to section 5 on page 4.*)

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: TRI-STAR MANUFACTURING, INC.

15. Address where business subsidy or financial assistance will be used: 201 8TH AVE SE, KASSON, MN 55944
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.*)
- X No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$ 119,300

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

7/26/2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

3/2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- [X] Enhancing economic diversity
- [X] Creating high-quality job growth
- [X] Job retention
- [X] Stabilizing the community
- [X] Increasing tax base (cannot be only purpose)
- [ ] Other *(please specify)* _____

29. Indicate whether the agreement includes the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment dates) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	[X] Yes [ ] No	3/2003	[ ] Yes [X] No
B) Other job-creation and/or retention goals	[ ] Yes [ ] No		[ ] Yes [ ] No
C) Other wage goals	[ ] Yes [ ] No		[ ] Yes [ ] No
D) Other goals other than wage and job goals	[ ] Yes [ ] No		[ ] Yes [ ] No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals in full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	5				$
$12.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99		.5			$
$15.00 and higher	1				$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* [ ] Yes [X] No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient:	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0325

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Kasson, MN		2. Name of person completing this form Daniel King	
3. Street address 401 5th Street S.E.		4. City Kasson	5. ZIP code 55944
6. County Dodge Co.	7. Phone number 507-634-6328	8. Fax number 507-634-4737	9. E-mail address planning_eda@cityofkasson.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."*)

XX City government

☐ County government

☐ Regional government

☐ State government

☐ Other (*Please specify*) _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (*Mark one.*)

☐ Yes, in 2002 (*attach criteria*)

☐ Yes, in 2002 but have not yet adopted criteria

XX Yes, prior to 2002

If Yes:
Hearing Date: 3/22/2000 *Year Criteria Submitted:* 2001

☐ No

☐ Other (*Please attach explanation.*)

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (*Mark one.*)

XX Yes (*Complete the remainder of the form.*) ☐ No (*Stop here; go to section 5 on page 4.*)

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance MILTON AND NANCY KUBALL	15. Address where business subsidy or financial assistance will be used 11 4th St. S.E. Kasson MN 55944 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.*)

XX No

Name of parent corporation | Street address | City | State | ZIP code

17. Industry of recipient's facility *(Mark one.)*

❑ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
☒ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)* _____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$519,231

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

5/10/2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

2/2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

❑ not applicable, agreement provided financial assistance

❑ loan (only principal) $_____
☒ grant (i.e., forgivable loan) $ 341,231
❑ tax abatement $_____
☒ TIF or other tax reduction or deferral $ 170,000
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

❑ not applicable, assistance was not in the form of TIF

☒ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

❑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- [x] Enhancing economic diversity
- [ ] Creating high-quality job growth
- [x] Job retention
- [x] Stabilizing the community
- [x] Increasing tax base (cannot be only purpose)
- [ ] Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment dates) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	[x] Yes [ ] No	2/2003	[ ] Yes [x] No
B) Other job-creation and/or retention goals	[ ] Yes [x] No		[ ] Yes [ ] No
C) Other wage goals	[ ] Yes [x] No		[ ] Yes [ ] No
D) Other goals other than wage and job goals	[ ] Yes [x] No		[ ] Yes [ ] No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99			3		$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	2	3			$
$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 [x] No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0326

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Kasson, MN		2. Name of person completing this form Daniel King	
3. Street address 401 5th Street S.E.		4. City Kasson	5. ZIP code 55944
6. County Dodge Co.	7. Phone number 507-634-6328	8. Fax number 507-634-4737	9. E-mail address planning_eda@cityofkasson.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 attribution. For example, a city EDA would check "City government."*

- XX City government
- ❑ County government
- ❑ Regional government
- ❑ State government
- ❑ Other *(Please specify.)* ____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ❑ Yes, in 2002 *(attach criteria)*
- ❑ Yes, in 2002 but have not yet adopted criteria
- XX Yes, prior to 2002

If Yes: *Hearing Date* 3/22/2000 *Year Criteria Submitted* 2001

- ❑ No
- ❑ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

XX Yes *(Complete the remainder of the form.)* ❑ No *(Stop here; go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance RKD Properties, LLC	15. Address where business subsidy or financial assistance will be used 111 4th St. S.E. Kasson, MN 55944 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.)*
- X No

Name of parent corporation | Street address | City | State | ZIP code

17. Industry of recipient's facility *(Mark one.)*

❑ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
☒ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to question 19.)*

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$ 378,900

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

July 20, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

June 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

❑ not applicable, agreement provided financial assistance

❑ loan (only principal) $_____
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
☒ TIF or other tax reduction or deferral $_____
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

❑ not applicable, assistance was not in the form of TIF

☒ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

❑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- [x] Enhancing economic diversity
- [ ] Creating high-quality job growth
- [x] Job retention
- [x] Stabilizing the community
- [x] Increasing tax base (cannot be only purpose)
- [ ] Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained these goals at the time of this report. *(Fill in the boxes and attainment dates) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	[x] Yes [ ] No	10-2001	[ ] Yes [x] No
B) Other job-creation and/or retention goals	[ ] Yes [x] No		[ ] Yes [ ] No
C) Other wage goals	[ ] Yes [x] No		[ ] Yes [ ] No
D) Other goals other than wage and job goals	[ ] Yes [x] No		[ ] Yes [ ] No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99			2		$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00		1.28			$
$7.00 to $8.99					$
$9.00 to $10.99	1.41				$
$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 [x] No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient:	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City, ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default: *(Mark all that apply.)*

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recover the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0458

RECEIVED APR 2 2002
Post Marked 4-25-02

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Jasper		2. Name of person completing this form Kris Rodman, Clerk-Treas.	
3. Street address P.O. Box 277		4. City Jasper	5. ZIP code 56144
6. County Pipestone/Rock	7. Phone number 507-348-3701	8. Fax number 507-348-3000	9. E-mail address jasper@svtv.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.")*

☒ City government
☐ County government
☐ Regional government
☐ State government
☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

☐ Yes, in 2002 *(attach criteria)*
☐ Yes, in 2002 but have not yet adopted criteria
☒ Yes, prior to 2002

If Yes:
Hearing Date: 10/12/99 *Year Criteria Submitted:* _____

☐ No
☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Sioux Valley Wireless	15. Address where business subsidy or financial assistance will be used variety of addresses in Jasper MN 56144 (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

Sioux Valley Southwestern Electric Cooperative PO Box 20, Colman, SD 57017
Name of parent corporation / Street address / City / State / ZIP code

17. Industry of recipient's facility *(Mark one.)*.

☐ Manufacturing ☒ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)* relocated equipment in residences and houses in the Jasper area

City/State of previous address | Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$43,125

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

3/12/01 by City of Jasper
6/5/01 by State of Minnesota

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

4/3/01

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☒ not applicable, agreement provided financial assistance
25% of capital expenditures

- ☐ loan (only principal) $_____
- ☒ grant (i.e., forgivable loan) $43,125
- ☐ 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.)* _____ $_____

L.Y.H. 9/9/02 per phone

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

- ☐ assistance for property polluted by contaminants $_____
- ☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
- ☐ assistance for pollution control or abatement $_____
- ☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

- ☐ redevelopment
- ☐ renewal and renovation
- ☐ soils condition
- ☐ economic development
- ☐ mined underground space
- ☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor | Value ($)

Grantor | Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☒ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☒ No	~~12/02~~	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☒ Yes ☒ No		☐ Yes ☒ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☒ Yes ☒ No	3/03	☐ Yes ☒ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

per phone

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0436

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 15 2002
RECEIVED APR 15 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity): CITY OF ISANTI
2. Name of person completing this form: MICHELE HARTMAN, MEDN
3. Street address: P.O. BOX 126
4. City: ISANTI
5. ZIP code: 55040-0126
6. County: ISANTI
7. Phone number: 763-444-5512
8. Fax number: 763-444-5560
9. E-mail address: irene@isanti.net
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.
Name/Title: IRENE BAUER, CLERK-TREASURER Phone number: (same) 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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)*

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 ***(attach criteria)***
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes
Hearing Date: 11-3-99 *Year Criteria Submitted:* 2002 ATTACHED

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: ISANTI COUNTY EQUIPMENT, INC
15. Address where business subsidy or financial assistance will be used: LOT 1, BLOCK 5 ISANTI CENTENNIAL COMPLEX, ISANTI, MN
Street address: (PENDING) 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.)*
- [x] No

Name of parent corporation: Street address: City: State: ZIP code:

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☒ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total dollar value of business subsidy or financial assistance** ***(Please separate value by type in Questions 24 and 25.)*** $86,450

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

AUGUST 24, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* DATE OF CERTIFICATE OF COMPLETION = (PENDING)

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) **and total dollar value for each type**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☒ tax abatement $54,450
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☒ land contribution $30,000
☒ other *(Specify subsidy type.)* CURB & GUTTER $2,500

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☒ Other *(please specify)* PROMOTING ECONOMIC DEVELOPMENT

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	2 yrs	☐ Yes ☒ No
B) Other job creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☒ Yes ☐ No	2 yrs	☐ Yes ☒ No
D) Other goals other than wage and job goals	☒ Yes ☐ No	5 yrs	☐ 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99			6		$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☐ No

N/A

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☐ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2002, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0180

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 2 ? 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) Iron Range Resources & Rehabilitation Agency		2. Name of person completing this form Lori Spielman	
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 218 744-7402	9. E-mail address lori.spielman@irrrb.org

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
Phil Batten	218 744.7400	1006 Highway 53 S	Eveleth	55734

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☐ City government
- ☐ County government
- ☐ Regional government
- ☒ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☐ Yes, prior to 2002

If Yes:
*Hearing Date:*_____ *Year Criteria Submitted:*_____

- ☐ No
- ☒ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance
Scheduled Airlines Travel Offices, Inc.

15. Address where business subsidy or financial assistance will be used

Street address	City	State	ZIP code
720 Miners Drive	Ely	MN	55731

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
Sato Travel Holding Company, Inc.			DE	

2001 Minnesota Business Assistance Form

12. The Commissioner of Iron Range Resources and Rehabilitation is empowered by Minnesota Statutes, Section 298.22 and 298.292 and 298.293 to participate with private sources in providing financing for various economic development projects in the form of loans and or/grants for the purpose of job creation and economic development within the Taconite Tax Relief Area.

    The IRRRB's board meetings are public meetings. The business subsidy for each individual project is established during the public meeting at which the individual projects are being considered.

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☒ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)* N/A

☐ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)*** $600,000 Loan
$400,000 Grant

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

Jan. 5, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* Loan was fully funded as of January 2001. Grant will be funded in increments until January 2005.

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal)	$600,000
☐ grant (i.e., forgivable loan)	$400,000
☐ tax abatement	$_____
☐ TIF or other tax reduction or deferral	$_____
☐ guarantee of payment	$_____
☐ contribution of property or infrastructure	$_____
☐ preferential use of governmental facilities	$_____
☐ land contribution	$_____
☐ other *(Specify subsidy type.)* _____	$_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants	$_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost	$_____
☐ assistance for pollution control or abatement	$_____
☐ assistance for a TIF soils condition district	$_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*
☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	January 2003	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99	128				$ not set
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99	77				$ not set
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED .)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0181

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 2 7 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) Iron Range Resources & Rehabilitation Agency		2. Name of person completing this form Lori Spielman	
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 218.744.7402	9. E-mail address lori.spielman@irrrb.org

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
Phil Bakken	218.744.7400	1006 Hwy 53 S.	Eveleth	55734

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☐ City government
- ☐ County government
- ☐ Regional government
- ☒ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☐ Yes, prior to 2002

If Yes:
*Hearing Date:*_____ *Year Criteria Submitted:*_____

- ☐ No
- ☒ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Delta Dental Plan of Minnesota		15. Address where business subsidy or financial assistance will be used 730 S Broadway, Gilbert, MN	55741
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

2001 Minnesota Business Assistance Form

12. The Commissioner of Iron Range Resources and Rehabilitation is empowered by Minnesota Statutes, Section 298.22 and 298.292 and 298.293 to participate with private sources in providing financing for various economic development projects in the form of loans and or/grants for the purpose of job creation and economic development within the Taconite Tax Relief Area.

    The IRRRB's board meetings are public meetings. The business subsidy for each individual project is established during the public meeting at which the individual projects are being considered.

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☒ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)* N/A

☐ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)*** $560,000.00

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)* May 29, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* $313,000 advanced as of 12/31/01. Balance to be advanced annually until 1 Sept. 2003.

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☒ grant (i.e., forgivable loan) $560,000
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	Sept. 2003	☐ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	80				$ not set
$11.00 to $12.99	54				$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	90				$ not set
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED .)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0182

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 2 , 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) Iron Range Resources & Rehabilitation Agency		2. Name of person completing this form Lori Spielman	
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 218.744.7402	9. E-mail address lori.spielman@irrrb.org

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
Phil Bakken	218.744.7400	1006 Highway 53 S	Eveleth	55734

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☐ City government
- ☐ County government
- ☐ Regional government
- ☒ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☐ Yes, prior to 2002

If Yes:
*Hearing Date:*_____ *Year Criteria Submitted:*_____

- ☐ No
- ☒ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Fast Action Support Team, Inc.	15. Address where business subsidy or financial assistance will be used 201 Jackson St., Eveleth, MN 55734 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

2001 Minnesota Business Assistance Form

12. The Commissioner of Iron Range Resources and Rehabilitation is empowered by Minnesota Statutes, Section 298.22 and 298.292 and 298.293 to participate with private sources in providing financing for various economic development projects in the form of loans and or/grants for the purpose of job creation and economic development within the Taconite Tax Relief Area.

    The IRRRB's board meetings are public meetings. The business subsidy for each individual project is established during the public meeting at which the individual projects are being considered.

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)* N/A

☐ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)*** $400,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)* March 21, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* Loan was fully funded in March 2001.

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☒ loan (only principal) $400,000
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	March 2003	☒ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No	_____	☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	20 (existing base is 12)	___	___	___	$ not set
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	22	___	___	___	$ not set
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	1	___	___	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

TIF-10 DEUTZ BUILDING

01-0470

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) CITY OF HOWARD LAKE		2. Name of person completing this form MICHELE HARTMAN, MEDN	
3. Street address 741 6th St.		4. City HOWARD LAKE	5. ZIP code 55349
6. County WRIGHT	7. Phone number 320-543-3670	8. Fax number 320-543-3306	9. E-mail address

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.
GENE GILBERT, 1-320-543-3670 741 6th St., HOWARD LAKE, MN 55349
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.")*

- [X] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* ____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [X] Yes, prior to 2002

If Yes:
Hearing Date: 4-18-00 *Year Criteria Submitted:* 2002

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[X] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 3 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance MG DEVELOPMENT LLC	15. Address where business subsidy or financial assistance will be used 600 8th AVE N HOWARD LAKE MN 55349 (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.)*
- [X] No

Name of parent corporation Street address City State ZIP code

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☒ Retail Trade ☐ Wholesale Trade ☐ Construction ☒ Other *(please specify)* APARTMENTS

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)* N/A

☐ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)*** ~~TIF-3 $150,000 FOR HOUSING~~ Sample E.F.H 9/10/02
TIF-10 $95,000 BLDG ON BLIGHTED SITE

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)* 6-1-01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* 4-19-02

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) E.F.H 9/10/02 $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral 95,000 ~~245,000~~
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☒ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below, attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn Stat §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☒ Other *(please specify)* ELIMINATING BLIGHT THROUGH REDEVELOPMENT & ASSISTANCE to AFFORABLE HOUSING

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☒ No		~~☐ Yes ☐ No~~
B) Other job creation and/or retention goals	☐ Yes ☒ No		~~☐ Yes ☐ No~~
C) Other wage goals	☐ Yes ☒ No		~~☐ Yes ☐ No~~
D) Other goals other than wage and job goals	☒ Yes ☐ No	4-19-07	☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) OPERATE ON SITE FOR 5 YEARS.

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	☒				$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99		N/A			$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, **to:**

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215 3841

01-0364

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 2 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) Houston County		2. Name of person completing this form Joyce Iverson, County EDA Staff	
3. Street address 304 South Marshall Street		4. City Caledonia, MN	5. ZIP code 55921-1324
6. County Houston County	7. Phone number 507-725-5803	8. Fax number 507-725-2647	9. E-mail address joyceiv@acegroup.cc

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

A.Peter Johnson, Auditor 507-725-5803 304 S.Marshall St, Caledonia,MN 55921

Name/Title Phone number Street address City ZIP code

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☐ City government
- ☒ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☒ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☐ Yes, prior to 2002

If Yes:
Hearing Date 3-26-02 *Year Criteria Submitted* 2002

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance
Black Forest Originals-Grandfather Clocks dba:LaCrosse McCormick Clocks

15. Address where business subsidy or financial assistance will be used
700 E. Main St, Spring Grove, MN 55974

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

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Caledonia, MN — City/State of previous address

More space was needed. Some components remain in LaCrosse, WI and La Crescent, MN. — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☐ Relocated to different Minnesota location ☒ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$142,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

March 15, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

May, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☒ loan (only principal)	$142,000
☐ grant (i.e., forgivable loan)	$_____
☐ tax abatement	$_____
☐ TIF or other tax reduction or deferral	$_____
☐ guarantee of payment	$_____
☐ contribution of property or infrastructure	$_____
☐ preferential use of governmental facilities	$_____
☐ land contribution	$_____
☐ other *(Specify subsidy type.)* _____	$_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants	$_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost	$_____
☐ assistance for pollution control or abatement	$_____
☐ assistance for a TIF soils condition district	$_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☒ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No		☐ Yes ☐ No
B) Other job-creation and/or retention goals	☒ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☒ Yes ☐ No	May 2001	☒ Yes ☐ No

Building Acquisition & Improvement

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal				38	$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	17				$
$11.00 to $12.99	4				$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	6				ave: $1.19
$11.00 to $12.99	4				$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0564

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 21 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) CITY OF HIBBING		2. Name of person completing this form SUZANNE LAITALA-TOSCANO	
3. Street address 401 E 21ST ST		4. City HIBBING	5. ZIP code 55746
6. County ST. LOUIS	7. Phone number 218-262-3486	8. Fax number 218-262-2308	9. E-mail address STOSCANO@CI.HIBBING.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☐ Yes, prior to 2002

If Yes
Hearing Date 9/20/99 *Year Criteria Submitted:* 2001

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance L&M RADIATOR, INC	15. Address where business subsidy or financial assistance will be used 1414 E 37TH ST, HIBBING, MN 55746 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 _____

May 20 2002 2:52PM CITY HIBBING CLERK No. 7699 P. 6/10

17. Industry of recipient's facility *(Mark one.)*.

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$150,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

12/3/01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**.

☐ not applicable, agreement provided financial assistance

☒ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☒ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*

☐ No

Grantor(s) and value of the agreement(s):

SEE ATTACHED EXHIBIT 3

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

May. 20. 2002 2:50PM CITY HIBBING CLERK No. 7695 P. 7/10

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☒ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☐ No		☐ Yes ☐ No
B) Other job-creation and/or retention goals	XX Yes ☐ No	*	☐ Yes ☒ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31 *INTEREST RATE TO BE LOWERED UPON JOB CREATION LEVELS

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	25				$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	3				$ 2.69
$11.00 to $12.99	2				$ 2.69
$13.00 to $14.99	1				$ 2.69
$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

May. 20. 2002 2:52PM CITY HIBBING CLERK No. 7599 P. 8/10

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

XX No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* X No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement.

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

May. 20. 2002 2:54PM CITY HIBBING CLERK No. 7699 P. 9/10

May. 20. 2002 2:34PM CITY HEIGHTS CLERK No. 7699 P. 10/10

Exhibit 3
L&M Radiator, Inc.
Building Renovation Budget
Bank Loan with City and State Loan Programs
Source & Use of Funds Summary

Source & Use of Funds		Bank	MN Invest	HEDA	Equity	Total
Sources of Funds						
Conventional Loan--Bank	1,100,000					-
MN Investment Fund	200,000					
HEDA Revolving Loan Fund	150,000					
Company Equity	55,000					
Total Sources of Funds	**1,505,000**					
Uses of Funds						
Purchase of Building	950,000	950,000				950,000
Improvements--New & Old Building	208,544	92,544	116,000		-	208,544
New Equipment	316,228	57,457	84,000	150,000	24,771	316,228
Moving Costs	12,450				12,450	12,450
Financing Costs	10,000				10,000	10,000
Miscellaneous	7,779				7,779	7,779
Total Estimated Costs	**1,505,000**	1,100,001	200,000	150,000	55,000	1,505,001

RECEIVED MAY 21 2002

01-0148

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 2 5 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity): City of Hastings		2. Name of person completing this form: John Grossman	
3. Street address: 101 E 4th St		4. City: Hastings	5. ZIP code: 55033
6. County: Dakota	7. Phone number: 651-437-4127	8. Fax number: 651-437-7082	9. E-mail address: jgrossman@ci.hastings.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.")*

- ☑ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☑ Yes, prior to 2002

If Yes: *Hearing Date:* 12/20/99 *Year Criteria Submitted:* 2000

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☑ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: HASTINGS GYMNASTICS CENTER	15. Address where business subsidy or financial assistance will be used: 2628 MILLACK HASTINGS MN 55033 (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 _____

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☑ Other *(please specify)* training

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☑ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*
$ 52,706

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*
27 Sept 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*
1 March 2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☑ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☑ contribution of property or infrastructure $ 52,706
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☑ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☑ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*
☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☑ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☑ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☑ Increasing tax base (cannot be only purpose)
- ☑ Other *(please specify)* expansion of local business

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☑ Yes ☐ No	1 MAR 2004	☐ Yes ☑ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☑ Yes ☐ No	1 MAR 2002	☑ 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	2	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☑ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☑ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☑ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

29. D. Other goals. Hastings Gymnastics Center

Construction of 10,000 sq.ft. building with assessors value of $435,000 on the property provided by the City.

01-0149

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 25 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Hastings		2. Name of person completing this form John Grossman	
3. Street address 101 E 4th St		4. City Hastings	5. ZIP code 55033
6. County Dakota	7. Phone number 651-437-4127	8. Fax number 651-437-7082	9. E-mail address jgrossman@ci.hastings.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.")*

- ☑ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☑ Yes, prior to 2002

If Yes: *Hearing Date:* 12/20/99 *Year Criteria Submitted:* 2000

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☑ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: For Pak, Inc.

15. Address where business subsidy or financial assistance will be used: 682 Commerce Dr. Hastings

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 _____

17. Industry of recipient's facility *(Mark one.)*:

☑ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Washington County, Minn. , Wanted City location.
City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☑ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$ 43,559

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

5 October 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property,.. whichever is earlier.)*

5 October 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☑ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☑ contribution of property or infrastructure $43,559
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☑ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☑ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☑ No

Grantor(s) and value of the agreement(s):

Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☑ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☑ Increasing tax base (cannot be only purpose)
- ☑ Other *(please specify)* facilitating local business expansion

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☑ Yes ☐ No	Oct 5, 2003	☑ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☑ Yes ☐ No	Oct 5, 2003	☑ 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	2	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	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

29.D. Other Goals ForPak, Inc.

Construction of 8,000 sq.ft. building with assessors value of $220,000 on the property provided by the City.

01-0745

2 8/23/02

2001 Minnesota Business Assistance Form

Minnesota Trade & Economic Development

RECEIVED MAY 3 1 2002

Post Marked 5-24-02

- 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) ~~MIF~~ / City of Granite Falls (E.T.H. 6/3/02)		2. Name of person completing this form Daniel Enninga	
3. Street address 950 14th St.		4. City Granite Falls	5. ZIP code 56241
6. County Yellow Med.	7. Phone number 320-564-9009	8. Fax number 320-564-9029	9. E-mail address gfpinc@kilkenny.net

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☑ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☑ Yes *(Indicate hearing date - _____ and attach criteria)*
- ☐ No
- ☐ We held a public hearing but have not yet adopted criteria *(Indicate date of initial hearing - _____)*
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or 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: Granite Fluid Power, Machining & Fabrication, Inc.	15. Address where business subsidy or financial assistance will be used: 950 14th St. Granite Falls MN 56241 (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 _____

17. Industry of recipient's facility *(Mark one.)*.

☒ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address | Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ❑ Relocated to different Minnesota location ☑ Relocated outside Minnesota

Section 3 General Information About the Agreement

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)*** $200,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)* 5-31-01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* 5-31-01

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☑ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

❑ not applicable, agreement provided financial assistance

☑ loan (only principal) $ 200,000
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
❑ TIF or other tax reduction or deferral $_____
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

❑ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

❑ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

❑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*

❑ No

Grantor(s) and value of the agreement(s):

Grantor | Value ($)

Grantor | Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)* a.J.H 6/3/02

- ☑ Enhancing economic diversity
- ☑ Creating high-quality job growth
- ☑ Job retention
- ☑ Stabilizing the community
- ☑ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)* a.J.H. 6/3/02

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☑ Yes ☐ No	5-31-03	☐ Yes ☑ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	20				$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	9				$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)*

☐ Yes ☑ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☑ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☑ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2001*, to:

2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0763

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED JUN 3 2002

Post Marked 5-30-02

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Granite Falls		2. Name of person completing this form Dennis Van Hoof	
3. Street address 155 W. Seventh		4. City Granite Falls	5. ZIP code 56241
6. County Yellow Medicine	7. Phone number 320-564-2255	8. Fax number 320-564-3210	9. E-mail address eda@kilowatt.net

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor (*Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."*)

- ■ City government
- ❑ County government
- ❑ Regional government
- ❑ State government
- ❑ Other (*Please specify.*) _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (*Mark one.*)

- ❑ Yes, in 2002 (***attach criteria***)
- ❑ Yes, in 2002 but have not yet adopted criteria
- ■ Yes, prior to 2002

If Yes:
Hearing Date: 12-06 *Year Criteria Submitted:* 1999

- ❑ No
- ❑ Other (*Please attach explanation.*)

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (*Mark one.*)

❑ Yes (*Complete the remainder of the form.*) ❑ No (*Stop here, go to section 5 on page 4.*)

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance
Granite Fluid Power Machining + Fabrication

15. Address where business subsidy or financial assistance will be used
140 Ninth Avenue Granite Falls Mn 56241
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 _____

17. Industry of recipient's facility *(Mark one.)*:

■ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
■ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ❑ Relocated to different Minnesota location ■ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***
$ 300,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*
September 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*
January 2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

■ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**.

❑ not applicable, agreement provided financial assistance

■ loan (only principal) $100,000
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
❑ TIF or other tax reduction or deferral $_____
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
☒ other *(Specify subsidy type.)* _____ $ 200,000
Minnesota Investment Fund
4.7% ELIGIBLE

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

■ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

■ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

■ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
❑ No

Grantor(s) and value of the agreement(s):

Grantor	Value ($)
City of Granite Falls	$100,000
Minnesota Investment Fund	$200,000

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ■ Enhancing economic diversity
- ■ Creating high-quality job growth
- ■ Job retention
- ■ Stabilizing the community
- ❑ Increasing tax base (cannot be only purpose)
- ❑ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	■ Yes ❑ No	July 31 2003	❑ Yes ■ No
B) Other job-creation and/or retention goals	❑ Yes ❑ No		❑ Yes ❑ No
C) Other wage goals	❑ Yes ❑ No		❑ Yes ❑ No
D) Other goals other than wage and job goals	❑ Yes ❑ No		❑ Yes ❑ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	20				$ .60
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99	2				$ .60
$9.00 to $10.99	1				$ .60
$11.00 to $12.99	2				$ .60
$13.00 to $14.99	6				$ .60
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ❑ Yes ■ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

■ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ■ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0764

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED JUN 3 2002

Post Marked 5-30-02

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Granite Falls		2. Name of person completing this form Dennis Van Hoof	
3. Street address 155 W. Seventh		4. City Granite Falls	5. ZIP code 56241
6. County Yellow Medicine	7. Phone number 320-564-2255	8. Fax number 320-564-3210	9. E-mail address eda@Kilowatt.net

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor (*Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."*)

- ■ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other (*Please specify:*) _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (*Mark one.*)

- ☐ Yes, in 2002 (***attach criteria***)
- ☐ Yes, in 2002 but have not yet adopted criteria
- ■ Yes, prior to 2002

If Yes:
Hearing Date: 12-96 *Year Criteria Submitted:* 1999

- ☐ No
- ☐ Other (*Please attach explanation.*)

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (*Mark one.*)

■ Yes (*Complete the remainder of the form.*) ☐ No (*Stop here, go to section 5 on page 4.*)

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Sem Manufacturing Inc	15. Address where business subsidy or financial assistance will be used 1210 Seventh St. Granite Falls Mn 56241 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 _____

17. Industry of recipient's facility *(Mark one.)*

■ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
■ No *(Go to Question 19.)*

City/State of previous address | Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$ 160,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

January 18, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* May 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

■ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**.

❑ not applicable, agreement provided financial assistance

■ loan (only principal) $ 20,000
■ grant (i.e., forgivable loan) $ 40,000
❑ tax abatement $_____
❑ TIF or other tax reduction or deferral $_____
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
■ other *(Specify subsidy type.)* Minnesota Investment Fund $ 100,000

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

■ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

■ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

■ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
❑ No

Grantor(s) and value of the agreement(s):

Grantor	Value ($)
City of Granite Falls	$ 20,000
Minnesota Investment Fund	$ 140,000

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ■ Enhancing economic diversity
- ■ Creating high-quality job growth
- ■ Job retention
- ■ Stabilizing the community
- ❑ Increasing tax base (cannot be only purpose)
- ❑ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	■ Yes ❑ No	5-01-2008	❑ Yes ☒ No
B) Other job-creation and/or retention goals	❑ Yes ❑ No		❑ Yes ❑ No
C) Other wage goals	❑ Yes ❑ No		❑ Yes ❑ No
D) Other goals other than wage and job goals	❑ Yes ❑ No		❑ Yes ❑ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	12			18	$ .60
$11.00 to $12.99	10				$ .60
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	0				$
$11.00 to $12.99	0			4	$ .60
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ❑ Yes ■ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

■ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ■ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0765

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED JUN 3 2002 Post Marked 5-30-02

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Granite Falls		2. Name of person completing this form Dennis Van Hoof	
3. Street address 155 W Seventh		4. City Granite Falls	5. ZIP code 56241
6. County Yellow Medicine	7. Phone number 320-564-2255	8. Fax number 320-564-3210	9. E-mail address edn@kilowatt.net

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ■ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ■ Yes, prior to 2002

If Yes:
Hearing Date: 12-06 *Year Criteria Submitted:* 1999

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

■ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Marr Valves Inc.	15. Address where business subsidy or financial assistance will be used County Road 38 Granite Falls Mn 56241 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

Specialty Manufacturing Corporation — 585B Centerville Rd. St Paul Mn 55127
Name of parent corporation — Street address City State ZIP code

17. Industry of recipient's facility *(Mark one.)*:

■ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)* _____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
■ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ❑ Relocated to different Minnesota location ■ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***
$120,000 (T.I.F.) pay as you go

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*
April 11, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* August 2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

■ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**.

❑ not applicable, agreement provided financial assistance

❑ loan (only principal) $_____
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
■ TIF or other tax reduction or deferral $120,000
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

■ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

❑ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
■ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

■ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
❑ No

Grantor(s) and value of the agreement(s):

Grantor	Value ($)
Housing + Urban Development	$206,800
Small Cities Development Program	$17,750

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ■ Enhancing economic diversity
- ■ Creating high-quality job growth
- ■ Job retention
- ■ Stabilizing the community
- ❑ Increasing tax base (cannot be only purpose)
- ❑ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	■ Yes ❑ No	10/15/2004	❑ Yes ■ No
B) Other job-creation and/or retention goals	■ Yes ❑ No	10/15/2002	❑ Yes ■ No
C) Other wage goals	❑ Yes ❑ No		❑ Yes ❑ No
D) Other goals other than wage and job goals	❑ Yes ❑ No		❑ Yes ❑ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	12			20	$ .60
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	0			20	$ .60
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ❑ Yes ■ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

■ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ■ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0766

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED JUN 3 2002

Post Marked 5-30-02

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Granite Falls		2. Name of person completing this form Dennis Van Hoof	
3. Street address 155 W. Seventh		4. City Granite Falls	5. ZIP code 56241
6. County Yellow Medicine	7. Phone number 1-320-564-2255	8. Fax number 1-320 564-2210	9. E-mail address eda@Kilowatt.net

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ■ City government
- ❑ County government
- ❑ Regional government
- ❑ State government
- ❑ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ❑ Yes, in 2002 ***(attach criteria)***
- ❑ Yes, in 2002 but have not yet adopted criteria
- ■ Yes, prior to 2002

If Yes:
Hearing Date: 12-06 *Year Criteria Submitted:* 1999

- ❑ No
- ❑ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

■ Yes *(Complete the remainder of the form.)* ❑ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Southwest Minnesota Rural Technology Cooperative	15. Address where business subsidy or financial assistance will be used 885 Prentice Granite Falls, Mn 56241 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 _____

17. Industry of recipient's facility *(Mark one.)*:

❑ Manufacturing ■ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
■ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ❑ Relocated to different Minnesota location ■ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$ 80,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

June 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* September 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

■ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**

❑ not applicable, agreement provided financial assistance

❑ loan (only principal) $_____
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
❑ TIF or other tax reduction or deferral $_____
☒ guarantee of payment $ 80,000
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

■ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

■ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

❑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
■ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ■ Enhancing economic diversity
- ■ Creating high-quality job growth
- ❑ Job retention
- ❑ Stabilizing the community
- ❑ Increasing tax base (cannot be only purpose)
- ❑ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	■ Yes ❑ No	June 2004	❑ Yes ■ No
B) Other job-creation and/or retention goals	❑ Yes ❑ No	_____	❑ Yes ❑ No
C) Other wage goals	❑ Yes ❑ No	_____	❑ Yes ❑ No
D) Other goals other than wage and job goals	❑ Yes ❑ No	_____	❑ Yes ❑ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	8				$ .60

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	2				$ .60

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ❑ Yes ■ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

■ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ■ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0025

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED FEB 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Fergus Falls		2. Name of person completing this form Penny Davis	
3. Street address 112 West Washington		4. City Fergus Falls	5. ZIP code 56537
6. County Otter Tail	7. Phone number (218) 739-0126	8. Fax number (218) 739-0149	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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- XX Yes, prior to 2002

If Yes
Hearing Date: 8-2-99 *Year Criteria Submitted:* 2000 and 2001

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

XX Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Excel Plastics, LLC	15. Address where business subsidy or financial assistance will be used: 1021 International Drive Fergus Falls, MN 56537 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

17. Industry of recipient's facility *(Mark one.)*

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)* This was a start-up company, relocation is not applicable.

☐ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$136,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

April 18, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

April 18, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☒ loan (only principal) $95,000
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $41,000
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s).

Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☒ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	4/2003	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals for full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___				$
less than $7.00	2				$ 0
$7.00 to $8.99	1				$2.00
$9.00 to $10.99	5				$2.00
$11.00 to $12.99	1				$2.00
$13.00 to $14.99	___				$
$15.00 and higher	1				$2.50

(President & Vice President) No salary planned first two years and no benefits planned

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	2				$ 0
$7.00 to $8.99					$
$9.00 to $10.99	3	4			$ 2.88 for full-time only
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	2				$ 2.88

President & Vice President-see note above

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No E.T.H. 8/26/02

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

E.T.H. 8/26/02

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0026

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED FEB 1 . 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Fergus Falls		2. Name of person completing this form Penny Davis	
3. Street address 112 West Washington		4. City Fergus Falls	5. ZIP code 56537
6. County Otter Tail	7. Phone number (218) 739-0126	8. Fax number (218) 739-0149	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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* ____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes,
Hearing Date: 8-2-99 *Year Criteria Submitted:* 2000 & 2001

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Art-N-Sign, Inc.	15. Address where business subsidy or financial assistance will be used 1801 W. Fir Fergus Falls, MN 56537 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 ____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)* Awarded subsidy for job retention

☐ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$106,650

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

March 26, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

March 26, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☒ loan (only principal) $ 106,650
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($)
Grantor _____ Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☒ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☒ No	_____	☐ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No	_____	☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) At a public hearing held 3-19-2001 job and wage goals were set at zero

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☐ No N/A

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0551

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 1 2002

Post Mailed 5-17-02

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) ~~City of~~ Faribault EDA		2. Name of person completing this form James Hartshorn	
3. Street address 208 NW 1st Avenue		4. City Faribault	5. ZIP code 55021
6. County Rice	7. Phone number (507) 333-0374	8. Fax number (507) 333-0399	9. E-mail address jhartshorn@ci.faribault.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 12/20 *Year Criteria Submitted:* 2002

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Faribault Woolen Mills Company	15. Address where business subsidy or financial assistance will be used 1500 2nd Avenue NW Faribault, MN 55021 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

North American Heritage Brand, Inc. 1500 2nd Avenue NW Faribault, MN 55021
Name of parent corporation Street address City State ZIP code

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$150,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

8-23-01 E.F.A. 4/2/02

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

❑ not applicable, agreement provided financial assistance

☒ loan (only principal) $150,000
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
❑ TIF or other tax reduction or deferral $_____
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

❑ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

❑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ❑ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ❑ Job retention
- ❑ Stabilizing the community
- ❑ Increasing tax base (cannot be only purpose)
- ❑ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ❑ No	_____	❑ Yes ☒ No
B) Other job-creation and/or retention goals	❑ Yes ☒ No	_____	❑ Yes ❑ No
C) Other wage goals	❑ Yes ☒ No	_____	❑ Yes ❑ No
D) Other goals other than wage and job goals	❑ Yes ☒ No	_____	❑ Yes ❑ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) See attached Resolution 2002-15

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	1				$ 1.12
$11.00 to $12.99	11				$ 1.12
$13.00 to $14.99					$
$15.00 and higher					$

Includes Employer Portion

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	1				$ 1.12
$11.00 to $12.99	11				$ 1.12
$13.00 to $14.99					$
$15.00 and higher					$

Includes Employer Portion

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ❑ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*.

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0059

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Fairmont		2. Name of person completing this form Jim Zarling	
3. Street address 100 Downtown Plaza		4. City Fairmont	5. ZIP code 56031
6. County Martin	7. Phone number 507 238 9461	8. Fax number 507 238 9044	9. E-mail address jzarling@fairmont.org

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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes: *Hearing Date:* 7-10-2000 *Year Criteria Submitted:* 2001

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Marketlink, Inc	15. Address where business subsidy or financial assistance will be used 498 S State Fairmont MN 56031 (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 _____

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☒ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)* Not relocation, business expansion

☐ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)* $80,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)* April 25, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* May 1, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☒ loan (only principal) $80,000
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	April 1, 2007	☒ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99	20				$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99	27				$ .28
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0191

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 27 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

1. Name of grantor (funding entity): City of Eveleth		2. Name of person completing this form: Tiffany Anderson	
3. Street address: 413 Pierce Street		4. City: Eveleth	5. ZIP code: 55734
6. County: St Louis	7. Phone number: 218-744-1396	8. Fax number: 218-744-5644	9. E-mail address: eveleth@eveletthmn.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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes: *Hearing Date:* 8/27/01 *Year Criteria Submitted:* 2001

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] 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: Entronix International	15. Address where business subsidy or financial assistance will be used: 1401 Progress Parkway Eveleth MN 55734 (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.)*
- [x] No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$290,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

October 17, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☒ grant (i.e., forgivable loan) $ 290,000
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☒ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	December 2003	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No	_____	☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health 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.)* total = 117

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	74	___	___	___	$.72
$11.00 to $12.99	2	___	___	___	$.96
$13.00 to $14.99	35	___	___	___	$1.10 / 1.09
$15.00 and higher	3	___	___	___	$1.92 / 1.35

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)* total 48

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	37	___	___	___	$.220
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	10	___	___	___	$2.20
$15.00 and higher	1	___	___	___	$2.20

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No has until 12/31/03

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by , to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0635

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 30 2002

Post Marked 5-28-02

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) East Grand Forks Economic Development Housing Authority

2. Name of person completing this form James S. Richter, Exec. Director

3. Street address 600 DeMers Ave P O Box 439

4. City East Grand Forks

5. ZIP code 56721

6. County Polk

7. Phone number 218-773-2371

8. Fax number 218-773-9331

9. E-mail address jrichter@ci.east-grand-forks.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.")*

XX City government

❑ County government

❑ Regional government

❑ State government

❑ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

❑ Yes, in 2002 ***(attach criteria)***

❑ Yes, in 2002 but have not yet adopted criteria

XX Yes, prior to 2002

If Yes:
Hearing Date: 7-6- *Year Criteria Submitted:* 1999

❑ No

❑ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

XX Yes *(Complete the remainder of the form.)* ❑ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance

Nardane, Inc., d/b/a Touch of Magic

15. Address where business subsidy or financial assistance will be used

415 2nd St NW East Grand Forks,

Street address _____ City _____ State MN ZIP code 56721

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.)*

XX No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. *Industry of recipient's facility (Mark one.)*

☐ Manufacturing ☒ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)* _____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city, and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$ 150,000.00 + EZ credits 57,183

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

10-26-01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

12-31-01

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☒ loan (only principal) $ 150,000
☒ grant (i.e., forgivable loan) $ 57,183
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s)

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- [X] Enhancing economic diversity
- [X] Creating high-quality job growth
- [ ] Job retention
- [ ] Stabilizing the community
- [ ] Increasing tax base (cannot be only purpose)
- [ ] Other *(please specify)* _____

29. Indicate whether the agreement includes the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment dates) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	[ ] Yes [ ] No		[ ] Yes [ ] No
B) Other job-creation and/or retention goals	[X] Yes [ ] No	Feb 2002	[X] Yes [ ] No
C) Other wage goals	[ ] Yes [ ] No		[ ] Yes [ ] No
D) Other goals other than wage and job goals	[ ] Yes [ ] No		[ ] Yes [ ] No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage level goal					$
less than $7.00					$
$7.00 to $8.99	12				$
$9.00 to $10.99	4				$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	1				$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99	12				$
$9.00 to $10.99	4				$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	1				$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* [X] Yes [ ] No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

E.T.H. 9/13/02

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

Nelson "A Touch of Magic"

SECTION TWO: ACTIVITY BENEFICIARIES

1. Job Recipients	Male Gender	Female Gender	White, Not Hispanic Origin	Black, Not Hispanic Origin	American Indian or Alaskan Native	Hispanic	Asian or Pacific Islander	Female Headed Household	Handicapped
	A	B	C	D	E	F	G	H	I
	3	14	17						

SECTION THREE: JOB CREATION AND BENEFIT TO LMI PERSONS

1. Job Title	2. LMI Determination			3. Annual Hours Per Job	4. Actual Hiring Date	5. Benefits (yes or no)					6. Hourly Value of Benefits	7. Hourly Wage	8. Total Hourly Compensation (6 plus 7)
	Non-LMI	Taken by	Available to*			Dental Insurance	Life Insurance	Health Insurance	Retirement	Other			
owner				2,080	1/1/02							15.00	15.00
Kitchen Staff (4)				2,560	1/1/02							10.00	10.00
Servers (12)				4,800	1/1/02							8.00	8.00

9. Employment Data

Base Employment: _____

	A. Non LMI	B. LMI	C. Total
Jobs Projected to be Created:			
Jobs Created to Date:			

Total Business Employment: _____

10. Certification:

I* X _____, certify that the employment information is true and accurate

** Company representative must sign.*

01-0636

Trade & Economic Development

2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

RECEIVED MAY

Post Marked 52802

Section 1 Grantor Information

1. Name of grantor (funding entity) East Grand Forks Economic Development Housing Authority		2. Name of person completing this form James S. Richter, Exec. Director	
3. Street address 600 DeMers Ave P O Box 439		4. City East Grand Forks	5. ZIP code 56721
6. County Polk	7. Phone number 218-773-2371	8. Fax number 218-773-9331	9. E-mail address jrichter@ci.east-grand-forks.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.")*

XX City government

❑ County government

❑ Regional government

❑ State government

❑ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

❑ Yes, in 2002 ***(attach criteria)***

❑ Yes, in 2002 but have not yet adopted criteria

XX Yes, prior to 2002

If Yes:
Hearing Date: 7-6- *Year Criteria Submitted:* 1999

❑ No

❑ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

XX Yes *(Complete the remainder of the form.)* ❑ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance WayCool 3D.com	15. Address where business subsidy or financial assistance will be used 306 DeMers Avenue, East Grand Forks, Street address City State MN ZIP code 56721

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.)*

XX No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility (Mark one)

❑ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ☒ Wholesale Trade ❑ Construction ❑ Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

☒ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
❑ No (Go to Question 19.)

Los Angeles California — N

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

❑ Remained at previous location ❑ Relocated to different Minnesota location ☒ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance (*Please separate value by type in Questions 24 and 25.*)

$150,000.00

21. Date agreement signed (*In addition to the agreement date, indicate any dates the agreement was amended.*)

8-10-01

22. Benefit date (*Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.*)

September 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (*Mark one.*)

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

❑ not applicable, agreement provided financial assistance

☒ loan (only principal)	$150,000
❑ grant (i.e., forgivable loan)	$_____
❑ tax abatement	$_____
❑ TIF or other tax reduction or deferral	$_____
❑ guarantee of payment	$_____
❑ contribution of property or infrastructure	$_____
❑ preferential use of governmental facilities	$_____
❑ land contribution	$_____
❑ other (*Specify subsidy type.*) _____	$_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants	$_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost	$_____
❑ assistance for pollution control or abatement	$_____
❑ assistance for a TIF soils condition district	$_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? (*Mark one.*)

☒ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? (*Mark one.*)

❑ Yes (*Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.*)
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (sole only purpose)
- ☒ Other (please specify) New Business Development

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the dates and attainment dates for each goal.)*

	Goals established?	Target attainment date (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☐ No		☐ Yes ☐ No
B) Other job-creation and/or retention goals	☒ Yes ☐ No	Jan 2002	☒ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time, Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00		1			$
$7.00 to $8.99					$
$9.00 to $10.99	1				$
$11.00 to $12.99		2			$
$13.00 to $14.99	2				$
$15.00 and higher	3				$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00		1			$
$7.00 to $8.99					$
$9.00 to $10.99	1				$
$11.00 to $12.99		2			$
$13.00 to $14.99	2				$
$15.00 and higher	3				$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 or § 116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

E.T.H. 6/19/02

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default: *(Mark all that apply.)*

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

Original

SECTION TWO: ACTIVITY BENEFICIARIES

1. Job Recipients	Male Gender	Female Gender	White, Not Hispanic Origin	Black, Not Hispanic Origin	American Indian or Alaskan Native	Hispanic	Asian or Pacific Islander	Female Headed Household	Handicapped
	A	B	C	D	E	F	G	H	I
9	8	1	9	0	0	0	0	1	0

SECTION THREE: JOB CREATION AND BENEFIT TO LMI PERSONS

1. Job Title	2. LMI Determination: Non-LMI	Taken by	Available to*	3. Annual Hours Per Job	4. Actual Hiring Date	5. Benefits (yes or no): Dental Insurance	Life Insurance	Health Insurance	Retirement	Other	6. Hourly Value of Benefits	7. Hourly Wage	8. Total Hourly Compensation (6 plus 7)
General Manager				2080	8/10/01	N	N	N	N	N	—	21.46	21.46
Office Manager				2080	8/10/01	N	N	N	N	N	—	13.85	13.85
Sales Manager				2080	12/14/01	N	N	N	N	N	—	14.42	14.42
Manufacturing Supervisor				2080	10/15/01	N	N	N	N	N	—	15.00	15.00
Sales Rep				2080	8/29/01	N	N	N	N	N	—	10.00	10.00
Manufacturing Asst.				850	2/26/02	N	N	N	N	N	—	11.50	11.50
~~Director of Video Production~~													
~~Sales Rep~~													
Sales Rep P/T				850	1/9/02	N	N	N	N	N	—	5.15	5.15
Manufacturing Asst.				600	3/4/02	N	N	N	N	N	—	11.50	11.50
Engineer				2080	11/7/01	N	N	N	N	N	—	15.00	15.00

9. Employment Data

Base Employment: _____

	A. Non LMI	B. LMI	C. Total
Jobs Projected to be Created:			6
Jobs Created to Date:			9

Total Business Employment: _____

10. Certification:

I* [signature], certify that the employment information is true and accurate.

* *Company representative must sign.*

01-0637

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 30 2002

Post Marked 5-28-02

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) East Grand Forks Economic Development Housing Authority

2. Name of person completing this form James S. Richter, Exec. Director

3. Street address 600 DeMers Ave P O Box 439

4. City East Grand Forks

5. ZIP code 56721

6. County Polk

7. Phone number 218-773-2371

8. Fax number 218-773-9331

9. E-mail address jrichter@ci.east-grand-forks.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.")*

XX City government

☐ County government

☐ Regional government

☐ State government

☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

☐ Yes, in 2002 *(attach criteria)*

☐ Yes, in 2002 but have not yet adopted criteria

XX Yes, prior to 2002

If Yes:
Hearing Date: 7-6- *Year Criteria Submitted:* 1999

☐ No

☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

XX Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance

Northern Valley Machine

15. Address where business subsidy or financial assistance will be used

1510 Gateway Drive NE East Grand Forks

Street address City State MN ZIP code 56721

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.)*

XX No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*

☒ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)* _____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$56,000.00 + Ex Credit 27,900

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

4-16-01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

❑ not applicable, agreement provided financial assistance

☒ loan (only principal) $56,000
☒ grant (i.e., forgivable loan) 23,900 $~~27,900~~
❑ tax abatement $_____
❑ TIF or other tax reduction or deferral $_____
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

❑ Yes *(Specify each grantor and the value of their assistance below, attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s)

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. § 116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Encouraging economic diversity
- ☒ Creating high quality job growth
- ☒ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment dates for each goal.)*

	Goals established?	Target attainment date (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☐ No		☐ Yes ☐ No
B) Other job-creation and/or retention goals	☒ Yes ☐ No	July 2001	☒ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00		2			$
$7.00 to $8.99					$
$9.00 to $10.99	2	3			$
$11.00 to $12.99	3	3			$
$13.00 to $14.99	5	1			$
$15.00 and higher	3				$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00		2			$
$7.00 to $8.99					$
$9.00 to $10.99	2	2			$
$11.00 to $12.99	3	3			$
$13.00 to $14.99	5	1			$
$15.00 and higher	3				$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all other assurances stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

E.T.H. 8/19/02

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

Mention - Jolly, Rickie - Chuck Sholski

SECTION TWO: ACTIVITY BENEFICIARIES

1. Job Recipients	Male Gender	Female Gender	White, Not Hispanic Origin	Black, Not Hispanic Origin	American Indian or Alaskan Native	Hispanic	Asian or Pacific Islander	Female Headed Household	Handicapped
	A	B	C	D	E	F	G	H	I
	23	1			?	?	0	.	0

SECTION THREE: JOB CREATION AND BENEFIT TO LMI PERSONS

1. Job Title	2. LMI Determination: Non-LMI	Taken by	Available to*	3. Annual Hours Per Job	4. Actual Hiring Date	5. Benefits (yes or no): Dental Insurance	Life Insurance	Health Insurance	Retirement	Other STDIS	6. Hourly Value of Benefits	7. Hourly Wage	8. Total Hourly Compensation (6 plus 7)
machinist				520	8-31-00	no	no	no	no	no		11.00	
machinist				520	7-30-01	no	no	no	no	no		16.00	
cleaner				260	1-2-02	no	no	no	no	no		6.50	
Machine Operator				1040	11-12-01	no	no	no	no	no		10.00	
Machinist				2080	1-10-02	yes	yes	yes	no	yes		12.00	
machinist				2600	9-10-01	yes	yes	yes	no	yes		13.50	
tool designer				2600	5-11-00	yes	yes	yes		yes		19.25	
machinist				2080	7-9-01	yes	yes	yes		yes		10.50	
machinist				2600	1-2-96	yes	yes	yes		yes		14.00	
~~Codesigner~~ machinist				2600	12-19-01	yes	yes	yes		yes		11.00	
machinist			2600		5-26-97	yes	yes	yes		yes		17.25	
cleaner				600	3-1-02	no	no	no	no	no		6.50	

9. Employment Data

Base Employment: _____

	A. Non LMI	B. LMI	C. Total
Jobs Projected to be Created:			
Jobs Created to Date:			

Total Business Employment: _____

10. Certification:

I, X Muzlsn, certify that the employment information is true and accurate.

* *Company representative must sign.*

Northern Valley Machine - Frank Dhalski

SECTION TWO: ACTIVITY BENEFICIARIES

1 Job Recipients	Male Gender	Female Gender	White, Not Hispanic Origin	Black, Not Hispanic Origin	American Indian or Alaskan Native	Hispanic	Asian or Pacific Islander	Female Headed Household	Handicapped
	A	B	C	D	E	F	G	H	I

SECTION THREE: JOB CREATION AND BENEFIT TO LMI PERSONS

1 Job Title	2. LMI Determination			3. Annual Hours Per Job	4. Actual Hiring Date	5 Benefits (yes or no)					6 Hourly Value of Benefits	7. Hourly Wage	8. Total Hourly Compensation (6 plus 7)
	Non-LMI	Taken by	Available to*			Dental Insurance	Life Insurance	Health Insurance	Retirement	Other S.T.D.'s			
machine operator													
machinist				2600	8-1-97	yes	yes	yes		yes		12.75	
machinist				2100	6-17-96	yes	yes	yes		yes		11.50	
machinist				2600	9-1-96	yes	yes	yes		yes		14.00	
machine operator				1040	11-1-01	no	no	no	no	no		9.50	
Engineer				1040	12-27-01	no	no	no	no	no		12.—	
Office mgr/Shipping Receiving				2340	5-17-00	yes	yes	yes		yes		13.50	
machinist				2600	3-19-01	yes	yes	yes		yes		14.50	
Owner													
owner													
Maintenance				1300	3-23-96	no	no	no		no		11.—	
machine operator				2600	7/16-01	yes	yes	yes		yes		9.50	
machine operator				1000	7/24/00	no	no	no	no	no		9.00	

9. **Employment Data**

Base Employment: _____

	A. Non LMI	B. LMI	C. Total
Jobs Projected to be Created:			
Jobs Created to Date:			

Total Business Employment: _____

10. Certification:

I, X Murdi, certify that the employment information is true and accurate.

* *Company representative must sign*

01-0639

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 30 2002

Post Marked 5-28-02

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) East Grand Forks Economic Development Housing Authority		2. Name of person completing this form James S. Richter, Exec. Director	
3. Street address 600 DeMers Ave P O Box 439		4. City East Grand Forks	5. ZIP code 56721
6. County Polk	7. Phone number 218-773-2371	8. Fax number 218-773-9331	9. E-mail address jrichter@ci.east-grand-forks.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.")*

XX City government

❑ County government

❑ Regional government

❑ State government

❑ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

❑ Yes, in 2002 ***(attach criteria)***
❑ Yes, in 2002 but have not yet adopted criteria
XX Yes, prior to 2002

If Yes:
Hearing Date: 7-6- *Year Criteria Submitted:* 1999

❑ No
❑ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

XX Yes *(Complete the remainder of the form.)* ❑ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Eagle's Erie #350	15. Address where business subsidy or financial assistance will be used 227 10th St NW; East Grand Forks Street address City State MN ZIP code 56721

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.)*
XX No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*

☐ Manufacturing ☒ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)* _____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)* $270,000 8.14.9/13/02
150,000.00 + 120,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*
10-11-2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*
10-11-2001 8.1.14. 9/13/02

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☒ loan (only principal)	$150,000
☒ grant (i.e., forgivable loan)	$120,000
☐ tax abatement	$_____
☐ TIF or other tax reduction or deferral	$_____
☐ guarantee of payment	$_____
☐ contribution of property or infrastructure	$_____
☐ preferential use of governmental facilities	$_____
☐ land contribution	$_____
☐ other *(Specify subsidy type.)* _____	$_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants	$_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost	$_____
☐ assistance for pollution control or abatement	$_____
☐ assistance for a TIF soils condition district	$_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☒ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☒ Other *(please specify)* Flood Relocation Buyout

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment dates for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☒ No		☐ Yes ☐ No
B) Other job-creation and/or retention goals	☒ Yes ☒ No	10-2003	☒ Yes ☐ No } E.T.H. 9/13/02
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00	1	17	17	1	$ 0
$7.00 to $8.99	2	10	10	2	$ 0
$9.00 to $10.99			1	1	$ 0
$11.00 to $12.99		10	1		$ 0
$13.00 to $14.99	1				$ 0
$15.00 and higher					$

E.T.H. 9/13/02

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00			17	1	$
$7.00 to $8.99			10	2	$
$9.00 to $10.99			1	1	$
$11.00 to $12.99			1		$
$13.00 to $14.99					$
$15.00 and higher					$

E.T.H. 9/13/02

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☒ No E.T.H. 9/13/02

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient:	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)* 2.7.H.8/19/02

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

Bagley Grill 352

Progress Report: Economic Development Program — State of Minnesota, "Federal Funds"

SECTION TWO: ACTIVITY BENEFICIARIES

1 Job Recipients	Male Gender	Female Gender	White, Not Hispanic Origin	Black, Not Hispanic Origin	American Indian or Alaskan Native	Hispanic	Asian or Pacific Islander	Female Headed Household	Handicapped
	A	B	C	D	E	F	G	H	I
35	11	24	35					6	

SECTION THREE: JOB CREATION AND BENEFIT TO LMI PERSONS

1. Job Title	2. LMI Determination			3. Annual Hours Per Job	4. Actual Hiring Date	5. Benefits (yes or no)					6. Hourly Value of Benefits	7. Hourly Wage	8. Total Hourly Compensation (6 plus 7)
	Non-LMI	Taken by	Available to*			Dental Insurance	Life Insurance	Health Insurance	Retirement	Other			
Cook				1385	4/15/99							9.00	
Bartender				333	4/6/01							5.15	
Bartender				874	11/3/00							5.15	
Waitress				144	12/26/01							5.15	
Bartender				1920	1/2/02							6.00	
Waitress				480	1/16/98							6.25	
Clerical				720	12/7/98							8.00	
Secretary				1300	3/13/98							8.00	
Bartender				624	7/ /54							6.50	
Waitress				249	7/17/01							5.15	
Asst. Cook				506	12/1/00							6.00	
Waitress				345	2/22/99							6.50	

9. Employment Data

Base Employment: _____

	A. Non LMI	B. LMI	C. Total
Jobs Projected to be Created:			
Jobs Created to Date:			

Total Business Employment: _____

10. Certification:

I, X Roger Fish, certify that the employment information is true and accurate.

* *Company representative must sign.*

Bagley Gas SSU

Progress Report, Economic Development Program — State of Minnesota, Federal Funds

SECTION TWO: ACTIVITY BENEFICIARIES

1. Recipients	Male Gender	Female Gender	White Not Hispanic Origin	Black Not Hispanic Origin	American Indian or Alaskan Native	Hispanic	Asian or Pacific Islander	Female Headed Household	Handicapped
	A	B	C	D	E	F	G	H	I

SECTION THREE: JOB CREATION AND BENEFIT TO LMI PERSONS

1. Job Title	2. LMI Determination			3. Annually Hourly Per Job	4. Actual Hiring Date	5. Benefits (yes or no)					6. Hourly Value of Benefits	7. Hourly Wage	8. Total Hourly Compensation (6 + 7)
	Non-LMI	Taken by	Available to*			Dental Insurance	Life Insurance	Health Insurance	Retirement	Other			
Bartender				700	1/24/00							5.15 ✓	
Waitress				144	12/7/01							5.15 ✓	
Waitress				400	4/8/01							5.15 ✓	
Clerical				2080	2/16/84							10.00	
Consultant				480	9/13/01							12.50	
Waitress				288	11/27/01							5.15 ✓	
Bartender				475	8/23/98							6.00	
Bartender				745	4/7/01							6.00 ✓	
Janitor				588	12/8/01							5.50 ✓	
Waitress				497	6/23/01							5.15 ✓	
Bartender				2080	8/4/80							8.25 ✓	
Gaming Clerk				260	10/17/00							8.00 ✓	

9. Employment Data

Base Employment: _____

	A. Non LMI	B. LMI	C. Total
Jobs Projected to be Created			
Jobs Created to Date			

Total Business Employment: _____

10. Certification:

I, X _____, certify that the employment information is true and accurate.

*Company representative must sign.

Eagles Eye 35T

3.

Progress Report, Economic Development Program — State of Minnesota, "Federal Funds"

SECTION TWO: ACTIVITY BENEFICIARIES

1. [redacted]	[redacted] Male Gender	[redacted] Female Gender	[redacted] Not Hispanic Origin	[redacted] Not Hispanic Origin	[redacted] American Indian or Alaskan Native	[redacted] Hispanic	[redacted] Asian or Pacific Islander	[redacted] Female Headed [redacted]	[redacted]
	A	B	C	D	E	F	G	H	I
Gaming Clerk									

SECTION THREE: JOB CREATION AND BENEFIT TO LMI PERSONS

1. [redacted]	2. LMI Determination			3. [redacted] Annually Hours Per Job	4. [redacted] Actual Hiring Date	5. [redacted] (yes or no)					[redacted] Hourly Value of Benefits	7. [redacted] Hourly Wage	8. [redacted] Hourly Compensation (6+7)
	Non-LMI	Taken by	Available to*			Dental Insurance	[redacted] Insurance	[redacted] Insurance	[redacted]	[redacted]			
Gaming Clerk				260	7/19/98							8.00	
Gaming Clerk				1465	6/20/80	yes		yes			.30	8.75	
Gaming Clerk				965	8/31/99							7.50	
Gaming Clerk				1300	7/14/97							8.00	
Gaming Manager				2080	6/4/80							8.00	
Asst. Gaming Manager				2080	6/4/80							14.00	
Gaming Clerk				1595	4/29/95	yes		yes			.28	8.00	
Gaming Clerk				2080	4/7/95							8.25	
Gaming Clerk				832	8/4/98							8.00	
Gaming Clerk				1465	4/10/95	yes		yes			.40	8.25	

9. [redacted] Data

[redacted]: _____

	A. Non LMI	B. LMI	[redacted]
[redacted] Projected to be Created:			
[redacted] Created to Date:			

[redacted] Employment: 35

[redacted]

I, _____, certify that the employment information is true and accurate.

[redacted] must sign.]

See Instructions on Reverse Side

01-0641

Trade & Economic Development

2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) East Grand Forks Economic Development Housing Authority	2. Name of person completing this form James S. Richter, Exec. Director
3. Street address 600 DeMers Ave P O Box 439	4. City East Grand Forks / 5. ZIP code 56721
6. County Polk / 7. Phone number 218-773-2371	8. Fax number 218-773-9331 / 9. E-mail address jrichter@ci.east-grand-forks.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.")*

- XX City government
- ❑ County government
- ❑ Regional government
- ❑ State government
- ❑ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ❑ Yes, in 2002 ***(attach criteria)***
- ❑ Yes, in 2002 but have not yet adopted criteria
- XX Yes, prior to 2002

If Yes:
Hearing Date: 7-6- *Year Criteria Submitted:* 1999

- ❑ No
- ❑ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

XX Yes *(Complete the remainder of the form.)* ❑ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: A & L Potato	15. Address where business subsidy or financial assistance will be used: 605 4th St. NE; East Grand Forks; State MN; ZIP code 56721

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.)*
- XX No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*:

❑ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ☒ Wholesale Trade ❑ Construction ❑ Other *(please specify)* _____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$250,000.00 170,000 AST

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

10-21-2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

February 2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☒ ~~financial assistance~~

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

❑ not applicable, agreement provided financial assistance

☒ loan (only principal)	$250,000
☒ grant (i.e., forgivable loan)	$170,000
❑ tax abatement	$_____
❑ TIF or other tax reduction or deferral	$_____
❑ guarantee of payment	$_____
❑ contribution of property or infrastructure	$_____
❑ preferential use of governmental facilities	$_____
❑ land contribution	$_____
❑ other *(Specify subsidy type.)* _____	$_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants	$_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost	$_____
❑ assistance for pollution control or abatement	$_____
❑ assistance for a TIF soils condition district	$_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

❑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s).

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☒ Job retention
- ☒ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☒ Other *(please specify)* Flood Relocation Buyout

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment dates) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☒ No		☐ Yes ☐ No
B) Other job-creation and/or retention goals	X ☒ Yes ☐ No	Feb 2002	☒ Yes ☐ No } e.t.h. 9/13/02
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00		1	1		$ —
$7.00 to $8.99	9	0	10	9	$ —
$9.00 to $10.99	2	1	1	2	$ —
$11.00 to $12.99	2			2	$ —
$13.00 to $14.99					$
$15.00 and higher	4			4	$ —

e.t.h. 9/13/02 e.t.h. 9/13/02

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00			1		$
$7.00 to $8.99			10	9	$
$9.00 to $10.99			1	2	$
$11.00 to $12.99				2	$
$13.00 to $14.99					$
$15.00 and higher				4	$

e.t.h. 9/13/02

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

e.t.h. 9/13/02

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

24.5 Rotate

Page #1

SECTION TWO: ACTIVITY BENEFICIARIES

1. Job Recipients	Male Gender	Female Gender	White, Not Hispanic Origin	Black, Not Hispanic Origin	American Indian or Alaskan Native	Hispanic	Asian or Pacific Islander	Female Headed Household	Handicapped
	A	B	C	D	E	F	G	H	I
	21	9	14	1	1	14	0	3	0

SECTION THREE: JOB CREATION AND BENEFIT TO LMI PERSONS

1. Job Title	2. LMI Determination			3. Annual Hours Per Job	4. Actual Hiring Date	5. Benefits (yes or no)					6. Hourly Value of Benefits	7. Hourly Wage	8. Total Hourly Compensation (6 plus 7)
	Non-LMI	Taken by	Available to*			Dental Insurance	Life Insurance	Health Insurance	Retirement	Other			
Manager's				2000	05/05/00	no	no	no	no	no	no	16.25	16.25
Foreman's				2000	3/24/99							16.25	16.25
Technician				2000	11/25/99							5.00	5.00
Economic				2000									
Economic				2000									
Driver				2000	06/29/01							9.50	9.50
Driver				2000	07/09/01							18.00	18.00
Driver				2000	1/22/99							18.00	18.00
Machinist				2000	3/11/01							11.00	11.00
Machinist				2000	5/10/01							11.00	11.00
Labor Crew				2000	7/05/96							3.00	3.00
Labor Water Line				2000	05/20/96							5.00	5.00

9. Employment Data

Base Employment: _____

	A. Non LMI	B. LMI	C. Total
Jobs Projected to be Created:			
Jobs Created to Date:			13

Total Business Employment: 30

10. Certification:

I* [signature], certify that the employment information is true and accurate

* *Company representative must sign.*

24.5 pts

Page #2

Progress Report, Economic Development Program — State of Minnesota, "Federal Funds"

SECTION TWO: ACTIVITY BENEFICIARIES

1. Job Recipients	Male Gender	Female Gender	White, Not Hispanic Origin	Black, Not Hispanic Origin	American Indian or Alaskan Native	Hispanic	Asian or Pacific Islander	Female Headed Household	Handicapped
See Page 1	A	B	C	D	E	F	G	H	I

SECTION THREE: JOB CREATION AND BENEFIT TO LMI PERSONS

	1. Job Title	2. LMI Determination: Non-LMI	Taken by	Available to*	3. Annual Hours Per Job	4. Actual Hiring Date	5. Benefits (yes or no): Dental Insurance	Life Insurance	Health Insurance	Retirement	Other	6. Hourly Value of Benefits	7. Hourly Wage	8. Total Hourly Compensation (6 plus 7)
10	~~[illegible]~~				~~[illegible]~~		~~[illegible]~~	no	no	no	no	0		
11	[illegible]				1500	2/11/02							7.00/	7.00
12	Laborer				3000	2/15/02							7.00/	7.00
5	Laborer				2000	11/05/01							7.00/	7.00
2	Laborer				2000	2/19/02							7.00/	7.00
5	Laborer				1500	2/4/02							7.00/	7.00
6	Laborer				1500	10/31/01							10.00/	10.00
2	Laborer				2000	1/9/02							7.25/	7.25
1	Laborer				1500	2/11/02							7.00/	7.00
3	Laborer				2000	9/25/01							7.55/	7.25
3	Laborer				1500	9/21/01							7.55	7.25
1	Laborer				2000	3/10/99							9.00/	9.00

9. Employment Data

Base Employment: _____

	A. Non LMI	B. LMI	C. Total
Jobs Projected to be Created:			
Jobs Created to Date:	See Page 1		
Total Business Employment:			

10. Certification:

I* X [signature], certify that the employment information is true and accurate.

** Company representative must sign.*

See Instructions on Reverse Side

Potato

Page #3

Progress Report, Economic Development Program — State of Minnesota, "Federal Funds"

SECTION TWO: ACTIVITY BENEFICIARIES

1. Job Recipients	Male Gender	Female Gender	White, Not Hispanic Origin	Black, Not Hispanic Origin	American Indian or Alaskan Native	Hispanic	Asian or Pacific Islander	Female Headed Household	Handicapped
See Page 1	A	B	C	D	E	F	G	H	I

SECTION THREE: JOB CREATION AND BENEFIT TO LMI PERSONS

	1. Job Title	2. LMI Determination: Non-LMI	Taken by	Available to*	3. Annual Hours Per Job	4. Actual Hiring Date	5. Benefits (yes or no): Dental Insurance	Life Insurance	Health Insurance	Retirement	Other	6. Hourly Value of Benefits	7. Hourly Wage	8. Total Hourly Compensation (6 plus 7)
12	~~labor~~ Grader's				~~1~~500	02/25/02	no	no	no	no	no	0	7.00	7.00
11	Grader's				~~1~~000	02/15/02							7.00	7.00
10	~~Labor's~~				~~3000~~	~~2/18/02~~							~~7.00~~	~~7.00~~
9	Labor's				~~1~~500	2/19/02							7.00	7.00
8	Labor's				2000	3/22/02							7.25	7.25
7	Labor's Grader				1500	11/24/01							7.25	7.25
6	~~Labor's~~ Grader				1500	1/25/02							7.00	7.00
5	Labor's Grader				1500	2/6/02							7.00	7.00
4	Labor's				1500									
3	Labors				1500									
2	Labor's Rutine				~~500~~ 350	6/01/01							6.00	6.00
1	~~Labor's~~ Rutine				~~1500~~ 350	3/7/00							7.00	7.00

9. Employment Data

Base Employment: _____

	A. Non LMI	B. LMI	C. Total
Jobs Projected to be Created:			
Jobs Created to Date:	See Page 1		
Total Business Employment:			

10. Certification:

I* X [signature], certify that the employment information is true and accurate.

** Company representative must sign.*

See Instructions on Reverse Side

008 Minnesota Department of Trade and Economic Development

01-0056 sent 3/1/01

2002 Minnesota Business Assistance Form

RECEIVED MAR 0 . 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) CITY OF DUNNELL		2. Name of person completing this form Richard G. Heckt	
3. Street address 145 W WENBERG ST		4. City DUNNELL	5. ZIP code 56127-0094
6. County MTN	7. Phone number 507 695 2542	8. Fax number 507 695 2181	9. E-mail address KOFD@REVCOMM.NET

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [ ] Yes, prior to 2002

If Yes:
Hearing Date: _____ *Year Criteria Submitted:* _____

- [x] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance HOME TOWN CARE	15. Address where business subsidy or financial assistance will be used 145 W WENBERG, DUNNELL, MN 56127 (Street address / City / State / ZIP code)

16. Does the recipient have a parent corporation? *(Mark one.)* NO

- [ ] Yes *(Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)*
- [x] No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☒ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$83771.69

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

12/04/01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

12/04/01

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☐ business subsidy ☒ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

- ☒ loan (only principal) $83771.69
- ☐ grant (i.e., forgivable loan) $_____
- ☐ tax abatement $_____
- ☐ TIF or other tax reduction or deferral $_____
- ☐ guarantee of payment $_____
- ☐ contribution of property or infrastructure $_____
- ☐ preferential use of governmental facilities $_____
- ☐ land contribution $_____
- ☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

- ☐ assistance for property polluted by contaminants $_____
- ☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
- ☐ assistance for pollution control or abatement $_____
- ☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

- ☐ redevelopment
- ☒ renewal and renovation
- ☐ soils condition
- ☒ economic development
- ☐ mined underground space
- ☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*

☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* PROVIDE CAFE SERVICES

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☒ No		☐ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	3	1			$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	3	0			$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)*

☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☐ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0055

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 2 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) DETROIT LAKES DEVELOPMENT AUTHORITY		2. Name of person completing this form LARRY REMMEN	
3. Street address 1025 ROOSEVELT AVENUE		4. City DETROIT LAKES, MN	5. ZIP code 56501
6. County BECKER	7. Phone number 218-846-7125	8. Fax number 218-847-8969	9. E-mail address lremmen@lakesnet.net

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☐ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☒ Other *(Please specify.)* PORT AUTHORITY

12. 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, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 8-31-99 *Year Criteria Submitted:* _____

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

E.T.H. W2462 ☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance BTD MANUFACTURING	15. Address where business subsidy or financial assistance will be used 1050 13th AVENUE SE. DETROIT LAKES, MN 56501 (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
VARISTAR CORPORATION	PO BOX 9156	FARGO,	ND	58109-9156

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)* _____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address | Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$654,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

MAY 1, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $654,000
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

f. 1.H. 6/27/02

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*

☒ No

Grantor(s) and value of the agreement(s):

CITY OF DETROIT LAKES 654,000 (TIF) Jointly

Grantor | Value ($)

Grantor | Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

E.T.H. 8/29/02

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☒ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	_____	☐ Yes ☒ No 8/28/02 E.T.H.
B) Other job-creation and/or retention goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No	_____	☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

* construction not completed 8/28/02 E.T.H.

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	____	____	____	____	$____
less than $7.00	____	____	____	____	$____
$7.00 to $8.99	____	____	____	____	$____
$9.00 to $10.99	____	____	40	____	$____
$11.00 to $12.99	____	____	____	____	$____
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	____	____	____	____	$____
$7.00 to $8.99	____	____	____	____	$____
$9.00 to $10.99	____	____	____	____	$____
$11.00 to $12.99	____	____	____	____	$____
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)*

☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0065

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 0 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) CITY OF DETROIT LAKES		2. Name of person completing this form LARRY REMMEN	
3. Street address 1025 ROOSEVELT AVENUE		4. City DETROIT LAKES, MN	5. ZIP code 56501
6. County BECKER	7. Phone number 218-846-7125	8. Fax number 218-847-8969	9. E-mail address lremmen@lakesnet.net

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [ ] Yes, prior to 2002

If Yes: *Hearing Date:* 8-31-99 *Year Criteria Submitted:* 2000

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[ ] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance MMCDC - GRAYSTONE ANNEX	15. Address where business subsidy or financial assistance will be used 710 WASHINGTON AVENUE, DETROIT LAKES, MN 56501 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.)*
- [x] No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☒ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)* N/A

☐ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)* $925,000 e.t.h. 8/29/02

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)* 7/6/01 8/29/02 e.t.h.

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* 10/02 e.t.h. 8/29/02 e.t.h.

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☒ grant (i.e., forgivable loan) SCDP $~~925,000~~
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☒ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*

☐ No

Grantor(s) and value of the agreement(s)

Grantor	Value ($)
MHFA	$330,126.
FEDERAL HOME LOAN BANK	$171,000

LOW INCOME TAX CREDITS $823,764

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☒ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☐ No	_____	☐ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☒ Yes ☐ No	10/4	☐ 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	____	____	____	____	$____
less than $7.00	____	____	____	____	$____
$7.00 to $8.99	____	____	____	____	$____
$9.00 to $10.99	____	____	____	____	$____
$11.00 to $12.99	____	____	____	____	$____
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	____	____	____	____	$____
$7.00 to $8.99	____	____	____	____	$____
$9.00 to $10.99	____	____	____	____	$____
$11.00 to $12.99	____	____	____	____	$____
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)*

☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0327

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Delano		2. Name of person completing this form Marlene E. Kittock	
3. Street address 205 Bridge Avenue East, Box 108		4. City Delano	5. ZIP code 55328
6. County Wright	7. Phone number (763) 972-0566	8. Fax number (763) 972-6174	9. E-mail address mkittock@delano.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Phil Kern, City Adm. (763) 972-0565 205 Bridge Ave. E. Box 108 Delano MN 55328

Name/Title | Phone number | Street address | City | ZIP code

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government".)*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 12-19-2000 *Year Criteria Submitted:* 2001

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here; go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance KTJ Limited Partnership Forty-Two	15. Address where business subsidy or financial assistance will be used 1300-1490 Babcock Boulevard Delano MN 55328 (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

17. Industry of recipient's facility *(Mark one.)*.

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☒ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)* $650,000 f.t.h per plan 9/25/02
90% of net amount P/T not to exceed $100,000 See attached.

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*
1-31-01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*
Property tax payable 2003

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☒ tax abatement See $ below
☐ 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.)* _____ $_____
90% of the net amount of property tax received by City. See agreement

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*
☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s).

Grantor _____ Value ($) _____
Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* See A-D

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	Jan 2005	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99	90				$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99	N/A until 2003				$
$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.)* N/A ☐ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0313

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Dawson		2. Name of person completing this form David Bovee	
3. Street address 675 Chestnut Street		4. City Dawson	5. ZIP code 56232
6. County Lac qui Parle	7. Phone number 320-769-2154	8. Fax number 320-769-2858	9. E-mail address dave@dawsonmn.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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 ***(attach criteria)***
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes:
Hearing Date: Oct 5th *Year Criteria Submitted:* 1999

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Prairie Farmers Cooperative	15. Address where business subsidy or financial assistance will be used Industrial Site Dawson, MN 56232 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.)*
- [x] No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address | Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ☒ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$606,250

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

August 1, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

February 4, 2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**.

❑ not applicable, agreement provided financial assistance

❑ loan (only principal) $250,000
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $210,000
❑ TIF or other tax reduction or deferral $140,000
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $ 6,250
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

❑ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
☒ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☒ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
❑ No

Grantor(s) and value of the agreement(s):

Grantor	Value ($)
USDA	240,000

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	7-31-03	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	35				$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	25				$
$11.00 to $12.99	1				$
$13.00 to $14.99	2				$
$15.00 and higher	1				$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0437

RECEIVED APR 15 2002

2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity): City of Cottage Grove		2. Name of person completing this form: Michelle A. Wolfe	
3. Street address: 8549-75th Street South		4. City: Cottage Grove	5. ZIP code: 55016
6. County: Washington	7. Phone number: (651) 458-2852	8. Fax number: (651) 458-2897	9. E-mail address: mwolfe@cottage-grove.org

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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes: *Hearing Date:* 12/1/99 *Year Criteria Submitted:* 1999

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Tradehome Shoe Stores, Inc.	15. Address where business subsidy or financial assistance will be used: Street address _____ City _____ State _____ ZIP code _____

16. Does the recipient have a parent corporation? *(Mark one.)*

- [ ] Yes *(Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)*
- [x] No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☒ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

St. Paul, MN — Needed room for expansion; desire to own vs. lease
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$ 296,840

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

5-4-01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* May 7, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $296,840
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	Feb. 2004	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals: Market Value goals	☒ Yes ☐ No	Feb. 2007	☐ 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	3	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

❑ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ❑ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0438

RECEIVED APR 15 2002

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Cottage Grove		2. Name of person completing this form Michelle A. Wolfe	
3. Street address 8549-75th Street South		4. City Cottage Grove	5. ZIP code 55016
6. County Washington	7. Phone number (651) 458-2882	8. Fax number (651) 458-2897	9. E-mail address mwolfe@cottage-grove.org

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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes: *Hearing Date:* 12/1/99 *Year Criteria Submitted:* 1999

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Lorenz Family Limited Partnership

15. Address where business subsidy or financial assistance will be used

Street address _____ City _____ State _____ ZIP code _____

16. Does the recipient have a parent corporation? *(Mark one.)*

- [ ] Yes *(Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)*
- [x] No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

St. Paul, MN — Not able to expand at ~~current~~ previous locations; wanted to combine two locations.
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$263,735

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

4/12/01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

April 27, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $263,735
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	Oct. 2003	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals: market value goals	☐ Yes ☐ No	Oct. 2006	☐ 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	1	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☐ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☐ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0439

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 15 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity): City of Cottage Grove		2. Name of person completing this form: Michelle A. Wolfe	
3. Street address: 8549-75th Street South		4. City: Cottage Grove	5. ZIP code: 55016
6. County: Washington	7. Phone number: (651) 458-2882	8. Fax number: (651) 458-2897	9. E-mail address: mwolfe@cottage-grove.org

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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes: *Hearing Date:* 12/1/99 *Year Criteria Submitted:* 1999

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: South St. Paul Agri-Properties

15. Address where business subsidy or financial assistance will be used

Street address _____ City _____ State _____ ZIP code _____

16. Does the recipient have a parent corporation? *(Mark one.)*

- [ ] Yes *(Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)*
- [x] No

Name of parent corporation _____ Street address _____ City _____ State _____ ZIP code _____

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☒ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Inver Grove — Not enough room for expansion; wished to own + no longer lease
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☐ Relocated to different Minnesota location ☒ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$ 332,900

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

7-31-01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

Oct. 10, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

- ☐ loan (only principal) $_____
- ☐ grant (i.e., forgivable loan) $_____
- ☐ tax abatement $_____
- ☒ TIF or other tax reduction or deferral $ 332,900
- ☐ guarantee of payment $_____
- ☐ contribution of property or infrastructure $_____
- ☐ preferential use of governmental facilities $_____
- ☐ land contribution $_____
- ☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

- ☐ assistance for property polluted by contaminants $_____
- ☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
- ☐ assistance for pollution control or abatement $_____
- ☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

- ☐ redevelopment
- ☐ renewal and renovation
- ☐ soils condition
- ☒ economic development
- ☐ mined underground space
- ☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	March, 2004	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals: Market value goals	☒ Yes ☐ No	Market value goals March, 2007	☒ 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99	3				$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations
(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39 Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

_____

_____

Return your completed MBAF(s) by April 1, 2002, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0334

2002 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Cambridge		2. Name of person completing this form John T. Sullivan	
3. Street address 626 North Main Street		4. City Cambridge	5. ZIP code 55008
6. County Isanti	7. Phone number 763 689-3211	8. Fax number 763 689-6801	9. E-mail address jsullivan@ci.cambridge.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 9/20/99 *Year Criteria Submitted:* 1999

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance North Star Media, Inc.	15. Address where business subsidy or financial assistance will be used 930 Cleveland St. Cambridge MN 55008 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 _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☒ Other *(please specify)* Printing

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$251,793

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

July 31, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

Feb. 18, 2002 was the date the company occupied the premises.

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☒ contribution of property or infrastructure $144,200
☐ preferential use of governmental facilities $_____
☒ land contribution $107,593
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☒ Other *(please specify)* Increase net jobs in the City and State of Minnesota

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.)*

*The Certificate of Completion has not been issued yet, but will be in Summer 2002

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	*2 years after COC	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☒ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☒ No
D) Other goals other than wage and job goals	☒ Yes ☐ No		☒ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) At least 5 new jobs at no less than 110% of the Federal minimum wage, exclusive of benefits, or $5.67 per hour at time of agreement.

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	____	____	____	____	$____
less than $7.00	____	____	5	____	$____
$7.00 to $8.99	____	____	____	____	$____
$9.00 to $10.99	____	____	____	____	$____
$11.00 to $12.99	____	____	____	____	$____
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	____	____	____	____	$____
$7.00 to $8.99	____	____	____	____	$____
$9.00 to $10.99	____	____	____	____	$____
$11.00 to $12.99	____	____	2	____	$2.00 (est.)
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.9947 *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0337

2002 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Cambridge		2. Name of person completing this form John T. Sullivan	
3. Street address 626 North Main St.		4. City Cambridge	5. ZIP code 55008
6. County Isanti	7. Phone number 763 689-3211	8. Fax number 763 689-6801	9. E-mail address jsullivan@ci.cambridge.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 9/20/99 *Year Criteria Submitted:* 1999

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance G&G Ventures, LLC dba Adventure Publications, Inc.	15. Address where business subsidy or financial assistance will be used 820 Cleveland St. S. Cambridge, MN 55008 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 _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☒ Other *(please specify)* Catalog printing, design, distribution

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Stanchfield, MN — Inadequate land, building, facilities, zoning
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$117,745

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

April 18, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

On October 15, 2001 the company occupied the premises.

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☒ contribution of property or infrastructure $45,000
☐ preferential use of governmental facilities $_____
☒ land contribution $72,745
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☒ Other *(please specify)* Increase net jobs in the City of Cambridge and State of Minnesota

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.)*

*The Certificate of Completion has not been issued yet, but will in summer 2002

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	*2 years after COC	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No	_____	☐ Yes ☒ No
C) Other wage goals	☐ Yes ☒ No	_____	☐ Yes ☒ No
D) Other goals other than wage and job goals	☒ Yes ☐ No	_____	☒ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

Increase the tax base has been accomplished. At least 3 new FTE jobs at no less than $10.00 per hour exclusive of benefits shall be created.

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	____	____	____	____	$____
less than $7.00	____	____	____	____	$____
$7.00 to $8.99	____	____	____	____	$____
$9.00 to $10.99	____	____	3	____	$ 2.00 (est.)
$11.00 to $12.99	____	____	____	____	$____
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	____	____	____	____	$____
$7.00 to $8.99	____	____	____	____	$____
$9.00 to $10.99	____	____	____	____	$____
$11.00 to $12.99	____	____	1	____	$2.00 (est.)
$13.00 to $14.99	____	____	____	____	$____
$15.00 and higher	____	____	____	____	$____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0345

2002 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Cambridge		2. Name of person completing this form John T. Sullivan	
3. Street address 626 North Main St.		4. City Cambridge	5. ZIP code 55008
6. County Isanti	7. Phone number 763 689-3211	8. Fax number 763 689-6801	9. E-mail address jsullivan@ci.cambridge.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 9/20/99 *Year Criteria Submitted:* 1999

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance
Cambridge Business Development Company

15. Address where business subsidy or financial assistance will be used
855 S. Cleveland St. Cambridge MN 55008
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 _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Ham Lake, MN — Inadequate facilities, land, need for better location
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$204,706.71

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

April 20, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

Nov. 8, 2001 a Certificate of Occupancy was issued and the company occupied the premise:

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☒ contribution of property or infrastructure $ 40,000
☐ preferential use of governmental facilities $_____
☒ land contribution $ 138,845
☐ other *(Specify subsidy type.)*_____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☒ assistance for property polluted by contaminants DTED RAP Grant $25,861.71
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)* see attached
☐ No

Grantor(s) and value of the agreement(s):

DTED — $25,861.71
Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☒ Other *(please specify)* Increase net jobs in the City of Cambridge and State of Minnesota

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.)*

*Certificate of Completion issued 4/1/02, so by 4/1/04 is target date

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	2years afterCOC	☒ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☒ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☒ No
D) Other goals other than wage and job goals	☒ Yes ☐ No		☒ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) Increase tax base, provide spin-off development, provide jobs at no less than $10.00 per hour exclusive of benefits.

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99			20		$2.00 (est.)
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99			2		$2.00 (est.)
$11.00 to $12.99			5		$2.00 (est.)
$13.00 to $14.99			9		$2.00 (est.)
$15.00 and higher			4		$2.00 (est.)

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0258

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) Burnsville Economic Development Authority		2. Name of person completing this form Chad Wohlers	
3. Street address 100 Civic Center Parkway		4. City Burnsville	5. ZIP code 55337
6. County Dakota	7. Phone number (952) 895-4451	8. Fax number (952) 895-4453	9. E-mail address chad.wohlers@ci.burnsville.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Same as No. 2 above

Name/Title | Phone number | Street address | City | ZIP code

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify:)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 2-22-00 *Year Criteria Submitted:* 2000

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Homes by Chase	15. Address where business subsidy or financial assistance will be used 2100 Cty Rd 42 B'ville MN 55337 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

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☒ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$222,439.00

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

February 20,2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

11/2/2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $222,439.
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☒ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*
☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☐ No

Grantor(s) and value of the agreement(s):

Grantor Value ($)

Grantor Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	8-1-2005	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☒ Yes ☐ No	8-1-2003	☐ Yes ☒ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☒ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	10			30	$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0581

2002 Minnesota Business Assistance Form

RECEIVED MAY 2 2 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) CITY OF BRAINERD		2. Name of person completing this form THERESA A. GOBLE	
3. Street address 501 LAUREL STREET		4. City BRAINERD	5. ZIP code 56401
6. County CROW WING	7. Phone number (218)828-2307	8. Fax number (218)828-2316	9. E-mail address tgoble@ci.brainerd.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 3/20/00 *Year Criteria Submitted:* 4/1/00

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance GJR INVESTMENTS LLP (LEXINGTON MANUFACTURING)	15. Address where business subsidy or financial assistance will be used 1450 INDUSTRIAL PARK RD BRAINERD MN 56401 (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 _____

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

600,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

8/14/01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

5/1/02

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☒ TIF or other tax reduction or deferral $ 600,000
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☒ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	MAY 2004	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99	5				$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED .)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0582

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

RECEIVED MAY 2 2002

Section 1 Grantor Information

1. Name of grantor (funding entity) CITY OF BRAINERD		2. Name of person completing this form THERESA A. GOBLE	
3. Street address 501 LAUREL STREET		4. City BRAINERD	5. ZIP code 56401
6. County CROW WING	7. Phone number (218)828-2307	8. Fax number (218)828-2316	9. E-mail address tgoble@ci.brainerd.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 3/20/00 *Year Criteria Submitted:* 4/1/00

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance KTJ LIMITED PARTNERSHIP (EAST BRAINERD MALL)	15. Address where business subsidy or financial assistance will be used EAST BRAINERD MALL BRAINERD MN 56401 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 _____

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☒ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

2,400,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

9/14/01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

UNKNOWN

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $2,400,000
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☒ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☐ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☒ Job retention
- ☒ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	2 YRS FROM CO	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No	_____	☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	20	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED .)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0730

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 3 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

Q.1.11. 8/22/02

1. Name of grantor (funding entity) Blue Earth Economic Development Authority		2. Name of person completing this form Benjamin S. Martig	
3. Street address 125 West 6th St, P.O. Box 38		4. City Blue Earth	5. ZIP code 56013
6. County Faribault	7. Phone number 507-526-4760	8. Fax number 507-526-7352	9. E-mail address edablue@bevcomm.net

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☑ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☑ Yes, prior to 2002

If Yes: *Hearing Date:* 12/30/99 *Year Criteria Submitted:* 6/1/00

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☑ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Lampert Yards Inc	15. Address where business subsidy or financial assistance will be used: 1201 Buccaneer Drive, Blue Earth MN 56013 (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: Lampert Yards Inc.
Street address / City / State / ZIP code: 1850 Como Ave. PO Box 64040 St. Paul MN 55108

17. Industry of recipient's facility *(Mark one.)*:

❑ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
☑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
❑ No *(Go to Question 19.)*

Blue Earth MN — Expansion to location with higher visability and traffic flow
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ☑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$131,093.48

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

11-5-01 Council Approved

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

11-05-01 L.L.H. per phone 9/24/02

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☑ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

❑ not applicable, agreement provided financial assistance

❑ loan (only principal) $_____
❑ grant (i.e., forgivable loan) $_____
☑ tax abatement $131,093
❑ TIF or other tax reduction or deferral $_____
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
❑ land contribution $_____
❑ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

❑ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

❑ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
❑ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

❑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☑ No

Grantor(s) and value of the agreement(s):

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☑ Creating high-quality job growth
- ☑ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☐ No		☐ Yes ☐ No
B) Other job-creation and/or retention goals	☑ Yes ☐ No	11/03	☑ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

9/24/02 phone

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99				5	$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99				5	$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☑ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☑ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☑ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0731

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 3 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

B.S.M. 8/22/02

1. Name of grantor (funding entity) Blue Earth Economic Development Authority		2. Name of person completing this form Benjamin S. Martig	
3. Street address 125 West 6th Str. P.O. Box 38		4. City Blue Earth	5. ZIP code 56013
6. County Faribault	7. Phone number 507-526-4760	8. Fax number 507-526-7352	9. E-mail address edablue@bevcomm.net

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☑ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☑ Yes, prior to 2002

If Yes: *Hearing Date:* 12/30/99 *Year Criteria Submitted:* 6/1/00

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☑ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: Shirley Ann Griffin, LLC Clinic	15. Address where business subsidy or financial assistance will be used: 827 South Main Blue Earth MN 56013 (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 _____

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☑ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☑ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☑ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)* New Business - No relocation

☐ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$25,996.00

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

7-16-01 Council Approved

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

11-1-01 Clinic Opened

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☑ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☑ contribution of property or infrastructure $ 12,196
☐ preferential use of governmental facilities $_____
☑ land contribution $ 13,800
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☑ redevelopment
☐ renewal and renovation
☐ soils condition
☑ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☑ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☑ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☑ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☑ Yes ☐ No	7-16-03	☑ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	2				$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	2				$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☑ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☑ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☑ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0732

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 3 1 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

E.T.H. 8/22/02

1. Name of grantor (funding entity) Blue Earth Economic Development Authority		2. Name of person completing this form Benjamin S. Mertig	
3. Street address 125 West 6th Str. P.O. Box 38		4. City Blue Earth	5. ZIP code 56013
6. County Faribault	7. Phone number 507-526-4760	8. Fax number 507-526-7352	9. E-mail address edoblue@becomm.net

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☑ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☑ Yes, prior to 2002

If Yes: *Hearing Date:* 12/30/99 *Year Criteria Submitted:* 6/1/00

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☑ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: The Dollar Store	15. Address where business subsidy or financial assistance will be used: 401 Gracie Str. Blue Earth MN 56013 (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: Prime Property Development, L.P. Street address: P.O. Box 415 City: Blue Earth State: MN ZIP code: 56013

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☑ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

New business - No Relocation

☐ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$32,371

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

11-19-01 Council Approved

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☑ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☑ land contribution $ 32,371
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☑ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☑ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☒ Other *(please specify)* Site Improvement / Develop Commercial Facility

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	11-19-03	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00	4				$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)* Facility not completed yet.

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☑ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

E.F.H. 8/2/02

☐ Yes *(Complete the remainder of this section.)* ☑ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0312

Original received 9/11/02 E.I.H.

2002 Minnesota Business Assistance Form

RECEIVED SEP 20 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from *January 1, 2001 through December 31, 2001* per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period *January 1, 2001 through December 31, 2001:* 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Blackduck		2. Name of person completing this form Marcia Larsen	
3. Street address PO Box 380 8 Summit Avenue East		4. City Blackduck	5. ZIP code 56630
6. County Beltrami	7. Phone number 218-835-4803	8. Fax number 218-835-4801	9. E-mail address marcia@blackduck.net

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

Name/Title _____ Phone number _____ Street address _____ City _____ ZIP code _____

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☒ Yes, in 2002 *(attach criteria)*
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☐ Yes, prior to 2002

If Yes: Hearing Date: 9/19/02 *Year Criteria Submitted:* 2002

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Blackduck Family Foods Eric Charlie Anderson/Scott Magoon	15. Address where business subsidy or financial assistance will be used PO Box 357 288 Frontage Road 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

Severn, Inc. — same

Name of parent corporation — Street address — City — State — ZIP code

17. Industry of recipient's facility *(Mark one.)*

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☒ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)* _____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Main Street/Blackduck — Merger of two smaller grocery stores into one store.

City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$105,000

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

July 24, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

January 14, 2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

- ☒ loan (only principal) $105,000
- ☐ grant (i.e., forgivable loan) $_____
- ☐ tax abatement $_____
- ☐ TIF or other tax reduction or deferral $_____
- ☐ guarantee of payment $_____
- ☐ contribution of property or infrastructure $_____
- ☐ preferential use of governmental facilities $_____
- ☐ land contribution $_____
- ☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

- ☐ assistance for property polluted by contaminants $_____
- ☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
- ☐ assistance for pollution control or abatement $_____
- ☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

- ☐ redevelopment
- ☐ renewal and renovation
- ☐ soils condition
- ☐ economic development
- ☐ mined underground space
- ☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☒ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☐ No

Grantor(s) and value of the agreement(s):

see attached

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☒ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☐ No	_____	☐ Yes ☐ No
B) Other job-creation and/or retention goals	☒ Yes ☐ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No	_____	☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal			11	13	$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00		9		13	$
$7.00 to $8.99	3				$
$9.00 to $10.99					$
$11.00 to $12.99	1				$
$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

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development
500 Metro Quare. 121 East 7th Place
St. Paul. MN 55101-2146

27.

Wells Fargo Bank	$117.102.04
Northland Community Bank	$225,000.00
Blackduck Telephone	`$50,000.00
HRDC	$105.000.00

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0591

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAY 24 2002

Post Mark 5-23-02

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) BIG LAKE ECONOMIC DEVELOPMENT AUTHORITY		2. Name of person completing this form JIM THARES	
3. Street address 160 LAKE ST. NO.		4. City BIG LAKE	5. ZIP code 55309
6. County SHERBURNE	7. Phone number 763-263-2107	8. Fax number 763-263-0133	9. E-mail address jimt@ci.big-lake.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

SAME

Name/Title | Phone number | Street address | City | ZIP code

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 ***(attach criteria)***
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes: *Hearing Date:* 10/12/99 *Year Criteria Submitted:* 1999

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance WHIRL-AIR-FLOW	15. Address where business subsidy or financial assistance will be used 20055-177th St, BIG LAKE, MN 55309 (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.)*
- [x] No

Name of parent corporation | Street address | City | State | ZIP code

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)* _____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

❑ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

❑ Remained at previous location ☒ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$ 271,203.00

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

September 5, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

April 20, 2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

❑ not applicable, agreement provided financial assistance

❑ loan (only principal) $_____
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
☒ TIF or other tax reduction or deferral $ 65,000.
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
☒ land contribution $ 143,612.
☒ other *(Specify subsidy type.)* 429 Special Assessment $ 62,591.30

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

❑ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

❑ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
☒ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

❑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ❑ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ❑ Job retention
- ❑ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ❑ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ❑ No	May 2004	❑ Yes ❑ No
B) Other job-creation and/or retention goals	❑ Yes ❑ No	_____	❑ Yes ❑ No
C) Other wage goals	❑ Yes ❑ No	_____	❑ Yes ❑ No
D) Other goals other than wage and job goals	❑ Yes ❑ No	_____	❑ Yes ❑ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	5	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ❑ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

❑ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ❑ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0590

RECEIVED MAY 24 2002

Post Marked 5-23-02

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) BIG LAKE ECONOMIC DEVELOPMENT AUTHORITY		2. Name of person completing this form JIM THARES	
3. Street address 160 LAKE ST. NO.		4. City BIG LAKE	5. ZIP code 55309
6. County SHERBURNE	7. Phone number 763 263 2107	8. Fax number 763 263 0133	9. E-mail address jimt@ci.big-lake.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.
SAME
Name/Title | Phone number | Street address | City | ZIP code

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 10/12/99 *Year Criteria Submitted.* 1999

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Clay & Darlene Thompson Thompson Woodworking	15. Address where business subsidy or financial assistance will be used 20077-176th St, Big Lake, MN 55309 (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

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ❑ Services ❑ Finance, Insurance, Real Estate
❑ Retail Trade ❑ Wholesale Trade ❑ Construction ❑ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
❑ No *(Go to Question 19.)*

Albertville, MN — No land available; Thompson's were a tenant in a building.
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ❑ Relocated to different Minnesota location ❑ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$ 149,398.00

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

June 14, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

November 15, 2001; building Completed

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ❑ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

❑ not applicable, agreement provided financial assistance

❑ loan (only principal) $_____
❑ grant (i.e., forgivable loan) $_____
❑ tax abatement $_____
☒ TIF or other tax reduction or deferral $ 25,000
❑ guarantee of payment $_____
❑ contribution of property or infrastructure $_____
❑ preferential use of governmental facilities $_____
☒ land contribution $ 99,316
☒ other *(Specify subsidy type.)* _____ $ 25,082.13
429 Special Assessment

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

❑ not applicable, agreement provided a business subsidy

❑ assistance for property polluted by contaminants $_____
❑ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
❑ assistance for pollution control or abatement $_____
❑ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

❑ not applicable, assistance was not in the form of TIF

❑ redevelopment
❑ renewal and renovation
❑ soils condition
☒ economic development
❑ mined underground space
❑ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

❑ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor — Value ($)
Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	July 2003	☐ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99	2				$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99				2	$ .26
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher				6	$ 1.18

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

❑ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ❑ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0587

RECEIVED MAY 24 2002

Pat Marker 5-23-02

Trade & Economic Development

2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity): BIG LAKE ECONOMIC DEVELOPMENT AUTHORITY		2. Name of person completing this form: Jim Thares	
3. Street address: 160 LAKE ST NO		4. City: BIG LAKE	5. ZIP code: 55309
6. County: SHERBURNE	7. Phone number: 763-263-2101	8. Fax number: 763-263-0133	9. E-mail address: jmt@ci.big-lake.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

SAME

Name/Title | Phone number | Street address | City | ZIP code

11. Classification of grantor *(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes: *Hearing Date:* 12/12/99 *Year Criteria Submitted:* 1999

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance: A.J. Machinery / Great Dane Properties, LLC

15. Address where business subsidy or financial assistance will be used: 20000 - 176th St, Big Lake, MN 55309

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.)*
- [x] No

Name of parent corporation | Street address | City | State | ZIP code

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☒ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☒ Wholesale Trade ☐ Construction ☐ Other *(please specify)* _____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Elk River, MN — Preferred to own building rather than lease.
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$206,115.20

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

May 18, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

October 1, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☐ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☐ not applicable, agreement provided financial assistance

☒ loan (only principal) 6.25% interest	$74,500
☐ grant (i.e., forgivable loan)	$_____
☐ tax abatement	$_____
☒ TIF or other tax reduction or deferral	$27,000
☐ guarantee of payment	$_____
☐ contribution of property or infrastructure	$_____
☐ preferential use of governmental facilities	$_____
☒ land contribution	$104,615.20
☐ other *(Specify subsidy type.)* _____	$_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants	$_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost	$_____
☐ assistance for pollution control or abatement	$_____
☐ assistance for a TIF soils condition district	$_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☒ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☒ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☐ No

Grantor(s) and value of the agreement(s):

Initiative Foundation — $150,000 loan
Grantor — Value ($)

_____
Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*: _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	Oct. 2003	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No	_____	☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention **goals** stated in the agreement and the average hourly value of any employer-provided health insurance **goals** for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	6	___	___	___	$___
$11.00 to $12.99	___	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	___	2 (½ time)	___	___	$ 0
$11.00 to $12.99	1	___	___	___	$ 2.56
$13.00 to $14.99	1	___	___	___	$ 2.56
$15.00 and higher	___	___	___	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0457

RECEIVED APR 2 3 2002

2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Benson		2. Name of person completing this form Glen Pederson	
3. Street address 1410 Kansas Avenue		4. City Benson	5. ZIP code 56215
6. County Swift	7. Phone number 320-843-4775	8. Fax number 320-842-7151	9. E-mail address glen.pederson@co.swift.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.")*

☒ City government
☐ County government
☐ Regional government
☐ State government
☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

☐ Yes, in 2002 *(attach criteria)*
☐ Yes, in 2002 but have not yet adopted criteria
☒ Yes, prior to 2002

If Yes:
Hearing Date: 6/26/00 *Year Criteria Submitted:* 2000

☐ No
☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance Redball LLC	15. Address where business subsidy or financial assistance will be used 2200 Hall Ave. Benson MN 56215 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
CAP, Inc.	RR 3	Benson	MN	56215
Agco Corporation	4205 River Green Pkwy	Duluth	GA	30096

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

92,742.29

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

November 1, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

August 1, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

☐ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☒ grant (i.e., forgivable loan) $92,742.29
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☒ Job retention
- ☒ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)* _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	January 2003	☐ Yes ☒ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No	_____	☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No	_____	☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	___	___	___	___	$___
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	43	___	___	___	$___
$11.00 to $12.99	2	___	___	___	$___
$13.00 to $14.99	___	___	___	___	$___
$15.00 and higher	___	___	___	___	$___

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00	___	___	___	___	$___
$7.00 to $8.99	___	___	___	___	$___
$9.00 to $10.99	22	___	___	___	$___
$11.00 to $12.99	2	___	___	___	$___
$13.00 to $14.99	1	___	___	___	$___
$15.00 and higher	3	___	___	___	$___

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0171

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 27 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) City of Anoka		2. Name of person completing this form Robert Kirchner	
3. Street address 2015 First Avenue		4. City Anoka	5. ZIP code 55303
6. County Anoka	7. Phone number 763-576-2721	8. Fax number 763-576-2727	9. E-mail address rkirchner@ci.anoka.mn.us

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.

NA

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.")*

- [x] City government
- [ ] County government
- [ ] Regional government
- [ ] State government
- [ ] Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- [ ] Yes, in 2002 *(attach criteria)*
- [ ] Yes, in 2002 but have not yet adopted criteria
- [x] Yes, prior to 2002

If Yes: *Hearing Date:* 4/3/00 *Year Criteria Submitted:* 2000

- [ ] No
- [ ] Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

[x] Yes *(Complete the remainder of the form.)* [ ] No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance
Pioneer Packaging & Printing, Inc.
dba. Four City Packaging

15. Address where business subsidy or financial assistance will be used
3800 Thurston Ave. Anoka, MN 55303
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.)*
- [x] No

Name of parent corporation | Street address | City | State | ZIP code

17. Industry of recipient's facility *(Mark one.)*:

☒ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☒ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☐ No *(Go to Question 19.)*

Mpls, MN — No expansion space available; consolidate space in one location.
City/State of previous address — Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☐ Remained at previous location ☒ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance *(Please separate value by type in Questions 24 and 25.)*

$237,534

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

March 26, 2001

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)* June, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☒ business subsidy ☐ financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type

☐ not applicable, agreement provided financial assistance

- ☐ loan (only principal) $_____
- ☐ grant (i.e., forgivable loan) $_____
- ☐ tax abatement $_____
- ☒ TIF or other tax reduction or deferral $ 0
- ☐ guarantee of payment $_____
- ☐ contribution of property or infrastructure $_____
- ☐ preferential use of governmental facilities $_____
- ☒ land contribution $237,534
- ☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☒ not applicable, agreement provided a business subsidy

- ☐ assistance for property polluted by contaminants $_____
- ☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $_____
- ☐ assistance for pollution control or abatement $_____
- ☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☐ not applicable, assistance was not in the form of TIF

- ☒ redevelopment
- ☐ renewal and renovation
- ☐ soils condition
- ☐ economic development
- ☐ mined underground space
- ☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor — Value ($)

Grantor — Value ($)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☒ Enhancing economic diversity
- ☒ Creating high-quality job growth
- ☐ Job retention
- ☐ Stabilizing the community
- ☒ Increasing tax base (cannot be only purpose)
- ☐ Other *(please specify)*_____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☒ Yes ☐ No	March, 2003	☒ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☐ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☐ No		☐ Yes ☐ No
D) Other goals other than wage and job goals	☐ Yes ☐ No		☐ Yes ☐ No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	5				$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher	5				$320

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.9947 *(Mark one.)*

☐ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

☒ No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

☐ Yes *(Complete the remainder of this section.)* ☒ No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

☐ recipient ceased operation
☐ recipient was unable to fill vacant positions
☐ recipient relocated to a different community
☐ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:
2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0192

Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 2 6 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) RED WING HOUSING & REDEVELOPMENT AUTHORITY		2. Name of person completing this form CHRISTINE HARTERT	
3. Street address 428 WEST 5TH STREET		4. City RED WING	5. ZIP code 55066
6. County GOODHUE	7. Phone number 651-388-7571	8. Fax number 651-385-0551	9. E-mail address CHRISTINE.HAMMER@CITY.RED-WING.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 1/22/01 *Year Criteria Submitted:* 2001

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance RED WING POTTERY SALES INC	15. Address where business subsidy or financial assistance will be used 1991-1995 W. MAIN ST, RED WING MN 55066 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 _____

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate
☒ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$87,933.00

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

12/10/01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

ANTICIPATED JULY 2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☐ business subsidy ☒ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☒ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☒ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $87,933
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s).

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☒ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☒ Other *(please specify)* SEE QUESTION 25

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☒ No		☐ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals –PROPERTY REHAB	☒ Yes ☐ No	JULY 2002	☐ 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99			N/A		$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99			N/A		$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

XX No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* XX No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0193

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 2 0 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) RED WING HOUSING & REDEVELOPMENT AUTHORITY		2. Name of person completing this form CHRISTINE HARTERT	
3. Street address 428 WEST 5TH STREET		4. City RED WING	5. ZIP code 55066
6. County GOODHUE	7. Phone number 651-388-7571	8. Fax number 651-385-0551	9. E-mail address CHRISTINE.HAMMER@CITY.RED-W 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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 1/22/01 *Year Criteria Submitted:* 2001

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance

HILLTOP COMMUNICATIONS

15. Address where business subsidy or financial assistance will be used

1523-1529 W MAIN ST, RED WING MN 55066

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

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☒ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$31,958.00

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

12/10/01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

ANTICIPATED MAY 2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☐ business subsidy ☒ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☒ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☒ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $ 31,958
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☒ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☒ Other *(please specify)* SEE QUESTION 25

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☒ No		☐ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals –PROPERTY REHAB	☒ Yes ☐ No	MAY 2002	☐ 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00			N/A		$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99			N/A		$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

XX No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* XX No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	**City/ZIP code of recipient**	**Outstanding value of subsidy or assistance**

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0194

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 2 0 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) RED WING HOUSING & REDEVELOPMENT AUTHORITY		2. Name of person completing this form CHRISTINE HARTERT	
3. Street address 428 WEST 5TH STREET		4. City RED WING	5. ZIP code 55066
6. County GOODHUE	7. Phone number 651-388-7571	8. Fax number 651-385-0551	9. E-mail address CHRISTINE.HAMMER@CITY.RED-WING.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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify:)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 1/22/0 *Year Criteria Submitted:* 2001

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance THE LICENSE CENTER	15. Address where business subsidy or financial assistance will be used 1506 W MAIN ST, RED WING MN 55066 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

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☒ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$35,686.00

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

12/10/01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

ANTICIPATED JULY 2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☐ business subsidy ☒ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☒ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☒ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $35,686
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☒ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☒ Other *(please specify)* SEE QUESTION 25

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☒ No		☐ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals –PROPERTY REHAB	☒ Yes ☐ No	JULY 2002	☐ 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00			N/A		$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99			N/A		$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☐ Yes ☒ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

XX No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* XX No *(Stop here and submit form to DTED .)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0195

Minnesota Trade & Economic Development

2002 Minnesota Business Assistance Form

RECEIVED MAR 2 8 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from ***January 1, 2001 through December 31, 2001*** per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period ***January 1, 2001 through December 31, 2001:*** 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) RED WING HOUSING & REDEVELOPMENT AUTHORITY		2. Name of person completing this form CHRISTINE HARTERT	
3. Street address 428 WEST 5TH STREET		4. City RED WING	5. ZIP code 55066
6. County GOODHUE	7. Phone number 651-388-7571	8. Fax number 651-385-0551	9. E-mail address CHRISTINE.HAMMER@CITY.RED-WI 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.")*

- ☒ City government
- ☐ County government
- ☐ Regional government
- ☐ State government
- ☐ Other *(Please specify.)* _____

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? *(Mark one.)*

- ☐ Yes, in 2002 ***(attach criteria)***
- ☐ Yes, in 2002 but have not yet adopted criteria
- ☒ Yes, prior to 2002

If Yes:
Hearing Date: 1/22/01 *Year Criteria Submitted:* 2001

- ☐ No
- ☐ Other *(Please attach explanation.)*

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

☒ Yes *(Complete the remainder of the form.)* ☐ No *(Stop here, go to section 5 on page 4.)*

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance HAY CREEK CONDO ASSOCIATION	15. Address where business subsidy or financial assistance will be used 233 WITHERS HARBOR DR, RED WING MN 55066 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 _____

17. Industry of recipient's facility *(Mark one.)*:

☐ Manufacturing ☒ Services ☐ Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other *(please specify)*_____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

☐ Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
☒ No *(Go to Question 19.)*

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

☒ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota

Section 3 Agreement Information

20. **Total** dollar value of business subsidy or financial assistance ***(Please separate value by type in Questions 24 and 25.)***

$49,088.00

21. Date agreement signed *(In addition to the agreement date, indicate any dates the agreement was amended.)*

12/10/01

22. Benefit date *(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)*

JANUARY 2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? *(Mark one.)*

☐ business subsidy ☒ financial assistance

24. If the agreement provided a business subsidy, please indicate the **type(s) and total dollar value for each type.**

☒ not applicable, agreement provided financial assistance

☐ loan (only principal) $_____
☐ grant (i.e., forgivable loan) $_____
☐ tax abatement $_____
☐ TIF or other tax reduction or deferral $_____
☐ guarantee of payment $_____
☐ contribution of property or infrastructure $_____
☐ preferential use of governmental facilities $_____
☐ land contribution $_____
☐ other *(Specify subsidy type.)* _____ $_____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

☐ not applicable, agreement provided a business subsidy

☐ assistance for property polluted by contaminants $_____
☒ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost $ 49,088
☐ assistance for pollution control or abatement $_____
☐ assistance for a TIF soils condition district $_____

26. If the assistance included tax increment financing, please indicate the type of TIF district? *(Mark one.)*

☒ not applicable, assistance was not in the form of TIF

☐ redevelopment
☐ renewal and renovation
☐ soils condition
☐ economic development
☐ mined underground space
☐ hazardous substance subdistrict

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

☐ Yes *(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)*
☒ No

Grantor(s) and value of the agreement(s):

Grantor _____ Value ($) _____

Grantor _____ Value ($) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

- ☐ Enhancing economic diversity
- ☐ Creating high-quality job growth
- ☐ Job retention
- ☒ Stabilizing the community
- ☐ Increasing tax base (cannot be only purpose)
- ☒ Other *(please specify)* SEE QUESTION 25

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	☐ Yes ☒ No		☐ Yes ☐ No
B) Other job-creation and/or retention goals	☐ Yes ☒ No		☐ Yes ☐ No
C) Other wage goals	☐ Yes ☒ No		☐ Yes ☐ No
D) Other goals other than wage and job goals –PROPERTY REHAB	☒ Yes ☐ No	JANUARY 2002	☒ 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.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					$
less than $7.00					$
$7.00 to $8.99			N/A		$
$9.00 to $10.99					$
$11.00 to $12.99					$
$13.00 to $14.99					$
$15.00 and higher					$

31. For each of the following wage categories, indicate the number of **actual** jobs created and/or retained since the benefit date and the **actual** hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than $7.00					$
$7.00 to $8.99					$
$9.00 to $10.99					$
$11.00 to $12.99			N/A		$
$13.00 to $14.99					$
$15.00 and higher					$

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? *(Mark one.)* ☒ Yes ☐ No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

❑ Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

XX No

Name of recipient	Type of subsidy or assistance *(See Questions 24 and 25.)*	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

❑ Yes *(Complete the remainder of this section.)* XX No *(Stop here and submit form to DTED .)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

❑ recipient ceased operation
❑ recipient was unable to fill vacant positions
❑ recipient relocated to a different community
❑ other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

❑ Yes ❑ No, recipient has begun to repay the assistance. ❑ No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

❑ Yes ❑ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

_____

_____

_____

Return your completed MBAF(s) by *April 1, 2002*, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841