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MINNESOTA



— Trade & —
**Economic
Development**

2001 Business Assistance Report

APPENDIX P

**Business and Financial Assistance Forms
Submitted by State, County, City and Local
Government Agencies Provided between
July 1, 1995 through December 31, 2000
In Accordance to Minnesota Statutes § 116J.993
through § 116J.995**

VOLUME 3 OF 3

PART B

Minn. Stat. 116J.991

Prepared by:

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

HC107
.M63
E441
2001
v. 3
Part
B

consists of
and Part B

**— 1995 Minn. Laws Chap. 224
Sec. 58 —**

**2001 Minnesota Business Assistance Forms Submitted by Government
Agencies (Financial Assistance) Reported in 2001**

1. Albert Lea, City of (2 forms)
2. Minneapolis Community Development Agency (1 form)
3. MN Office of Environmental Assistance (6 forms)
4. Spring Valley, City of (1 form)



2001 Minnesota Business Assistance Form

RECEIVED MAY 23 2001

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) <i>City of Albert Lea</i>		2. Name of person completing this form <i>Robert A. Graham</i>		
3. Street address <i>221 E. Clark St.</i>		4. City <i>Albert Lea</i>	5. ZIP code <i>56007</i>	
6. County <i>Freshbourn</i>	7. Phone number <i>507-377-4316</i>	8. Fax number <i>507-377-4336</i>	9. E-mail address <i>logzham@city.albertlea.org</i>	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)		
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <i>8/9/99</i> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (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 <i>ABA Properties</i>		15. Address where business subsidy or financial assistance will be used <i>201 E. Clark St. Albert Lea MN 56007</i>		
		Street address	City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$ 125,000.</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>October 27, 2000</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>Jan. 1, 2001</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p> <input type="checkbox"/> business subsidy <input checked="" type="checkbox"/> financial assistance </p> <p style="text-align: right;">Q. 24. 8/23/01</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input checked="" type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ 125,000. <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____ Grantor</td> <td>_____ Value (\$)</td> </tr> <tr> <td>_____ Grantor</td> <td>_____ Value (\$)</td> </tr> </table>	_____ Grantor	_____ Value (\$)	_____ Grantor	_____ Value (\$)
_____ Grantor	_____ Value (\$)				
_____ Grantor	_____ Value (\$)				

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12/1/2001</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

- Yes No

2001 Minnesota Business Assistance Form

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) <i>CITY of Albert Lea</i>		2. Name of person completing this form <i>Robert A. Graham</i>	
3. Street address <i>221 E. Clark St.</i>		4. City <i>Albert Lea</i>	5. ZIP code <i>56007</i>
6. County <i>Fresno</i>	7. Phone number <i>507-377-4316</i>	8. Fax number <i>507-377-4336</i>	9. E-mail address <i>bgraham@city.albertlea.org</i>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <i>8/9/99</i> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <i>J.A. 8/27/01</i> <input type="checkbox"/> No (<u>Stop here, go to section 5 on page 4.</u>)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <i>ABA Properties</i>	15. Address where business subsidy or financial assistance will be used <i>201 E. Clark St. Albert Lea MN 56007</i>
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p><u>\$125,000.00</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>Jan 4, 2000</u></p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p><u>March 1, 2000</u></p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p> <input type="checkbox"/> business subsidy <input checked="" type="checkbox"/> financial assistance </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input checked="" type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <u>\$125,000.</u> <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____ Grantor</td> <td>_____ Value (\$)</td> </tr> <tr> <td>_____ Grantor</td> <td>_____ Value (\$)</td> </tr> </table>	_____ Grantor	_____ Value (\$)	_____ Grantor	_____ Value (\$)
_____ Grantor	_____ Value (\$)				
_____ Grantor	_____ Value (\$)				

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>6/1/01</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

- Yes No



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2001 Minnesota Business Assistance Form

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

Section 1 Information About Grantor

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

Section 2 Information About Recipient

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

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

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

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

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

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

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

Tenant 150 + Jobs

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) <i>\$10,686,004 & 7.4.6/1301</i> \$11.5 million</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">October 26, 2000</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">October 26, 2000</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><i>See 24</i> <input checked="" type="checkbox"/> business subsidy <input checked="" type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral (GTIF) Pay \$ 965,000 <input type="checkbox"/> guarantee of payment \$ _____ <input checked="" type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input checked="" type="checkbox"/> assistance for renovating building - stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ 10,686,004.00 <input checked="" type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p>Met Council \$ 1,646,097.00 Grantor Value (\$) DTED \$ 444,000.00 Grantor Value (\$)</p>

15-5-10

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

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

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

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

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

N/A

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

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

N/A

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

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

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

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

No

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

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

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

Yes No

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

Return your completed MBAF(s) by April 1, 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



2001 Minnesota Business Assistance Form

RECEIVED JUN 1 2001

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) <i>MN Office of Environmental Assis.</i>		2. Name of person completing this form <i>Jonda Countryman</i>	
3. Street address <i>520 Lafayette Rd N.</i>		4. City <i>St. Paul</i>	5. ZIP code <i>55155-4100</i>
6. County <i>Ramsey</i>	7. Phone number <i>651-296-3417</i>	8. Fax number <i>651-215-0246</i>	9. E-mail address <i>jonda.countryman@moea.state.mn.us</i>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input checked="" type="checkbox"/> No Exempt per M.S. §116J.994 subd. 7 <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <i>Bikol Associates, Inc.</i>	15. Address where business subsidy or financial assistance will be used <i>25 Univ Ave SE, Mpls, MN 55414</i>
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p><u>\$89,730.00</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>6-23-00</u></p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p><u>6-30-02</u></p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p> <input type="checkbox"/> business subsidy <input checked="" type="checkbox"/> financial assistance </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input checked="" type="checkbox"/> grant (i.e., forgivable loan) <u>\$89,730.</u> <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input checked="" type="checkbox"/> assistance for pollution control or abatement <u>\$89,730.</u> <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p> <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No <u>Cash or in-kind match</u> <u>\$89,730.00 only.</u> Grantor(s) and Value of the agreement(s): </p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

Increasing tax base (cannot be only purpose)

Other (please specify) *pollution prevention
or abatement via educational materials &
workshops re: sustainable development*

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

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

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

Project to be completed by 6-30-03

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/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	_____	_____	_____	_____	\$ _____

N.A.

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

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

N.A.

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

Yes No *Q.T.A. 8/30/01*

Section 5 Recipients Failing to Fulfill Obligations

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

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

Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)* *No report because this office erred in notifying grantee of this reporting requirement. Grantee is now aware of requirements for 2002.*
 No

<i>Biko Associates, Inc.</i>	<i>grant</i>	<i>\$ 89,730.00</i>
Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance

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

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

Yes No

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

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

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED JUN 1 2001

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) <i>MN Office of Environmental Assist.</i>		2. Name of person completing this form <i>Linda Countryman</i>			
3. Street address <i>520 Lafayette Rd. N.</i>		4. City <i>St. Paul</i>	5. ZIP code <i>55155-4100</i>		
6. County <i>Ramsay</i>	7. Phone number <i>651-296-3417</i>	8. Fax number <i>651-215-0246</i>	9. E-mail address <i>linda.countryman@moea.state.mn.us</i>		
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.					
Name/Title		Phone number	Street address	City	ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)			
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input checked="" type="checkbox"/> No <i>Excluded per 3116.994 subd. 7</i> <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____			
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)					
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (<u>Stop here</u> , go to section 5 on page 4.)					

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <i>STA Development Corp.</i>		15. Address where business subsidy or financial assistance will be used <i>1313 5th St. SE</i> <i>Mpls. MN 55414</i>			
		Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)					
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No					
Name of parent corporation		Street address	City	State	ZIP code

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="font-size: 1.5em;"><i>\$49,000.00</i></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="font-size: 1.5em;"><i>Executed 4-21-00</i></p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) <i>None. Project will not be implemented due to various causes.</i></p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input type="checkbox"/> business subsidy <input checked="" type="checkbox"/> financial assistance </p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input checked="" type="checkbox"/> grant (i.e., forgivable loan) <i>\$49,000.00</i> <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input checked="" type="checkbox"/> assistance for pollution control or abatement <i>\$49,000.00</i> <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No <i>match of 50% only.</i> </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 60%;"></td> <td style="border-top: 1px solid black; width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black; text-align: right;">Value (\$)</td> </tr> </table>		Value (\$)	Grantor	Value (\$)	Grantor	Value (\$)
	Value (\$)						
Grantor	Value (\$)						
Grantor	Value (\$)						

Section 4 Goals and Public Purpose Identified in the Agreement

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

- Enhancing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) *improve environmental performance & prevent waste pollution*

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>6-30-01</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

See Section 5 regarding project folding and premises closure on agreement.

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

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

N.A.

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

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

N.A.

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

- Yes
- No

Section 5 Recipients Failing to Fulfill Obligations

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

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

Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)* **Project involved multiple partners and failed to develop as planned. Project folded.**

No

STA Development Corp. grant \$49,000.00
 Name of recipient Corp. Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance

34. Did your 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.)*
(See explanation above)

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

35. Information on recipient and agreement:

(same as above) grant \$49,000.00
 Name of recipient in default Type of subsidy or assistance Initial value of subsidy or assistance

no longer DBA:
 1313 5th St. SE Mpls 55414 \$9,800.00 paid out
 Street address of recipient 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.)* Project partners

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

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

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

Yes No

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

Grantee has provided information to project participant, Hennepin County. The County will provide a final report by end of June for closure on project.

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



2001 Minnesota Business Assistance Form

RECEIVED JUN 1 2001

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) <i>MN Office of Environment & Assist.</i>		2. Name of person completing this form <i>Linda Countryman</i>	
3. Street address <i>520 Lafayette Rd. N.</i>		4. City <i>St. Paul</i>	5. ZIP code <i>55155-4100</i>
6. County <i>Ramsey</i>	7. Phone number <i>651-215-0269</i>	8. Fax number <i>651-215-0246</i>	9. E-mail address, <i>Linda.countryman@mn.ca.state.mn.us</i>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input checked="" type="checkbox"/> No <i>Excluded per M.S. §116J.994, subd. 7</i> <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <i>Hershfields Paint Mfg. Inc.</i>	15. Address where business subsidy or financial assistance will be used <i>4450 Lyndale Ave. N. Maple, MN 55412</i>
	Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No	
<i>Hershfields</i>	<i>725 2nd Ave N. Maple, MN 55405</i>
Name of parent corporation	Street address City State ZIP code

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="font-size: 1.2em; font-weight: bold;">\$38,500.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="font-size: 1.2em; font-weight: bold;">11-27-00</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="font-size: 1.2em; font-weight: bold;">April 30, 2001</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input type="checkbox"/> business subsidy <input checked="" type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____</p> <p><input checked="" type="checkbox"/> grant (i.e., forgivable loan) \$38,500</p> <p><input type="checkbox"/> tax abatement \$ _____</p> <p><input type="checkbox"/> TIF or other tax reduction or deferral \$ _____</p> <p><input type="checkbox"/> guarantee of payment \$ _____</p> <p><input type="checkbox"/> contribution of property or infrastructure \$ _____</p> <p><input type="checkbox"/> preferential use of governmental facilities \$ _____</p> <p><input type="checkbox"/> land contribution \$ _____</p> <p><input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants \$ _____</p> <p><input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost</p> <p><input checked="" type="checkbox"/> assistance for pollution control or abatement \$38,500</p> <p><input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment</p> <p><input type="checkbox"/> renewal and renovation</p> <p><input type="checkbox"/> soils condition</p> <p><input type="checkbox"/> economic development</p> <p><input type="checkbox"/> mined underground space</p> <p><input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No In-kind match only</p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 60%;"></td> <td style="border-top: 1px solid black; width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black; text-align: right;">Value (\$)</td> </tr> </table>		Value (\$)	Grantor	Value (\$)	Grantor	Value (\$)
	Value (\$)						
Grantor	Value (\$)						
Grantor	Value (\$)						

Section 4 Goals and Public Purpose Identified in the Agreement

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

- Enhancing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) *Reduce/prevent waste and pollution.*

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>11-30-02</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.) *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 *e.g.H. 8/30/01*



2001 Minnesota Business Assistance Form

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) <i>Mn. Office of Environmental Assist.</i>		2. Name of person completing this form <i>Vinda Countryman</i>	
3. Street address <i>520 Myrtle Rd. N.</i>		4. City <i>St. Paul</i>	5. ZIP code <i>55155-4100</i>
6. County <i>Ramsey</i>	7. Phone number <i>651-296-3417</i>	8. Fax number <i>651-215-0246</i>	9. E-mail address <i>Vinda.countryman@mcea.state.mn.us</i>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input checked="" type="checkbox"/> No <i>Excluded per M.S. 5116J.994 Subd. 7</i> <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <i>Amazon Environmental Inc.</i>		15. Address where business subsidy or financial assistance will be used <i>1732 Jerome Dr., Roseville, MN 55113</i>	
Street address		City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No			
Name of parent corporation <i>Amazon Environmental, Inc.</i>		Street address City State ZIP code <i>7048 Elmer Ave. Whittier, CA 90602</i>	

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p><u>\$60,803.00</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>7-5-00</u></p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p><u>7-28-01.</u></p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input type="checkbox"/> business subsidy <input checked="" type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input checked="" type="checkbox"/> grant (i.e., forgivable loan) \$ <u>60,803.</u> <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input checked="" type="checkbox"/> assistance for pollution control or abatement \$ <u>60,803.</u> <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No <u>Cash and in-kind match only</u></p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____ Grantor</td> <td>_____ Value (\$)</td> </tr> <tr> <td>_____ Grantor</td> <td>_____ Value (\$)</td> </tr> </table>	_____ Grantor	_____ Value (\$)	_____ Grantor	_____ Value (\$)
_____ Grantor	_____ Value (\$)				
_____ Grantor	_____ Value (\$)				

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §1161.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

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

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

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

Project to be completed by 7-28-01

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

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

N.A.

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

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

N.A.

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

Yes No *24th 8/30/01*

Section 5 Recipients Failing to Fulfill Obligations

N.A.

(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.g. 8/30/01*

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

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

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

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

Yes No

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

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

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED JUN 1 2001

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) <i>MN Office of Environmental Dist.</i>		2. Name of person completing this form <i>Linda Countryman</i>	
3. Street address <i>520 Lafayette Rd. N.</i>		4. City <i>St. Paul</i>	5. ZIP code <i>55155-4100</i>
6. County <i>Ramsey</i>	7. Phone number <i>651-296-3417</i>	8. Fax number <i>651-215-0246</i>	9. E-mail address <i>Linda.Countryman@moen.state.mn.us</i>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input checked="" type="checkbox"/> No (Exempt per M.S. §116J.994 subd. 7) <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <i>LHB Architects & Engineers</i>	15. Address where business subsidy or financial assistance will be used <i>21 West Superior St., Duluth MN</i>
Street address	City State ZIP code <i>55802</i>
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p><i>\$74,866.00</i></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><i>10-20-00</i></p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p><i>8-31-01</i></p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p> <input type="checkbox"/> business subsidy <input checked="" type="checkbox"/> financial assistance </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input checked="" type="checkbox"/> grant (i.e., forgivable loan) \$ <i>74,866.</i> <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input checked="" type="checkbox"/> assistance for pollution control or abatement \$ <i>74,866.</i> <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p> <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No <i>In-kind match only.</i> </p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

Increasing tax base (cannot be only purpose)

Other (please specify) *pollution and waste prevention via sustainable design guidance for schools construction.*

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

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

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

Project will be complete by 8-31-01

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

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

N.A.

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

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

N.A.

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

Yes No *2.4.11 8/30/01*



2001 Minnesota Business Assistance Form

RECEIVED JUN 1 2001

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) <i>MN Office of Environmental Assist.</i>		2. Name of person completing this form <i>Dynda Countryman</i>	
3. Street address <i>520 Lafayette Rd. N.</i>		4. City <i>St. Paul</i>	5. ZIP code <i>55155-4100</i>
6. County <i>Ramsey</i>	7. Phone number <i>651-296-3417</i>	8. Fax number <i>651-245-0246</i>	9. E-mail address <i>dynda.countryman@mdeca.state.mn.us</i>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city: EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input checked="" type="checkbox"/> No (Excluded per M.S. §116J.994, subd. 7) <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <i>Seknapak, Inc.</i>	15. Address where business subsidy or financial assistance will be used <i>471 Apple Dr., Inver Grove, MN 55014</i>
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p><u>\$82,309.00</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>9-11-00</u></p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p><u>9-15-01 Equip. placed and tested.</u></p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input type="checkbox"/> business subsidy <input checked="" type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input checked="" type="checkbox"/> grant (i.e., forgivable loan) <u>\$82,309.</u> <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input checked="" type="checkbox"/> assistance for pollution control or abatement <u>\$82,309.00</u> <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No <u>In-kind match only</u></p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____</td> <td>Value (\$)</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>Value (\$)</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	_____	Value (\$)	Grantor	Value (\$)	_____	Value (\$)	Grantor	Value (\$)
_____	Value (\$)								
Grantor	Value (\$)								
_____	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) *Prevent waste and pollution and conserve resources.*

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

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

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) *Project work ends in 6-30-03*

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for 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 *E.H. 8/30/01*

2001 Minnesota Business Assistance Form

RECEIVED APR 23 2001

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>CITY OF SPRING VALLEY</u>		2. Name of person completing this form <u>MIKE BUBANY</u>	
3. Street address <u>112 W. COURTNAID</u>		4. City <u>SPRING VALLEY</u>	5. ZIP code <u>55975</u>
6. County <u>FILMORE</u>	7. Phone number <u>507 346 7367</u>	8. Fax number <u>507 346 7249</u>	9. E-mail address <u>sbubany@cedestmedia.com</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>SOME AS ABOVE</u>			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>11/17/99</u> and attach criteria) <input type="checkbox"/> No (<u>amended 6/21/2000</u>) <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (<u>Stop here, go to section 5 on page 4.</u>)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>SPRING VALLEY MUTUAL INSURANCE COMPANY</u>		15. Address where business subsidy or financial assistance will be used <u>100 BROADWAY</u> <u>Spring Valley MN 55975</u>	
Street address		City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	
City		State ZIP code	

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

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

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

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

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

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

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

Assistance allowed company to move into 1000 abandoned, substandard downtown building.

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p><i>\$75,000</i></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><i>9/1/2000</i></p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p><i>8/1/2002 (1ST INCREMENT REBATE)</i></p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p> <input type="checkbox"/> business subsidy <input checked="" type="checkbox"/> financial assistance </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input checked="" type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ <i>75,000</i> <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p> <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

Section 4 Goals and Public Purpose Identified in the Agreement

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

- Financing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) Revitalization Downtown

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

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

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

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

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/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.)

N/A Yes No

**2000 Minnesota Business Assistance Forms Submitted by City, County and State
Government Agencies for Eligible Projects Reported in 2001**

1. Albany, City of (1 form)
2. Belview, City of (1 form)
3. Benton County (1 form)
4. Buhl, City of (1 form)
5. Caledonia, City of (1 form)
6. Cambridge, City of (1 form)
7. Cannon Falls, City of (1 form)
8. Chisago County HRA-EDA (1 form)
9. Dakota County CDA (1 form)
10. Detroit Lakes, City of (1 form)
11. Fergus Falls, City of (1 form)
12. Hibbing, City of (1 form)
13. Houston County (1 form)
14. Hugo, City of (1 form)
15. Jordon, City of (1 form)
16. Le Center, City of (1 form)
17. Little Falls, City of (1 form)
18. Melrose Area Development Authority (1 form)
19. MN Department of Trade and Economic Development (11 forms)
20. Monticello, City of (1 form)
21. Monticello EDA (1 form)
22. Monticello HRA (1 form)
23. Moorhead, City of (2 forms)
24. North Branch EDA (1 form)
25. Northfield, City of (1 form)
26. Northfield EDA (1 form)
27. Ramsey, City of (1 form)
28. Richfield, City of (1 form)
29. Robbinsdale EDA (1 form)
30. Sartell, City of (1 form)
31. St. Paul Port Authority (1 form)
32. South St. Paul HRA (1 form)
33. West St. Paul, City of (1 form)



2000 Minnesota Business Assistance Form

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) CITY OF ALBANY		2. Name of person completing this form TOM SCHNEIDER	
3. Street address 400 RAILROAD AVE		4. City ALBANY	5. ZIP code 56307-0370
6. County STEARNS	7. Phone number 320-845-4244	8. Fax number 320-845-0346	9. E-mail address albanycity@albanytel.com
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>10/20/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance STEARNS BANK	15. Address where business subsidy or financial assistance will be used 500 13th ST ALBANY 56307 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p>\$ 256,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>10/26/99</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>August 2000</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> Not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district</p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	_____	_____	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)
_____	_____								
Grantor	Value (\$)								
_____	_____								
Grantor	Value (\$)								

Section 4 Goals and Public Purpose Identified in the Agreement

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

- Enhancing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) Encourage quality Const.
- Other (please specify) Enable major Infrastructure
- Other (please specify) Leverage 1.6M in private investment

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>8/1/02</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in 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 Benefits
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>34</u>	_____	_____	<u>59</u>	\$ <u>1.14</u>
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>1</u>	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>7</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>8</u>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>1</u>	_____	_____	_____	\$ _____
\$15.00 and higher	<u>1</u>	_____	_____	_____	\$ _____

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

- Yes No



2000

~~2001~~ Minnesota Business Assistance Form

00-0532

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) <i>City of Belview</i>		2. Name of person completing this form <i>Lori Ryer</i>	
3. Street address <i>202 S. Main St. P.O. Box 159</i>		4. City <i>Belview</i>	5. ZIP code <i>56214</i>
6. County <i>Redwood</i>	7. Phone number <i>507 938 4335</i>	8. Fax number <i>507 938 4382</i>	9. E-mail address <i>belview@rconnect.com</i>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other: (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date <i>10-6-99</i> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <i>E.F.H. 7/6/01</i> <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <i>Heartland Wood Products</i>		15. Address where business subsidy or financial assistance will be used <i>102 S. Main St. Belview, MN 56214</i>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20 Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center; font-size: 1.2em;">\$ 100,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended)</p> <p style="text-align: center; font-size: 1.2em;">11-5-99</p>
<p>22 Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier)</p> <p style="text-align: center; font-size: 1.2em;">1-19-2000</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ 100,000</p> <p><input type="checkbox"/> grant (i.e., forgivable loan) \$ _____</p> <p><input type="checkbox"/> tax abatement \$ _____</p> <p><input type="checkbox"/> TIF or other tax reduction or deferral \$ _____</p> <p><input type="checkbox"/> guarantee of payment \$ _____</p> <p><input type="checkbox"/> contribution of property or infrastructure \$ _____</p> <p><input type="checkbox"/> preferential use of governmental facilities \$ _____</p> <p><input type="checkbox"/> land contribution \$ _____</p> <p><input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants \$ _____</p> <p><input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____</p> <p><input type="checkbox"/> assistance for pollution control or abatement \$ _____</p> <p><input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>
<p>26 If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment</p> <p><input type="checkbox"/> renewal and renovation</p> <p><input type="checkbox"/> soils condition</p> <p><input type="checkbox"/> economic development</p> <p><input type="checkbox"/> mined underground space</p> <p><input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p><u>MN Valley Bank</u> <u>50,000</u></p> <p>Grantor Value (\$)</p> <p><u>MN Initiative Fund</u> <u>50,000</u></p> <p>Grantor Value (\$)</p>

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Dec. 31, 2001</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	\$ ---
less than \$7.00	---	---	---	---	\$ ---
\$7.00 to \$8.99	---	---	---	---	\$ ---
\$9.00 to \$10.99	---	---	<u>8</u>	<u>7</u>	\$ <u>1</u>
\$11.00 to \$12.99	---	---	---	<u>4</u>	\$ <u>1</u>
\$13.00 to \$14.99	---	---	---	---	\$ ---
\$15.00 and higher	---	---	---	<u>1</u>	\$ <u>1</u>

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$ ---
\$7.00 to \$8.99	<u>2</u>	---	---	---	\$ <u>1</u>
\$9.00 to \$10.99	---	---	---	<u>6</u>	\$ <u>1</u>
\$11.00 to \$12.99	---	---	---	<u>3</u>	\$ <u>1</u>
\$13.00 to \$14.99	---	---	---	<u>1</u>	\$ <u>1</u>
\$15.00 and higher	---	---	---	<u>1</u>	\$ <u>1</u>

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

Yes No

Section 5 Recipients Failing to Fulfill Obligations

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

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

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

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
34 Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? <i>(Mark one.)</i>		
<input type="checkbox"/> Yes <i>(Complete the remainder of this section)</i> <input checked="" type="checkbox"/> No <i>(Stop here and submit form to DTED.)</i>		
35 - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. <i>(Attach additional pages if necessary.)</i>		
35 Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36 Reason(s) for default <i>(Mark all that apply.):</i>		
<input type="checkbox"/> recipient ceased operation <input type="checkbox"/> recipient relocated to a different community <input type="checkbox"/> recipient was unable to fill vacant positions <input type="checkbox"/> other <i>(Specify reason)</i> _____		
37 To date, has the recipient fulfilled its repayment obligation? <i>(Mark one)</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No, recipient <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> to repay the assistance.		
38 Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? <i>(Mark one.)</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:		
<hr/> <hr/> <hr/>		

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



2000 Minnesota Business Assistance Form

RECEIVED MAY 31 2001

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>Benton County</u>		2. Name of person completing this form <u>Nancy Hoffman</u>	
3. Street address <u>P.O. Box 129</u>		4. City <u>Foley</u>	5. ZIP code <u>56329</u>
6. County <u>Benton</u>	7. Phone number <u>320/968-5071</u>	8. Fax number <u>320/968-5329</u>	9. E-mail address <u>nhoffman@co.benton.mn.us</u>
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input type="checkbox"/> City government <input checked="" type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date <u>12/10/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Northcrest, LLC</u>		15. Address where business subsidy or financial assistance will be used <u>1009 Industrial Ave Sault Rapids</u>	
		Street address	City ZIP code <u>56379</u>
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

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

St. Cloud No space available
 City/State of previous address Reason project not completed at previous address

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p>\$ <u>99,900</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>10/99</u></p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p><u>10/99</u></p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan</p> <p> <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district </p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p><u>City of Sauk Rapids</u></p> <p>Grantor _____ Value (\$) _____</p> <p>Grantor _____ Value (\$) _____</p>

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

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

(Please attach descriptions of goals and progress toward attainment if not documented in 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 (FTE)	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/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	TOTAL FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	1	5	3	_____	\$ _____
\$7.00 to \$8.99	_____	10	3	_____	\$ _____
\$9.00 to \$10.99	_____	7	2.5	_____	\$ _____
\$11.00 to \$12.99	1	3	2.5	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	2	1	2.5	_____	\$ 1.66

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

- Yes
- No



2000 Minnesota Business Assistance Form

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED - City of Buhl		2. Name of person completing this form Mary A. Markas, Finance		
3. Street address 300 Jones Ave. PO Box 704		4. City Buhl, MN	5. ZIP code 55713	
6. County St. Louis	7. Phone number 218-258-3226	8. Fax number 218-258-3796	9. E-mail address -	
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i>)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one.</i>)		
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify.</i>) _____		<input checked="" type="checkbox"/> Yes (<i>Indicate hearing date - 11-26-97 and attach criteria</i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation.</i>)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one.</i>)				
<input checked="" type="checkbox"/> Yes (<i>Complete the remainder of the form.</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance KidsPeace/Point ReJuvenate		15. Address where business subsidy or financial assistance will be used 200 Wanless Street, Buhl		
		Street address	City	ZIP code
16. Does the recipient have a parent corporation? (<i>Mark one.</i>)				
<input type="checkbox"/> Yes (<i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i>) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

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

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

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

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

Charter School
Juvenile
Correctional
Facility

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p style="text-align: center;">\$ 293,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">10-7-99</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">June 1999</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan <input checked="" type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district</p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p style="text-align: center;"><u>see attached</u></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-top: 1px solid black;">Grantor</td> <td style="width: 50%; border-top: 1px solid black;">Value (\$)</td> </tr> <tr> <td style="border-top: 1px solid black;"> </td> <td style="border-top: 1px solid black;"> </td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black;">Value (\$)</td> </tr> </table>	Grantor	Value (\$)			Grantor	Value (\$)
Grantor	Value (\$)						
Grantor	Value (\$)						

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12-31-2001</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	<u>Agreement stated that 136 new permanent jobs to be created by 12-31-2001.</u>				\$ _____
\$7.00 to \$8.99					\$ _____
\$9.00 to \$10.99					\$ _____
\$11.00 to \$12.99					\$ _____
\$13.00 to \$14.99					\$ _____
\$15.00 and higher					\$ _____

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	<u>0</u>	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>5</u>	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>35</u>	<u>13</u>	_____	_____	\$ _____
\$11.00 to \$12.99	<u>44</u>	<u>1</u>	_____	_____	\$ _____
\$13.00 to \$14.99	<u>13</u>	_____	_____	_____	\$ _____
\$15.00 and higher	<u>30</u>	<u>1</u>	_____	_____	\$ _____

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

- Yes No



2000 Minnesota Business Assistance Form

(To replace 2001 form submitted on March 30, 2001)

RECEIVED JUN 28 2001

00-0284

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Caledonia		2. Name of person completing this form Joyce Iverson, Community Dev. Coord.	
3. Street address 231 East Main Street - PO Box 232		4. City Caledonia	5. ZIP code 55921
6. County Houston	7. Phone number 507-725-3632	8. Fax number 507-725-5258	9. E-mail address joyceiv@means.net
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2. Robert Nelson, Clerk-Admin 507-725-3450 (same)			
Name/Title		Street address	
Phone number		City ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date <u>3-27-00</u> and attach criteria) <input type="checkbox"/> No Amended Hearing Date: 7-10-00 <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Caledonia Lodging, L.L.C.		15. Address where business subsidy or financial assistance will be used 508 N. Kruckow Ave, Caledonia, MN 55921 Street address City ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	

6/28/01 - replacement report for report submitted 3/30/01 (E.T.H.)

17. Industry of recipient's facility (Mark one.): **e.f. 11/29/01**

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

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

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

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

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

N/A New Facility
 Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p style="text-align: center;">\$50,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">Tax Abatement Agreement: 12-13-99</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">November 1999</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input checked="" type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p>Houston County-Tax Abate: \$65,735</p> <table border="0"> <tr> <td style="border-bottom: 1px solid black;">Grantor</td> <td style="border-bottom: 1px solid black;">Value (\$)</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grantor</td> <td style="border-bottom: 1px solid black;">Value (\$)</td> </tr> </table>	Grantor	Value (\$)			Grantor	Value (\$)
Grantor	Value (\$)						
Grantor	Value (\$)						

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>January 2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>November 1999</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	-----	-----	-----	-----	\$
less than \$7.00	-----	-----	7.5*	-----	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	-----	-----	-----	-----	\$

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/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	2.0	-----	0
\$7.00 to \$8.99	-----	11	4.2	-----	0
\$9.00 to \$10.99	-----	3	1.3	-----	0
\$11.00 to \$12.99	-----	-----	-----	-----	\$
\$13.00 to \$14.99	1	-----	1.0	-----	0
\$15.00 and higher	-----	-----	Total: 8.5 FTE	-----	\$

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

- Yes No



2000 Minnesota Business Assistance Form

RECEIVED MAR 28 2001

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Cambridge		2. Name of person completing this form Michael Grochala		
3. Street address 626 Main Street North		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 mgrochala@ci.cambridge.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 (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i>)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one.</i>)		
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify.</i>) _____		<input checked="" type="checkbox"/> Yes (<i>Indicate hearing date - 9-20-99 and attach criteria</i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation.</i>)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one.</i>)				
<input type="checkbox"/> Yes (<i>Complete the remainder of the form.</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Park Manufacturing Corporation		15. Address where business subsidy or financial assistance will be used 555 Garfield St. S., Cambridge 55008		
		Street address	City	ZIP code
16. Does the recipient have a parent corporation? (<i>Mark one.</i>)				
<input type="checkbox"/> Yes (<i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i>) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

17. Industry of recipient's facility (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.)

Cedar, MN Park Manufacturing had inadequate land availability at
City/State of previous address Reason project not completed at previous address existing location.

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p style="text-align: center;">\$251,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">10-20-99</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) 4-11-2000</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input checked="" type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district</p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 60%;"></td> <td style="border-top: 1px solid black; width: 40%;"></td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> </table>			Grantor	Value (\$)			Grantor	Value (\$)
Grantor	Value (\$)								
Grantor	Value (\$)								

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>6-30-02</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	<u>15*</u>	_____	\$ _____
*15 jobs w/minimum \$8.00 per hr. and to average \$9.15 per hr. exclusive of benefits.	_____	_____	_____	_____	\$ _____
\$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

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Cannon Falls		2. Name of person completing this form Dallas Larson	
3. Street address 306 W. Mill Street		4. City Cannon Falls	5. ZIP code 55009
6. County Goodhue	7. Phone number 507-263-3954	8. Fax number 507-263-5843	9. E-mail address cfalls@cannon.net
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2. Dallas Larson			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date) <u>1-18-99</u> (attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Lorentz Meats		15. Address where business subsidy or financial assistance will be used Cannon Industrial Blvd. Cannon Falls, MN 55009	
		Street address	City ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

- Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) Ag Processor

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p>\$209,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>12/09/99</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>8-1-00</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan</p> <p><input type="checkbox"/> grant (i.e., forgivable loan)</p> <p><input type="checkbox"/> tax abatement</p> <p><input type="checkbox"/> TIF or other tax reduction or deferral</p> <p><input type="checkbox"/> guarantee of payment</p> <p><input type="checkbox"/> contribution of property or infrastructure</p> <p><input type="checkbox"/> preferential use of governmental facilities</p> <p><input checked="" type="checkbox"/> land contribution</p> <p><input type="checkbox"/> other (Specify subsidy type.) _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants</p> <p><input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost</p> <p><input type="checkbox"/> assistance for pollution control or abatement</p> <p><input type="checkbox"/> assistance for a TIF soils condition district</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment</p> <p><input type="checkbox"/> renewal and renovation</p> <p><input type="checkbox"/> soils condition</p> <p><input type="checkbox"/> economic development</p> <p><input type="checkbox"/> mined underground space</p> <p><input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

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

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	1	_____	_____	_____	\$ 1.60
\$9.00 to \$10.99	4	_____	_____	_____	\$ 1.80
\$11.00 to \$12.99	5	_____	_____	_____	\$ 2.40
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/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	_____	_____	_____	\$ 1.90
\$11.00 to \$12.99	3	_____	_____	_____	\$ 2.20
\$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



2000 Minnesota Business Assistance Form

RECEIVED MAY 30 2001

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) Chisago County HRA-EDA		2. Name of person completing this form Mark Vahlsing	
3. Street address 6448 Main Street		4. City North Branch	5. ZIP code 55056
6. County Chisago	7. Phone number 651-674-5664	8. Fax number 651-674-2996	9. E-mail address mvahl@growchisago.com
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i>)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one.</i>)	
<input type="checkbox"/> City government <input checked="" type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify.</i>) _____		<input checked="" type="checkbox"/> Yes (<i>Indicate hearing date - _____ and attach criteria</i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation.</i>)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one.</i>)			
<input checked="" type="checkbox"/> Yes (<i>Complete the remainder of the form.</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Robert D. Higley Higley Cabinets		15. Address where business subsidy or financial assistance will be used 39675 Grand Avenue, North Branch 55056	
		Street address	City ZIP code
16. Does the recipient have a parent corporation? (<i>Mark one.</i>)			
<input checked="" type="checkbox"/> Yes (<i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i>) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

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

North Branch, MN Not enough space in existing building
City/State of previous address Reason project not completed at previous address

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p style="text-align: center;">\$29,926.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">12/31/1999</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">January 2000</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input checked="" type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p><u>City of North Branch \$21,200</u> Grantor Value (\$) _____ Grantor Value (\$)</p>

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12/2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

- Yes No

2000 Minnesota Business Assistance Form

RECEIVED MAR 28 2001

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) <i>(DCCDA)</i> <i>Dakota County Community Development Agency</i>		2. Name of person completing this form <i>Jill Hutmacher</i>		
3. Street address <i>2496 145th St. West</i>		4. City <i>Rosemount</i>	5. ZIP code <i>55068</i>	
6. County <i>Dakota</i>	7. Phone number <i>651-423-8100</i>	8. Fax number <i>651-423-1273</i>	9. E-mail address <i>jhutmacher@dakotacda.state.mn.u</i>	
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)		
<input type="checkbox"/> City government <input checked="" type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date <i>11-9-99</i> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <i>Signal Hills Company II, LLP</i>		15. Address where business subsidy or financial assistance will be used <i>1C Signal Hills Mall, West St. Paul 55118</i>		
		Street address	City	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p>\$3,924,500 \$3,300,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>December 29, 1999</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>February 1, 2000</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p> <input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <u>City of West St. Paul</u> <input checked="" type="checkbox"/> grant (i.e., forgivable loan) <u>Metropolitan Council</u> <input type="checkbox"/> tax abatement <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <u>DCCDA</u> <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p> <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district </p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p> <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s):</p> <p> <u>City of West St. Paul</u> \$300,000 (loan) <u>Metropolitan Council</u> \$324,500 (grant) </p> <p> Grantor Value (\$) Grantor Value (\$) <u>City of West St. Paul</u> \$300,000 <u>Metropolitan Council</u> \$324,500 </p>

Section 4 Goals and Public Purpose Identified in the Agreement

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

- Enhancing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community (Removing + preventing blight)
- Increasing tax base (cannot be only purpose)
- Other (please specify) *Providing impetus for commercial*
- Other (please specify) *development and/or redevelopment*
- Other (please specify) *within the Project Area*

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>February 1, 2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>December 31, 2001</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

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

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

Yes No

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

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

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

Or fax to: (651) 215-3841

MAR 26 2000

RECEIVED APR 6 2001

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

Section 1 Information About Grantor

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

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance ACTION FABRICATING		15. Address where business subsidy or financial assistance will be used 1244 HAWK STREET DETROIT LAKES, MN 56501		
		Street address	City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$35,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">November 3, 1999</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">FEBRUARY 16, 2000</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input checked="" type="checkbox"/> tax abatement \$ <u>35,000</u> <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p style="text-align: center;"><u>4.7.0.6126101</u></p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p style="text-align: center;">BECKER COUNTY \$65,000</p> <table border="0" style="width: 100%;"> <tr> <td style="border-top: 1px solid black; width: 50%;">Grantor</td> <td style="border-top: 1px solid black; width: 50%;">Value (\$)</td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black;">Value (\$)</td> </tr> </table>	Grantor	Value (\$)	Grantor	Value (\$)
Grantor	Value (\$)				
Grantor	Value (\$)				

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

Goals	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No JUNE 30, 2001	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

* RETENTION of business in community for E.F.H (6/26/01) EXPANSION

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

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

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

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

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

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

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

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

No *E.F.D. 6/26/01*

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

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

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)* *E.F.D. 6/26/01*

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

35. Information on recipient and agreement:

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

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

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

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

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

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

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

Yes No

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

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

Or fax to: (651) 215-3841



2000 Minnesota Business Assistance Form

00-0121

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of 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 penny.davis@ci-fergus-falls.mn.us
10. Please indicate who in your organization should receive the 2000 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify): _____		<input checked="" type="checkbox"/> Yes. (Indicate hearing date - <u>8-2-98</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria. (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Criteria submitted with the City's 2001 report which was sent via U.S. mail on 3-27-01

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Florists' Atrium, Ltd.	15. Address where business subsidy or financial assistance will be used 115 1/2 West Lincoln Fergus Falls MN 56537
Street address City ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

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

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

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

New Port News, VA One partner lives in Fergus Falls and it was easier for the other partner to relocate to Fergus Falls
 City/State of previous address Reason project not completed at previous address

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p style="text-align: center;">\$77,450</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">12-23-99</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">01-03-00</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan <input checked="" type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district</p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td style="border-bottom: 1px solid black;">Project 2000 of FF</td> <td style="border-bottom: 1px solid black; text-align: right;">\$5,000.00</td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> <tr> <td> </td> <td style="text-align: right;"> </td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> </table>	Project 2000 of FF	\$5,000.00	Grantor	Value (\$)			Grantor	Value (\$)
Project 2000 of FF	\$5,000.00								
Grantor	Value (\$)								
Grantor	Value (\$)								

Section 4 Goals and Public Purpose Identified in the Agreement

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

Enhancing economic diversity
 Creating high-quality job growth
 Job retention
 Stabilizing the community
 Increasing tax base (cannot be only purpose)
 Other (please specify) initiate location of e-commerce/technology dependent business within the community
 Other (please specify) _____

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>01/03/02</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	-----				\$
less than \$7.00				---	\$
\$7.00 to \$8.99	<u>3</u>				\$ 1.29
\$9.00 to \$10.99	<u>7</u>			---	\$ 1.29
\$11.00 to \$12.99	-----				\$
\$13.00 to \$14.99				---	\$
\$15.00 and higher					\$

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	--				\$
\$7.00 to \$8.99	<u>1</u>				\$ 1.29
\$9.00 to \$10.99				-	\$
\$11.00 to \$12.99				---	\$
\$13.00 to \$14.99	-----				\$
\$15.00 and higher				--	\$

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

Yes No

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- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from August 1, 1999 through December 31, 1999 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) CITY OF HIBBING		2. Name of person completing this form SUZANNE 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@HIBBING.ORG	
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)		
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 9/20/99 attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance CARPENTER BROTHERS SERVICES INC DBA PORTABLE JOHN		15. Address where business subsidy or financial assistance will be used 1100 GREYHOUND BLVD, HIBBING, MN 55746		
		Street address	City	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p>\$94,850</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>10/18/99</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p> <input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input checked="" type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input checked="" type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p> <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district </p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p> <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	_____	_____	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)
_____	_____								
Grantor	Value (\$)								
_____	_____								
Grantor	Value (\$)								

Section 4 Goals and Public Purpose Identified in the Agreement

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

- Enhancing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) PUBLIC IMPROVEMENT
- Other (please specify) EXPAND BUSINESS CAPABILITY
- Other (please specify) _____

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

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

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	\$---
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	<u>0</u>	<u>2</u>	---	<u>6</u>	<u>\$8</u>
\$9.00 to \$10.99	---	---	---	---	\$---
\$11.00 to \$12.99	---	---	---	---	\$---
\$13.00 to \$14.99	---	---	---	---	\$---
\$15.00 and higher	---	---	---	---	\$---

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	---	---	---	<u>6</u>	<u>\$8</u>
\$9.00 to \$10.99	---	---	---	---	\$---
\$11.00 to \$12.99	---	---	---	---	\$---
\$13.00 to \$14.99	---	---	---	---	\$---
\$15.00 and higher	---	---	---	---	\$---

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

Yes No

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

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

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

Or fax to: (651) 215-3841

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

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

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

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

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

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

N/A New Facility
 Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p>\$65,735</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>Public Hearing-Approval: 3/9-3/16/99 Tax Abate Dev. Agreement: 12-13-99</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>November, 1999</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input checked="" type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p>City of Caledonia \$50,000 Tax Abate(99)</p> <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>City of Caledonia</td> <td>\$67,000 Loan(3/2000)</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	Grantor	Value (\$)	City of Caledonia	\$67,000 Loan(3/2000)	Grantor	Value (\$)
Grantor	Value (\$)						
City of Caledonia	\$67,000 Loan(3/2000)						
Grantor	Value (\$)						

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

- | | Goals established? | Target attainment dates (month & year) | All goals attained? |
|---|---|--|---|
| A) Specific wage and job goals to be attained within 2 years* | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>January 2002</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| B) Other job-creation and/or retention goals | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C) Other wage goals | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D) Other goals other than wage and job goals | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>November 1999</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	<u>7.5*</u>	_____	\$ <u>-0-</u>
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	<u>9</u>	<u>2.0</u>	_____	\$ <u>-0-</u>
\$7.00 to \$8.99	_____	<u>11</u>	<u>4.2</u>	_____	\$ <u>-0-</u>
\$9.00 to \$10.99	_____	<u>3</u>	<u>1.3</u>	_____	\$ <u>-0-</u>
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>1</u>	_____	<u>1.0</u>	_____	\$ <u>-0-</u>
\$15.00 and higher	_____	_____	Total: <u>8.5</u> FTE	_____	\$ _____

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

- Yes No



00-0861

2000 Minnesota Business Assistance Form

RECEIVED MAY 1 2001

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Hugo		2. Name of person completing this form Ronald J. Otkin		
3. Street address 5524 Upper 146th Street N		4. City Hugo	5. ZIP code 55038	
6. County Washington	7. Phone number 651 429-6676	8. Fax number 651 426-2859	9. E-mail address rotkin@ci.hugo.mn.us	
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)		
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		10/04/99 <input checked="" type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Nor-Lakes Holding Co., L.L.C.		15. Address where business subsidy or financial assistance will be used 13615 Fenway Blvd Ct N Hugo 55038 Street address City ZIP code		
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

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

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

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

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

St. Paul, MN Occupied leased property; lease expired
 City/State of previous address Reason project not completed at previous address

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

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

Section 3 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.) <p style="text-align: center;">\$529,900</p>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <p style="text-align: center;">12/14/99</p>
--	---

22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) 12/14/99

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

business subsidy financial assistance

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

26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 50%;"></td> <td style="border-top: 1px solid black; width: 50%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black; text-align: right;">Value (\$)</td> </tr> </table>		Value (\$)	Grantor	Value (\$)	Grantor	Value (\$)
	Value (\$)						
Grantor	Value (\$)						
Grantor	Value (\$)						

Section 4 Goals and Public Purpose Identified in the Agreement

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

- Enhancing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) Construct public imp
- Other (please specify) Develop mfg facilities
- Other (please specify) _____

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12/14/01</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>5</u>	_____	_____	<u>1</u>	\$ _____
\$11.00 to \$12.99	<u>1</u>	_____	_____	<u>5</u>	\$ _____
\$13.00 to \$14.99	_____	_____	_____	<u>2</u>	\$ _____
\$15.00 and higher	_____	_____	_____	<u>7</u>	\$ _____

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

- Yes No



2001 Minnesota Business Assistance Form

00-0256

RECEIVED MAR 30 2001

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Jordan		2. Name of person completing this form Tom Nikunen, Finance Director	
3. Street address 210 East 1st Street		4. City Jordan	5. ZIP code 55352
6. County Scott	7. Phone number 952-492-2535	8. Fax number 952-492-3861	9. E-mail address tnikunen@ci.jordan.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>12/6/99</u> ^{2-7-94. 6/18/90} and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (<u>Stop here, go to section 5 on page 4.</u>)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Propellant Marketing Group, Inc.	15. Address where business subsidy or financial assistance will be used <u>315 Broadway St. Jordan, MN 55352</u> Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$375,000.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">December 6, 1999</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">August 1, 2000</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>375,000</u> <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____ Grantor</td> <td>_____ Value (\$)</td> </tr> <tr> <td>_____ Grantor</td> <td>_____ Value (\$)</td> </tr> </table>	_____ Grantor	_____ Value (\$)	_____ Grantor	_____ Value (\$)
_____ Grantor	_____ Value (\$)				
_____ Grantor	_____ Value (\$)				

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>August 1, 2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	<u>11</u>	_____	<u>11</u>	\$ _____
\$9.00 to \$10.99	<u>7</u>	<u>1</u>	_____	<u>8</u>	\$ _____
\$11.00 to \$12.99	<u>1</u>	_____	_____	<u>1</u>	\$ _____
\$13.00 to \$14.99	_____	<u>1</u>	_____	<u>1</u>	\$ _____
\$15.00 and higher	<u>1</u>	_____	_____	<u>1</u>	\$ _____

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 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 §146J.994? *(Mark one.)*

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

No

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

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

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

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

Yes No

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

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

Or fax to: (651) 215-3841



2000 Minnesota Business Assistance Form

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) CITY OF LE CENTER		2. Name of person completing this form DON HAYDEN	
3. Street address 10 W TYRONS ST		4. City LE CENTER	5. ZIP code 56057
6. County LE SUEUR	7. Phone number 507-357-4450	8. Fax number 507-357-6888	9. E-mail address N/A
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance FRANCIS + MARGARET SMITH S + J TRANSPORT		15. Address where business subsidy or financial assistance will be used 475 PARK AVE. LE CENTER 56057	
Street address		City ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	
City		State ZIP code	

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p><u>\$380,600 TORNADO LOAN</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>10/1/99</u></p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p><u>11/1/99</u></p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> <u>Q.T.D. 711/01</u> business subsidy <input checked="" type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §1161.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

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

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

N/A

(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	_____	_____	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	_____	_____	N/A	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
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34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement:

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

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

recipient ceased operation recipient relocated to a different community

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

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

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

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

Yes No

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

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

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

Form resubmitted on 6/15/01 because grantor used wrong form 3/30/01. 4.7.01 6/15/01



0 4.14 8/24/01
2001 Minnesota Business Assistance Form

00-0946

RECEIVED MAY 29 2001

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Little Falls		2. Name of person completing this form Lori Kasella/Finance Officer	
3. Street address 100 NE 7th Ave., P.O. Box 244		4. City Little Falls	5. ZIP code 56345
6. County Morrison	7. Phone number (320) 632-2341	8. Fax number (320) 632-2344	9. E-mail address --
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>12-20-99</u> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (<u>Stop here, go to section 5 on page 4.</u>)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Larson/Glastron Boats, Inc.		15. Address where business subsidy or financial assistance will be used 700 Paul Larson Memorial Dr. Little Falls MN 56345	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No <u>Genmar Holdings, Inc</u> Name of parent corporation			
		Street address	City State ZIP code
		<u>100 South 5th St Suite 2400 mpls mn 55402</u>	

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.)

\$1,120,000-

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

August 31, 1999

22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or 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 6, 2000

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

- 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 \$ 1,120,000
 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 (\$)

 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, job training

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

Table with 4 columns: Goal type (A-D), Goals established?, Target attainment dates, All goals attained?.

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

Retention 750 jobs, Creation 20 jobs, Average salary \$25,000

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs.

Table with 6 columns: Hourly Wage, Full-time Job Creation, Part-time/Seasonal/Temp. Job Creation, FTE (only if goals not stated as FT/PT) Job Creation, Job Retention, Hourly Value of Health Insurance.

add per Ed 20

add per Ed 750

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs.

Table with 6 columns: Hourly Wage, Full-time Job Creation, Part-time/Seasonal/Temp. Job Creation, FTE (only if unable to separate FT/PT) Job Creation, Job Retention, Hourly Value of Health Insurance.

add per Ed 750

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

Yes No

Section 5 Recipients Failing to Fulfill Obligations

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

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

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

No

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

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

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

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

Yes No

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

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

Or fax to: (651) 215-3841

00-0796



2000 Minnesota Business Assistance Form

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) Melrose Area Development Authority		2. Name of person completing this form Gary Walz	
3. Street address 225 E First St N		4. City Melrose	5. ZIP code 56352
6. County Stearns	7. Phone number 320-256-4278	8. Fax number 320-256-7766	9. E-mail address garyw@meltel.net
10. Please indicate who in your organization should receive the 2001 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.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9/13/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Carstens Industries, Inc.		15. Address where business subsidy or financial assistance will be used 733 W Main, Melrose MN 56352	
		Street address	City ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

Section 4 Goals and Public Purpose Identified in the Agreement

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

- Enhancing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) assist this business
- Other (please specify) with growth & solidify
- Other (please specify) its economic 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12-01</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12-04</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C) Other wage goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12-04</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	-	-	-	<u>1</u>	<u>\$.70</u>
less than \$7.00	-	-	-	-	<u>\$ -</u>
\$7.00 to \$8.99	<u>5</u>	-	-	<u>3</u>	<u>\$.70</u>
\$9.00 to \$10.99	<u>1</u>	-	-	<u>8</u>	<u>\$.70</u>
\$11.00 to \$12.99	-	-	-	<u>3</u>	<u>\$.70</u>
\$13.00 to \$14.99	-	-	-	-	<u>\$ -</u>
\$15.00 and higher	-	-	-	-	<u>\$ -</u>

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	-	-	-	-	<u>\$ -</u>
\$7.00 to \$8.99	<u>1</u>	-	-	<u>1</u>	<u>\$.72</u>
\$9.00 to \$10.99	<u>0</u>	-	-	<u>9</u>	<u>\$.72</u>
\$11.00 to \$12.99	-	-	-	<u>2</u>	<u>\$.72</u>
\$13.00 to \$14.99	-	-	-	<u>2</u>	<u>\$.72</u>
\$15.00 and higher	-	-	-	-	<u>\$ -</u>

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.) The year 2000 was only the first full year of the agreement. Although Yes No

the recipient expected to have created more new jobs by 12/31/00, the downturn in the economy prevented his doing so.

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

No

NA

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
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34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

Goal fulfillment date is 01/27/02

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, 2000, to:

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

Or fax to: (651) 215-3841



2000 Minnesota Business Assistance Form

E.T.H. original received 5/2/01

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.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 (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i>)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one.</i>)	
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify.</i>) _____		<input checked="" type="checkbox"/> Yes (<i>Indicate hearing date - 7-27-00 and attach criteria</i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation.</i>)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one.</i>)			
<input checked="" type="checkbox"/> Yes (<i>Complete the remainder of the form.</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)			

Section 2 Information About Recipient

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

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p style="text-align: center;">\$115,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">September 22, 1999</p>
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22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or 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

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

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

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

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>20</u>	_____	_____	_____	\$1.50
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

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

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

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

Yes * No

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

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

* No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.)

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

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

Yes No

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

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

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



2000 Minnesota Business Assistance Form

E.F.H. original received 5/2/01

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE		
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101	
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.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 (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i>)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one.</i>)		
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify.</i>) _____		<input checked="" type="checkbox"/> Yes (<i>Indicate hearing date - 7-27-00 and attach criteria</i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation.</i>)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one.</i>)				
<input checked="" type="checkbox"/> Yes (<i>Complete the remainder of the form.</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)				

Section 2 Information About Recipient

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

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p style="text-align: center;">\$100,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">November 23, 1999</p>
---	---

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

May 25, 2000

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

business subsidy financial assistance

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

<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p>* not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p>* Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table> <tr> <td>CFEDA</td> <td style="text-align: right;">109900</td> </tr> <tr> <td>CFDA</td> <td style="text-align: right;">100000</td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> <tr> <td>SWMIF</td> <td style="text-align: right;">100000</td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> </table>	CFEDA	109900	CFDA	100000	Grantor	Value (\$)	SWMIF	100000	Grantor	Value (\$)
CFEDA	109900										
CFDA	100000										
Grantor	Value (\$)										
SWMIF	100000										
Grantor	Value (\$)										

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

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

8/21/01
E.H.

(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	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 2000 MBAF submitted to DTED.)

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

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

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
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34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.)

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

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

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
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Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
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36. Reason(s) for default (Mark all that apply.):

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

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

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

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

Yes No

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

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

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

2000 Minnesota Business Assistance Form

E.F.H. original received 5/2/01

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE		
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101	
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.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 (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i>)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one.</i>)		
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify.</i>) _____		<input checked="" type="checkbox"/> Yes (<i>Indicate hearing date - 7-27-00 and attach criteria</i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation.</i>) _____		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one.</i>)				
<input checked="" type="checkbox"/> Yes (<i>Complete the remainder of the form.</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)				

Section 2 Information About Recipient

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

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p style="text-align: center;">\$300,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">OCTOBER 6, 1999</p>
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22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or 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 14, 2000

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

* business subsidy financial assistance

<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p>* loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district </p>
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<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p>* not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p>* Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p> <u>Le Center</u> <u>400,000</u> Grantor Value (\$) </p> <p>_____ Grantor Value (\$) </p>
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Section 4 Goals and Public Purpose Identified in the Agreement

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

- Enhancing economic diversity
- * Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____
- 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 <input type="checkbox"/> No <input type="checkbox"/>	Nov 2001	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

B.F.H. 8/21/01

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	60	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

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

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

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

Yes * No

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

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

* No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.)

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

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

Yes No

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

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

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

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

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

2.7.11 8/2/10

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>30</u>	_____	_____	_____	\$ <u>1.00</u>
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

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

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

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



2000 Minnesota Business Assistance Form

00-0753

E.H. original received 5/2/01

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE		
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101	
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address <u>paul.a.moe@state.mn.us</u>	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i>)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one.</i>)		
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify.</i>) _____		<input checked="" type="checkbox"/> Yes (<i>Indicate hearing date - 7-27-00 and <u>attach criteria</u></i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation.</i>)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one.</i>)				
<input checked="" type="checkbox"/> Yes (<i>Complete the remainder of the form.</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance THOMAS ENGINEERING CO.		15. Address where business subsidy or financial assistance will be used 7024 NORTHLAND DR. BROOKLYN PARK MN 55428 Street address City ZIP code		
16. Does the recipient have a parent corporation? (<i>Mark one.</i>)				
<input type="checkbox"/> Yes (<i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i>) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

17. Industry of recipient's facility (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

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p style="text-align: center;">\$135,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">DECEMBER 28, 1999</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">DECEMBER 28, 1999</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p>* loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.)</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p>* not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p>* No</p> <p>Grantor(s) and value of the agreement(s)</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Grantor _____</td> <td style="width: 50%;">Value (\$)</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$)</td> </tr> </table>	Grantor _____	Value (\$)	Grantor _____	Value (\$)
Grantor _____	Value (\$)				
Grantor _____	Value (\$)				

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

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

27.H. Bizz/D

(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	23	_____	_____	_____	\$4.89
\$15.00 and higher	_____	_____	_____	_____	\$ _____

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/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



2000 Minnesota Business Assistance Form

00-0788

J.F.H. original received 5/2/01

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE		
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101	
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address <u>paul.a.moe@state.mn.us</u>	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i>)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one.</i>)		
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify:</i>) _____		<input checked="" type="checkbox"/> Yes (<i>Indicate hearing date - 7-27-00 and <u>attach criteria</u></i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation.</i>)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one.</i>)				
<input checked="" type="checkbox"/> Yes (<i>Complete the remainder of the form.</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance EMERALD MANUFACTURING, INC.		15. Address where business subsidy or financial assistance will be used 305 ELM ST. ERSKINE MN 56535 Street address City ZIP code		
16. Does the recipient have a parent corporation? (<i>Mark one.</i>)				
<input type="checkbox"/> Yes (<i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i>) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

17. Industry of recipient's facility (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

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p style="text-align: center;">\$50,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">AUGUST 30, 1999</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">DECEMBER 31, 1999</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;">* business subsidy <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution * other (Specify subsidy type.) Loan to EDA to rehab building</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district</p> <p>leased to Company</p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p>* not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p>* Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s)</p> <table border="0"> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> <tr> <td>NW MN Foundation</td> <td style="text-align: right;">\$80,000</td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> <tr> <td>City of Erskine</td> <td style="text-align: right;">\$30,000</td> </tr> </table>	Grantor	Value (\$)	NW MN Foundation	\$80,000	Grantor	Value (\$)	City of Erskine	\$30,000
Grantor	Value (\$)								
NW MN Foundation	\$80,000								
Grantor	Value (\$)								
City of Erskine	\$30,000								

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

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

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

B.T.H. 8/22/01

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

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

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

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

- Yes * No

Section 5 Recipients Failing to Fulfill Obligations

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

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

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

* No

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

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

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

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

35. Information on recipient and agreement:

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

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

recipient ceased operation recipient relocated to a different community

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

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

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

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

Yes No

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

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

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

Or fax to: (651) 215-3841

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

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p style="text-align: center;">\$150,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">OCTOBER 29, 1999</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">OCTOBER 29, 1999</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;">* business subsidy <input type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p>* loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.)</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p>* not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district</p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p>* not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p>* No</p> <table style="width: 100%;"> <tr> <td colspan="2">Grantor(s) and value of the agreement(s)</td> </tr> <tr> <td style="width: 50%;">Grantor</td> <td style="width: 50%;">Value (\$)</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	Grantor(s) and value of the agreement(s)		Grantor	Value (\$)	Grantor	Value (\$)
Grantor(s) and value of the agreement(s)							
Grantor	Value (\$)						
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Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	<u>JUNE 2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>e.f.d. 8/31/02</i>
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	12	_____	_____	_____	\$ _____
\$9.00 to \$10.994	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	7	_____	_____	_____	\$.97
\$9.00 to \$10.99	4	_____	_____	_____	\$.97
\$11.00 to \$12.99	1	_____	_____	_____	\$.97
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

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

Yes No *e.f.d. 8/31/02*

Section 5 Recipients Failing to Fulfill Obligations

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

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

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

* No

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

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

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

Yes No

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

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

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

Or fax to: (651) 215-3841



2000 Minnesota Business Assistance Form

00-1029

e.g.H. original received 5/3/01

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS	
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address <u>bart.bevins@state.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i>) <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify.</i>) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one.</i>) <i>* Yes (Indicate hearing date - 9-24-99- and attach criteria)</i> <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation.</i>)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one.</i>) <i>* Yes (Complete the remainder of the form.)</i> <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance AARON CARLSON WOODWORK		15. Address where business subsidy or financial assistance will be used 801 ATLANTIC AVE MORRIS MN 56267 Street address City ZIP code	
16. Does the recipient have a parent corporation? (<i>Mark one.</i>) <i>* Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)</i> <input type="checkbox"/> No AARON CARLSON CORP 1505 CENTRAL AVE NE MINNEAPOLIS MN 55413 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

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p style="text-align: center;">\$100,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">DECEMBER 1, 1999</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">DECEMBER 1, 1999</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p>* loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.)</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p>* not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p>* not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p>* No</p> <p>Grantor(s) and value of the agreement(s)</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">Grantor</td> <td style="width: 40%;">Value (\$)</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	Grantor	Value (\$)	Grantor	Value (\$)
Grantor	Value (\$)				
Grantor	Value (\$)				

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

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

E-File 8/31/02

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$
\$7.00 to \$8.99	_____	_____	20	_____	\$
\$9.00 to \$10.994	_____	_____	_____	_____	\$
\$11.00 to \$12.99	_____	_____	_____	_____	\$
\$13.00 to \$14.99	_____	_____	_____	_____	\$
\$15.00 and higher	_____	_____	_____	_____	\$

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	2	_____	\$.58
\$9.00 to \$10.99	_____	_____	2	_____	\$.58
\$11.00 to \$12.99	_____	_____	_____	_____	\$
\$13.00 to \$14.99	_____	_____	1	_____	\$.58
\$15.00 and higher	_____	_____	_____	_____	\$

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

- Yes
- * No



2001 Minnesota Business Assistance Form

00-1031

e.f.h. original received 5/31/01

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS		
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101	
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address <u>bart.bevins@state.mn.us</u>	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i>)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one.</i>)		
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify.</i>) _____		<input checked="" type="checkbox"/> Yes (<i>Indicate hearing date - 9-24-99- and attach criteria</i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation.</i>)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one.</i>)				
<input checked="" type="checkbox"/> Yes (<i>Complete the remainder of the form.</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance HEALTH POSTURES, INC.		15. Address where business subsidy or financial assistance will be used 262 W 1 ST ST MORTON MN 56270 Street address City ZIP code		
16. Does the recipient have a parent corporation? (<i>Mark one.</i>)				
<input type="checkbox"/> Yes (<i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i>) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

17. Industry of recipient's facility (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.)
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 City/State of previous address Reason project not completed at previous address

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p style="text-align: center;">\$100,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">NOVEMBER 24, 1999</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">DECEMBER 23, 1999</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance </p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p>* loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.)</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p>* not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p>* not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p>* No</p> <table style="width: 100%;"> <tr> <td colspan="2">Grantor(s) and value of the agreement(s)</td> </tr> <tr> <td style="width: 70%;">Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> </table>	Grantor(s) and value of the agreement(s)		Grantor	Value (\$)	Grantor	Value (\$)
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Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

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

2.1.08/30/01

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00			_____	_____	\$
\$7.00 to \$8.99	23				\$
\$9.00 to \$10.994			_____		\$
\$11.00 to \$12.99	2	_____			\$
\$13.00 to \$14.99			_____		\$
\$15.00 and higher	25	_____	_____		\$

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/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	_____			\$
\$13.00 to \$14.99	1				\$
\$15.00 and higher	3	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

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

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.) <p style="text-align: center;">\$100,000</p>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <p style="text-align: center;">SEPTEMBER 10, 1999</p>								
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) <p style="text-align: center;">SEPTEMBER 20, 1999</p>									
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance </p>									
24. If the agreement provided a business subsidy, please indicate the type(s). <input type="checkbox"/> not applicable, agreement provided financial assistance * loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.)	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). <input checked="" type="checkbox"/> * not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district								
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Grantor(s) and value of the agreement(s)									
Grantor	Value (\$)								
Grantor	Value (\$)								

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

2-20-01/30/01

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.994	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	6	_____	\$3.97

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	1	_____	_____	\$ _____
\$9.00 to \$10.99	_____	1	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	4	_____	\$3.97
\$15.00 and higher	_____	2	7	_____	\$3.97

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

- * Yes No

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

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p style="text-align: center;">\$99,900</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">AUGUST 1, 1999</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">AUGUST 1, 1999</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance </p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p>* loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.)</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p>* not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p>* not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p>* No</p> <table style="width: 100%;"> <tr> <td colspan="2">Grantor(s) and value of the agreement(s)</td> </tr> <tr> <td style="width: 60%;">Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> </table>	Grantor(s) and value of the agreement(s)		Grantor	Value (\$)	Grantor	Value (\$)
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 <input type="checkbox"/> No	<u>SEPTEMBER 2001</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

8/30/01

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$
\$7.00 to \$8.99	8	_____	_____	_____	\$
\$9.00 to \$10.994	3	_____	_____	_____	\$
\$11.00 to \$12.99	_____	_____	_____	_____	\$
\$13.00 to \$14.99	5	_____	_____	_____	\$
\$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	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	10	_____	_____	_____	\$1.13
\$9.00 to \$10.99	6	_____	_____	_____	\$1.13
\$11.00 to \$12.99	_____	_____	_____	_____	\$
\$13.00 to \$14.99	9	_____	_____	_____	\$1.13
\$15.00 and higher	_____	_____	_____	_____	\$

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

- * Yes No

Section 5 Recipients Failing to Fulfill Obligations

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

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

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

* No

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

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

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

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

35. Information on recipient and agreement:

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

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

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

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

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

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

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

Yes No

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

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

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

Or fax to: (651) 215-3841

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)

\$40,000

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

OCTOBER 25, 1999

22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or 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 1, 2000 ANTICIPATED CERTIFICATE OF COMPLETION
April 1, 2001 Cont of Comp

23. Does 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.) REDUCTION OF TRUNK FEES

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

not applicable, agreement provided a business subsidy

assistance for property polluted by contaminants
 assistance for renovating building stock or bringing it up to code, when 50% or less of total cost
 assistance for pollution control or abatement
 assistance for a TIF soils condition district

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

not applicable, assistance was not in the form of TIF

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

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

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

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

MONTICELLO HRA	\$225,000	TIF
MONTICELLO EDA	\$100,000	LOAN AGREEMENT NOT EXECUTED
Grantor	Value (\$)	

CITY OF MONTICELLO \$500,000 LOAN AGREEMENT NOT EXECUTED

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sept. 1, 2002	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in 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	_____	_____	_____	_____	\$ _____
Yes At least \$8.50	_____	_____	_____	_____	\$ _____
At least \$8.50	71	_____	_____	_____	\$ _____
At least \$12.00	_____	_____	_____	_____	\$ _____
At least \$12.00	14	_____	_____	_____	\$ _____
\$12.00 and higher	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
Yes At least \$8.50	_____	_____	_____	_____	\$ _____
At least \$8.50	3	_____	_____	_____	\$.92/Hr
At least \$12.00	_____	_____	_____	_____	\$ _____
At least \$12.00	11	_____	_____	_____	\$.92/Hr
\$12.00 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



2000 Minnesota Business Assistance Form

RECEIVED APR 05 2001

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) MONTICELLO ECONOMIC DEVELOPMENT AUTHORITY		2. Name of person completing this form OLLIE KOROPCHAK		
3. Street address 505 WALNUT STREET, SUITE 1		4. City MONTICELLO	5. ZIP code 55362	
6. County WRIGHT	7. Phone number 763-271-3208	8. Fax number 763-295-4404	9. E-mail address okoropch@uslink.com	
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 (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i>)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one.</i>)		
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify.</i>) _____		<input checked="" type="checkbox"/> Yes (<i>Indicate hearing date - 8/31/99 and attach criteria</i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation.</i>)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one.</i>)				
<input checked="" type="checkbox"/> Yes (<i>Complete the remainder of the form.</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance AROPLAX CORPORATION		15. Address where business subsidy or financial assistance will be used 200 CHELSEA ROAD MONTICELLO 55362		
		Street address	City	ZIP code
16. Does the recipient have a parent corporation? (<i>Mark one.</i>)				
<input type="checkbox"/> Yes (<i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i>) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

17. Industry of recipient's facility (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.) Expansion

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p>\$100,000.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>December 6, 1999</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>December 6, 1999 Closing date of loan</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) <u>REAL ESTATE DEVELOPMENT</u> <u>LOAN</u></p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district</p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	_____	_____	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)
_____	_____								
Grantor	Value (\$)								
_____	_____								
Grantor	Value (\$)								

Section 4 Goals and Public Purpose Identified in the Agreement

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

- Enhancing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____
- 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	10 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Dec 6, 2001	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
At Least \$8.24	10 new jobs	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
AT LEAST \$8.24	7	1	_____	_____	\$ 2.10
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

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

No

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

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? *(Mark one.)*

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

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

35. Information on recipient and agreement:

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

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

recipient ceased operation recipient relocated to a different community

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

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

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

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

Yes No

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

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

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

Or fax to: (651) 215-3841



2000 Minnesota Business Assistance Form

RECEIVED APR 05 2001

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) MONTICELLO HOUSING AND REDEVELOPMENT		2. Name of person completing this form AUTHORITY OLLIE KOROPCHAK	
3. Street address 505 WALUNT STREET, SUITE 1		4. City MONTICELLO	5. ZIP code 55362
6. County WRIGHT	7. Phone number 763-271-3208	8. Fax number 763-295-4404	9. E-mail address okoropch@uslink.com
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9/8/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance TWIN CITY DIE CASTINGS COMPANY		15. Address where business subsidy or financial assistance will be used 520 CHELSEA ROAD MONTICELLO 55362	
		Street address	City ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

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

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

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

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

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

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

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

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p>\$225,000.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>OCTOBER 25, 1999</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>SEPTEMBER 1, 2000 ANTICIPATED CERTIFICATE OF COMPLETION April 1, 2001 Cert. of Completion</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution \$210,000 land write-down <input type="checkbox"/> other (Specify subsidy type.) \$15,000 site improvements</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p>CITY OF MONTICELLO \$500,000 agreement not executed Grantor Value (\$) Monticello EDA \$100,000 agreement not executed Grantor Value (\$)</p>

CITY OF MONTICELLO \$40,000 Trunk fee reduction
Contract for Private Redevelopment
executed October 25, 1999.

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Sept. 1, 2002</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
AT LEAST \$8.50	<u>71</u>	_____	_____	_____	\$ _____
\$7.00 to \$11.99	_____	_____	_____	_____	\$ _____
AT LEAST \$12.00	<u>14</u>	_____	_____	_____	\$ _____
\$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	_____	_____	_____	_____	\$ _____
AT LEAST \$8.50	<u>3</u>	_____	_____	_____	\$ <u>.92/Hr</u>
\$7.00 to \$11.99	_____	_____	_____	_____	\$ _____
AT Least \$12.00	<u>11</u>	_____	_____	_____	\$ <u>.92/Hr</u>
\$12.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

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

- Yes No



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2001 Minnesota Business Assistance Form

00-0650

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Moorhead		2. Name of person completing this form Beth Grosen	
3. Street address 500 Center Avenue, PO Box 779		4. City Moorhead	5. ZIP code 56560
6. County Clay	7. Phone number 218-299-5441	8. Fax number 218-299-5399	9. E-mail address beth.grosen@ci.moorhead.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate <u>hearing date</u> <u>8/23/99</u> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Dr. Jeffrey & Sherryl Harvey	15. Address where business subsidy or financial assistance will be used <u>1550 30 Ave. S. Moorhead MN 56560</u> Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

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

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

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

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

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 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$ 75,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">October 1999</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">October 2000</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input checked="" type="checkbox"/> other (Specify subsidy type.) \$ _____ Enterprise Zone Tax Credit \$ 50,000 Border City Development Zone (Sales Tax Credit) \$ 25,000 </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0" style="width: 100%;"> <tr> <td style="border-top: 1px solid black; width: 60%;"></td> <td style="border-top: 1px solid black; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black; text-align: right;">Value (\$)</td> </tr> </table>		Value (\$)	Grantor	Value (\$)	Grantor	Value (\$)
	Value (\$)						
Grantor	Value (\$)						
Grantor	Value (\$)						

Section 4 Goals and Public Purpose Identified in the Agreement

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

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

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

Goals	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12/31/01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	6	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	1	_____	_____	4	\$ _____
\$15.00 and higher	1	_____	_____	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	_____	_____	_____	6	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	1	_____	_____	4	\$ _____
\$15.00 and higher	1	_____	_____	5	\$ _____

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

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

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

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

No

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

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

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

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

35. Information on recipient and agreement:

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

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by ***April 1, 2001***, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

00-0652

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- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Moorhead		2. Name of person completing this form Beth Grosen		
3. Street address 500 Center Avenue, PO Box 779		4. City Moorhead	5. ZIP code 56560	
6. County Clay	7. Phone number 218-299-5441	8. Fax number 218-299-5399	9. E-mail address beth.grosen@ci.moorhead.mn.us	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)		
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>8/23/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Michael Schwindt/ Municipal Industrial Contracting, Inc.		15. Address where business subsidy or financial assistance will be used 3030 24 Ave. S. Moorhead MN 56560 Street address City State ZIP code		
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

Rural 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 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: right;">\$ 80,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">9-7-99</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">March 2001</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input checked="" type="checkbox"/> Other (Specify subsidy type.) _____ \$ _____ </p> <p>Border City Development Zone \$ 80,000</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 60%;"></td> <td style="border-top: 1px solid black; width: 40%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grantor</td> <td style="border-bottom: 1px solid black;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grantor</td> <td style="border-bottom: 1px solid black;">Value (\$)</td> </tr> </table>			Grantor	Value (\$)	Grantor	Value (\$)
Grantor	Value (\$)						
Grantor	Value (\$)						

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- Enhancing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

Goals	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>9-1-01</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	<u>3</u>	_____	<u>38</u>	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	<u>3</u>	_____	<u>38</u>	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	<u>2</u>	_____	_____	_____	\$ _____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

- Yes No



2001 Minnesota Business Assistance Form

00-0523

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- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) NORTH BRANCH EDA		2. Name of person completing this form DAVID STUTELBERG	
3. Street address 6408 ELM ST.		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 dauid@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.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: _____)		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 8/23/99 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance TRI-PARTNERS, LLC		15. Address where business subsidy or financial assistance will be used 5481 ST CROIX TRAIL, NORTH BRANCH, MN. 55056	
Street address		City	State
ZIP code			
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	
City		State	
ZIP code			

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$ 1,291,221</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>9-7-1999</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>10-11-1999</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input checked="" type="checkbox"/> other (Specify subsidy type.) _____ \$ 1,291,221</p> <p>LAND, write down, TIF dollars to reimburse NBEDA</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below: attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p>_____ Grantor Value (\$) _____ Grantor Value (\$)</p>

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §1161.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- Enhancing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community

Increasing tax base (cannot be only purpose)
 Other (please specify): Const. of Public Improvement
E.F.A. 715A Redevelop Blighted AREAS.
Creating New 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Oct. 2001</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	<u>50</u>	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	<u>68</u>	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

35 - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2000 Minnesota Business Assistance Form

RECEIVED APR 09 2001

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from August 1, 1999 through December 31, 1999 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period August 1, 1999 through December 31, 1999: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>City of Northfield</u>		2. Name of person completing this form <u>Jill Bishop</u>	
3. Street address <u>801 Washington Street</u>		4. City <u>Northfield, MN</u>	5. ZIP code <u>55057</u>
6. County <u>Rice</u>	7. Phone number <u>507-645-3069</u>	8. Fax number <u>507-645-3055</u>	9. E-mail address
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2. <u>Jill Bishop</u> <u>507-645-3069</u> <u>801 Washington St. Northfield, MN 55057</u> Name/Title <u>Economic Deal Manager</u> Phone number Street address City ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>1-3-00</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>MDC Development, LLC</u>	15. Address where business subsidy or financial assistance will be used <u>1800 River View Dr Northfield, MN 55057</u> Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p style="text-align: center;">\$345,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">8-24-99</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">1-17-00</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p>EDA \$30,000 Grantor Value (\$) _____ Grantor Value (\$)</p>

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- Enhancing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____
- Other (please specify) _____
- Other (please specify) _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$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	11	_____	_____	_____	\$ 4.00
\$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

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- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from August 1, 1999 through December 31, 1999 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period August 1, 1999 through December 31, 1999: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) Northfield EDA		2. Name of person completing this form Bill Bishop	
3. Street address 801 Washington Street		4. City Northfield	5. ZIP code 55057
6. County Rice	7. Phone number 507-645-3069	8. Fax number 507-645-3055	9. E-mail address
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.			
Name/Title Bill Bishop		Phone number 507-645-3069	Street address 801 Washington St Northfield, MN
		City Northfield	ZIP code 55057
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 1-3-00 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance MDC Development		15. Address where business subsidy or financial assistance will be used 1800 Riverview Dr. Northfield, MN 55057	
		Street address	City ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p style="text-align: center;">\$30,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">8-24-99</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">1-17-00</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district</p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">City of Northfield</td> <td style="width: 40%;">\$345,000</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	City of Northfield	\$345,000	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)
City of Northfield	\$345,000								
Grantor	Value (\$)								
_____	_____								
Grantor	Value (\$)								

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- Enhancing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____
- Other (please specify) _____
- Other (please specify) _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>6</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>11</u>	_____	_____	_____	\$ <u>4.00</u>
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? <i>(Mark one.)</i>		
<input type="checkbox"/> Yes <i>(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)</i>		
<input checked="" type="checkbox"/> No		
_____ Name of recipient	_____ Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	_____ Value of subsidy or assistance
34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? <i>(Mark one.)</i>		
<input type="checkbox"/> Yes <i>(Complete the remainder of this section.)</i> <input checked="" type="checkbox"/> No <i>(Stop here and submit form to DTED.)</i>		
35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. <i>(Attach additional pages if necessary.)</i>		
35. Information on recipient and agreement:		
_____ Name of recipient in default	_____ Type of subsidy or assistance	_____ Initial value of subsidy or assistance
_____ Street address of recipient	_____ City/ZIP code of recipient	_____ Outstanding value of subsidy or assistance
36. Reason(s) for default <i>(Mark all that apply.)</i> :		
<input type="checkbox"/> recipient ceased operation	<input type="checkbox"/> recipient relocated to a different community	
<input type="checkbox"/> recipient was unable to fill vacant positions	<input type="checkbox"/> other <i>(Specify reason.)</i> _____	
37. To date, has the recipient fulfilled its repayment obligation? <i>(Mark one.)</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No, recipient <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> to repay the assistance.		
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? <i>(Mark one.)</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:		
_____ _____ _____		

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2000 Minnesota Business Assistance Form

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- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from August 1, 1999 through December 31, 1999 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period August 1, 1999 through December 31, 1999: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Ramsey		2. Name of person completing this form Sean Sullivan		
3. Street address 15153 Nowthen Blvd. NW		4. City Ramsey	5. ZIP code 55303	
6. County Anoka	7. Phone number 763-427-1410	8. Fax number 763-427-5543	9. E-mail address ssullivan@ci.ramsey.mn.us	
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)		
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9-28-1999</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance INTECH INDUSTRIES, INC.		15. Address where business subsidy or financial assistance will be used RAMSEY, MN 55303 7180 SUNWOOD DR. NW Street address City ZIP code		
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

MADE BROVE, MN SPACE
City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p>\$ 164,360.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>11-22-1999</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>3-31-2000</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input checked="" type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district</p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____</td> <td>Value (\$)</td> </tr> <tr> <td>Grantor</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>Value (\$)</td> </tr> <tr> <td>Grantor</td> <td>_____</td> </tr> </table>	_____	Value (\$)	Grantor	_____	_____	Value (\$)	Grantor	_____
_____	Value (\$)								
Grantor	_____								
_____	Value (\$)								
Grantor	_____								

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- Enhancing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____
- Other (please specify) _____
- Other (please specify) _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>3-2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>7</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>1</u>	_____	_____	_____	\$ <u>1.26</u>
\$9.00 to \$10.99	<u>1</u>	_____	_____	_____	\$ <u>1.26</u>
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	<u>3</u>	_____	_____	_____	\$ <u>20.66</u>

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)* **G.F.H. 711801**

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2000 Minnesota Business Assistance Form

00-1002

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- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from August 1, 1999 through December 31, 1999 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period August 1, 1999 through December 31, 1999: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
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- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Richfield		2. Name of person completing this form Katia Medvetski, Redevelopment Specialist		
3. Street address 6700 Portland Avenue		4. City Richfield	5. ZIP code 55423	
6. County Hennepin	7. Phone number 612-861-9776	8. Fax number 612-861-8974	9. E-mail address KMedvetski@ci.richfield.mn.us	
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)		
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 11/22/99 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Richfield State Agency		15. Address where business subsidy or financial assistance will be used Urban Village Area approx. 66th St./Lyndale Ave.		
		Street address	City	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

 City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p>\$35,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>November 22, 1999</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>April 10, 2000</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution storm sewer <input checked="" type="checkbox"/> other (Specify subsidy type.) <u>correction grant</u> </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district </p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>HRA</td> <td>\$97,900</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	HRA	\$97,900	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)
HRA	\$97,900								
Grantor	Value (\$)								
_____	_____								
Grantor	Value (\$)								

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Enhancing economic diversity | <input checked="" type="checkbox"/> Increasing tax base (cannot be only purpose) |
| <input type="checkbox"/> Creating high-quality job growth | <input checked="" type="checkbox"/> Other (please specify) <u>storm sewer correction</u> |
| <input checked="" type="checkbox"/> Job retention | <input type="checkbox"/> Other (please specify) _____ |
| <input checked="" type="checkbox"/> Stabilizing the community | <input type="checkbox"/> Other (please specify) _____ |

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>11/2001</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>4/2000</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	<u>5</u>	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	<u>20</u>	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

Yes No



2000 Minnesota Business Assistance Form

2001 update

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00-0420

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from August 1, 1999 through December 31, 1999 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period August 1, 1999 through December 31, 1999: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) Robbinsdale Economic Development Auth.		2. Name of person completing this form Marcia Glick, Asst. City Manager		
3. Street address 4100 Lakeview Ave N		4. City Robbinsdale	5. ZIP code 55422	
6. County Hennepin	7. Phone number 612/ 531-1258	8. Fax number 612/531-1291	9. E-mail address MGLICK@ci.robbinsdale.mn.us	
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)		
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>10/12/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Minnesota Development, LLC		15. Address where business subsidy or financial assistance will be used 4180 W Broadway Robbinsdale 55422		
		Street address	City	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) multi-tenant retail/service/office

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.) one occupant was relocated due to Hwy 100 construction. others are new businesses.

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.) n/a

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p>Loan \$490,000 Land write down \$125,000 Grant \$2,500</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>November 16, 1999</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) Redevelopment Deed 12/3/1999 1st Loan Draw 1/15/2000</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input checked="" type="checkbox"/> loan <input checked="" type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input checked="" type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

SEE ATTACHED

- Enhancing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) develop blighted bldg.
- Other (please specify) enviro clean up (potential)
- Other (please specify) increase net 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>2/2003</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>5/2005 est.</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

minimum structural improvements and maintain as office/service/retail for minimum of 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
over 110% of fed. minimum wage. no hourly wage-level goal	_____	_____	<u>10</u>	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.) SEE ATTACHED.

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	<u>1</u>	_____	_____	\$ _____
\$7.00 to \$8.99	<u>1</u>	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	<u>3</u>	_____	_____	\$ _____
\$11.00 to \$12.99	<u>2</u>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>7</u>	_____	_____	_____	\$ _____
\$15.00 and higher	<u>5</u>	_____	_____	_____	\$ _____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

- Yes No

Business Subsidy Act Requirements
Contract with Minnesota Development, LLC
Redevelopment of 4180 W Broadway

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Public Purposes:

- Promote redevelopment of a blighted downtown Robbinsdale building into office, service and retail space.
- Provide office and retail space for a business being displaced by public action in another community.
- Clean up a potential source of environmental contamination.
- Generate spin-off development and redevelopment downtown.
- Increase net jobs in the City and the State.
- Increase the tax base of the City and the State.

Goals:

- Secure construction of the Minimum Improvements on the Redevelopment Property.
- Maintain the Minimum Improvements as an office, service and retail facility for at least five years from the date of "Certificate of Completion"
- Create the jobs and wage goals (deemed to be met once reached and not on-going).
- Within two years of the date a business occupies the property (January 28, 2000) create at least 10 new FTE jobs on the property (including jobs retained).
- Wages of the 10 employees to be no less than 110% of the federal minimum wage, exclusive of benefits.

Progress as of 3/1/2001:

- Remodeling completed. Four tenants in operation (one new business replaced one of the original tenants).
- 15 full-time and 4 part-time permanent jobs created.
- Job creation requirement has been met. Reporting continues only because of the 5 year operation requirement.

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

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- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>City of Sartell</u>		2. Name of person completing this form <u>Mike R. Soppitt</u>	
3. Street address <u>310 2nd Street South</u>		4. City <u>Sartell</u>	5. ZIP code <u>56304</u>
6. County <u>Stearns</u>	7. Phone number <u>(320) 253-2171</u>	8. Fax number <u>(320) 253-3337</u>	9. E-mail address <u>miles@sartellmn.com</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
<u>Robert Therres</u> Name/Title		<u>(320) 253-2171</u> Phone number	<u>310 2nd Street S. Sartell</u> Street address
			<u>56304</u> City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9/27/99</u> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (<u>Stop here, go to section 5 on page 4.</u>)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Payne - Lynch, LLP</u>		15. Address where business subsidy or financial assistance will be used <u>205 14th Ave E. Sartell MN 56377</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

St. Cloud MN Company simply leased office space at St. Cloud location. Growth of firm necessitated the building of their own 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

→ Company would not have been able to grow.

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p> <input checked="" type="checkbox"/> \$38,000 Loan <input checked="" type="checkbox"/> \$153,869 TIF <input type="checkbox"/> \$120,869 TIF </p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center; font-size: 1.2em;">12/23/99</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center; font-size: 1.2em;">4/15/00</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance </p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p> <input type="checkbox"/> not applicable, agreement provided financial assistance </p> <p> <input checked="" type="checkbox"/> loan (only principal) \$ <u>38,000</u> <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>153,869</u> <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p> <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy </p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p> <input type="checkbox"/> not applicable, assistance was not in the form of TIF </p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s):</p> <p> <u>Benton County</u> <u>\$40,000</u> <u>Loan</u> Grantor Value (\$) </p> <p> _____ Grantor Value (\$) </p>

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- Enhancing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>4/2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>6</u>	_____	_____	_____	\$ <u>N/A</u>
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>7</u>	_____	_____	_____	\$ <u>N/A</u>
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

- Yes No

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 Unavailable expansion site
 City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p>\$297,479.95</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>September 3, 1999</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>9/1/00</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input checked="" type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district </p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	_____	_____	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)
_____	_____								
Grantor	Value (\$)								
_____	_____								
Grantor	Value (\$)								

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- Enhancing economic diversity
- Increasing tax base (cannot be only purpose)
- Creating high-quality job growth
- Other (please specify) _____
- Job retention
- Other (please specify) _____
- Stabilizing the community
- Other (please specify) _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12/31/00</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12/31/00</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Employment for targeted depressed area
 (Please attach descriptions of goals and progress toward attainment if not documented in Question 30.) - 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	<u>5</u>	_____	_____	<u>46</u>	\$ <u>3.93</u> to <u>8.28</u>
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>6</u>	_____	_____	<u>46</u>	\$ <u>3.93</u> to <u>8.28</u>
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

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.)

So. St. Paul, MN Needed more space for expansion
City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p>Business Subsidy - \$53,361</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>November 9, 1999</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>Construction of facility has not begun Nov. 1, 2000</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of payment <input type="checkbox"/> contribution of property or infrastructure <input type="checkbox"/> preferential use of governmental facilities <input checked="" type="checkbox"/> land contribution <input type="checkbox"/> other (Specify subsidy type.) _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district</p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	_____	_____	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)
_____	_____								
Grantor	Value (\$)								
_____	_____								
Grantor	Value (\$)								

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- Enhancing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____
- Other (please specify) _____
- Other (please specify) _____

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Sept., 2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>1</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>1</u>	_____	_____	_____	\$ <u>.58</u>
\$13.00 to \$14.99	<u>1</u>	_____	_____	_____	\$ <u>2.30</u>
\$15.00 and higher	<u>1</u>	_____	_____	_____	\$ <u>2.30</u>

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? *(Mark one.)*

Yes *(Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. *(Attach additional pages if necessary.)*

35. Information on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. No, recipient has not begun to repay the assistance.

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 • 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



0 1. # 611501
2001 Minnesota Business Assistance Form

00-0114

RECEIVED MAR 28 2001

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) CITY OF WEST ST. PAUL		2. Name of person completing this form RICK JOPKE	
3. Street address 1616 HUMBOLDT AVE.		4. City WEST ST. PAUL	5. ZIP code 55118
6. County DAKOTA	7. Phone number 651-552-4140	8. Fax number 651-552-4190	9. E-mail address rick.jopke@ci.west-st-paul.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 8/12/99 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance SIGNAL HILLS COMPANY II, LLP		15. Address where business subsidy or financial assistance will be used 16 SIGNAL HILLS MALL WEST ST. PAUL, MN	
Street address		City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	
City		State ZIP code	

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$624,500 6/3/01 2.4# \$3,924,500 \$300,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>DECEMBER 29, 1999</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>FEBRUARY 1, 2000</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan (only principal) CITY \$300,000 <input checked="" type="checkbox"/> grant (i.e., forgivable loan) METRO COUNCIL \$324,500 <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$3,300,000 <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p>DAKOTA COUNTY CDA \$3,300,000 Grantor Value (\$) MET COUNCIL #324,500 Grantor Value (\$)</p>

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

- Enhancing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community (REMOVING & PREVENTING BUDGET)
- Increasing tax base (cannot be only purpose)
- Other (please specify) PROVIDING IMPETUS FOR COMMERCIAL DEVELOPMENT/REDEVELOPMENT WITHIN THE PROJECT AREA

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FEB, 2002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DEC, 2001	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	10	_____	\$_____
\$7.00 to \$8.99	_____	_____	10	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	5	_____	\$_____
\$9.00 to \$10.99	_____	_____	5	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)

- Yes No

**1999 Minnesota Business Assistance Forms Submitted by City, County and State
Government Agencies for Eligible Projects Reported in 2001**

Select the agency from the list below to obtain a copy of the submitted form(s).

1. Anoka, City of (7 forms)
2. Austin, City of (2 forms)
3. Barnsville EDA, of (1 form)
4. Benton County (5 forms)
5. Brainerd, City of (3 forms)
6. Breezy Point, City of (3 forms)
7. Brooklyn Park EDA (9 forms)
8. Brooks, City of (1 form)
9. Burnsville EDA(42 forms)
10. Caledonia, City of (2 forms)
11. Carver, City of (1 form)
12. Chisago County HRA-EDA (1 form)
13. Cook County (7 forms)
14. Detroit Lakes, City of (1 form)
15. Duluth EDA (7 forms)
16. Dunnell, City of (1 form)
17. Eagan, City of (1 form)
18. Edina HRA (3 forms)
19. Elk River EDA (2 forms)
20. Fairmount, City of (1 form)
21. Faribault, City of (6 forms)
22. Fergus Falls, City of (2 forms)
23. Fountain, City of (2 forms)
24. Freeborn County HRA (1 form)
25. Gaylord, City of (2 forms)
26. Ham Lake, City of (2 forms)
27. Hastings, City of (1 form)
28. Henning EDA (1 form)
29. Hibbing, City of (1 form)
30. Hopkins HRA (1 form)
31. Hugo, City of (1 form)
32. Jackson, City of (4 forms)
33. Lakeville (5 forms)
34. Le Center, City of (5 forms)
35. Lindstrom, City of (1 form)
36. Lino Lakes EDA (3 forms)
37. Luverne EDA (5 forms)
38. Melrose Area Development Authority (2 forms)
39. Minneapolis Community Development Agency (8 forms)
40. MN Agriculture and Development Board (8 forms)

41. MN Department of Agriculture (4 forms)
42. MN Department of Trade and Economic Development (77 forms)
43. MN Rural Finance Authority (3 forms)
44. Montevideo, City of (3 forms)
45. Montevideo Community Development Corporation (1 form)
46. Monticello EDA (1 form)
47. Monticello HRA (1 form)
48. Moorhead, City of (4 forms)
49. New Brighton, City of (2 forms)
50. New Prague, City of (2 forms)
51. New Ulm, City of (4 forms)
52. New York Mills EDA (1 form)
53. North Branch EDA (1 form)
54. Oakdale, City of (1 form)
55. Orr, City of (1 form)
56. Owantonna EDA (4 forms)
57. Perham, City of (8 forms)
58. Pine City, City of (1 form)
59. Preston, City of (1 form)
60. Ramsey, City of (3 forms)
61. Red Wing Port Authority (4 forms)
62. Renville, City of (3 forms)
63. Richfield HRA (4 forms)
64. Rochester, City of (3 forms)
65. Rockford, City of (1 form)
66. Sartell, City of (1 form)
67. Scott County (1 form)
68. Sebeka, City of (1 form)
69. Shakopee, City of (2 forms)
70. Spicer, City of (1 form)
71. St. Joseph, City of (1 form)
72. St. Louis County/Canosia Township (1 form)
73. St. Paul Port Authority (13 forms)
74. St. Peter, City of (9 forms)
75. St. Peter EDA (4 forms)
76. Stillwater, City of (1 form)
77. Swift County (1 form)
78. Swift County RDA (1 form)
79. Verndale, City of (1 form)
80. Wabasso, City of (1 form)
81. Warroad Port Authority (2 forms)
82. Waterville, City of (1 form)
83. Watkins, City of (1 form)
84. Welcome, City of (1 form)
85. Wells, City of (1 form)

86. White Bear Township (5 forms)
87. Winona Port Authority (2 forms)
88. Winsted, City of (1 form)
89. Woodbury, City of (2 forms)

00-0263

RECEIVED MAR 30 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <i>City of Anoka</i>		2. Contact name <i>Robert Kirchner</i>	
3. Agency street address <i>2015 First Avenue</i>		4. City <i>Anoka</i>	
5. Zip code <i>55303</i>	6. Phone number (area code) <i>763-576-2721</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) <i>763-576-2727</i>		
9. Name of business receiving assistance <i>Retailer Services Corp.</i>		10. Industry of recipient (SIC code) <i>2541</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>TIF (land only)</i>		12. Name of TIF district (if applicable) <i>Thurston Corridor</i>	
13. Date of business assistance agreement <i>8-31-98</i>	14. Date assistance first provided <i>11-23-98</i>	15. Date project (building/machinery/etc.) was placed in service <i>12-98</i>	16. Dollar value of business assistance <i>\$188,359</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>1</i>		18. Average hourly wage level goals for business receiving assistance <i>\$7.00</i>			
19. Actual jobs created since business received assistance <i>7</i>		20. Actual average hourly wage paid to employees hired since business received assistance <i>\$16.00</i>			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
<i>1</i>		less than \$7.00			
		\$7.00 to \$7.99			
		\$8.00 to \$9.99			
		\$10.00 to \$11.99	<i>1</i>		
		\$12.00 and higher			<i>2.40</i>
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>March, 2001</i>	26. Date this Minnesota Business Assistance Form completed <i>3-30-01</i>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0264

RECEIVED MAR 30 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <i>City of Anoka</i>		2. Contact name <i>Robert Kirchner</i>	
3. Agency street address <i>2015 First Avenue</i>		4. City <i>Anoka</i>	
5. Zip code <i>55303</i>	6. Phone number (area code) <i>763-576-2721</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) <i>763-576-2727</i>		
9. Name of business receiving assistance <i>Meier Tool</i>		10. Industry of recipient (SIC code) <i>3545</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>TIF (land only)</i>		12. Name of TIF district (if applicable) <i>Thurston Corridor</i>	
13. Date of business assistance agreement <i>9-8-98</i>	14. Date assistance first provided <i>10-13-98</i>	15. Date project (building/machinery/etc.) was placed in service <i>12-98</i>	16. Dollar value of business assistance <i>\$246,422</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>1</i>		18. Average hourly wage level goals for business receiving assistance <i>\$7.00</i>	
19. Actual jobs created since business received assistance <i>20</i>		20. Actual average hourly wage paid to employees hired since business received assistance <i>\$13.50</i>	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
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			Part-time
			(excl. benefits)

00-0267

RECEIVED MARCH 6 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Anoka		2. Contact name Robert Kirchner	
3. Agency street address 2015 First Avenue		4. City Anoka	
5. Zip code 55303	6. Phone number (area code) 763-576-2721	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 763-576-2727		
9. Name of business receiving assistance The F. Dohmen Co.		10. Industry of recipient (SIC code) 5122	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF (land only)		12. Name of TIF district (if applicable) Thurston Corridor	
13. Date of business assistance agreement 10-28-98	14. Date assistance first provided 11-12-98	15. Date project (building/machinery/etc.) was placed in service 6-99	16. Dollar value of business assistance \$ 695,457

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 1		18. Average hourly wage level goals for business receiving assistance \$7.00			
19. Actual jobs created since business received assistance 10		20. Actual average hourly wage paid to employees hired since business received assistance \$11.48			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
<u>1</u>		less than \$7.00			
		\$7.00 to \$7.99			
		\$8.00 to \$9.99			
		\$10.00 to \$11.99	<u>10</u>		<u>4.50</u>
		\$12.00 and higher			
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented March, 2001	26. Date this Minnesota Business Assistance Form completed 3-28-01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0268

RECEIVED MAR 29 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <i>City of Anoka</i>		2. Contact name <i>Robert Kirchner</i>	
3. Agency street address <i>2015 First Avenue</i>		4. City <i>Anoka</i>	
5. Zip code <i>55303</i>	6. Phone number (area code) <i>763-576-2721</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) <i>763-576-2727</i>		
9. Name of business receiving assistance <i>Kenmark Partnership (Capco)</i>		10. Industry of recipient (SIC code) <i>3291</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>TIF (land only)</i>		12. Name of TIF district (if applicable) <i>Thurston Corridor</i>	
13. Date of business assistance agreement <i>5-18-98</i>	14. Date assistance first provided <i>7-23-98</i>	15. Date project (building/machinery/etc.) was placed in service <i>12-98</i>	16. Dollar value of business assistance <i>\$232,162</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>1</i>		18. Average hourly wage level goals for business receiving assistance <i>\$7.00</i>	
19. Actual jobs created since business received assistance <i>3</i>		20. Actual average hourly wage paid to employees hired since business received assistance <i>\$14.00</i>	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
			Full-time
			Part-time
			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
			Full-time
			Part-time
			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
			Full-time
			Part-time
			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
			Full-time
			Part-time
			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
			Full-time
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			(excl. benefits)
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			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
			Full-time
			Part-time
			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
			Full-time
			Part-time
			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
			Full-time
			Part-time
			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
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			Hourly Value of Voluntary Benefits (\$)
			Full-time
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			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
			Full-time
			Part-time
			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
			Full-time
			Part-time
			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
			Full-time
			Part-time
			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
			Full-time
			Part-time
			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
			Full-time
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			Hourly Value of Voluntary Benefits (\$)
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			(excl. benefits)
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			(excl. benefits)
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			Hourly Value of Voluntary Benefits (\$)
			Full-time
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			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
			Full-time
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			Full-time
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			Hourly Value of Voluntary Benefits (\$)
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			Full-time
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			(excl. benefits)
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			Full-time
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			(excl. benefits)
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			Full-time
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			Full-time
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			Full-time
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			Full-time
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			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
			Full-time
			Part-time
			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
			Full-time
			Part-time
			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)

00-0269

original received 3/30/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade & Economic Development

Please complete lines 1 through 16 for all agreements.

RECEIVED JUN 22 2001

1. Funding government agency name <i>City of Anoka</i>		2. Contact name <i>Robert Kirchner</i>	
3. Agency street address <i>2015 First Avenue</i>		4. City <i>Anoka</i>	
5. Zip code <i>55303</i>	6. Phone number (area code) <i>763-576-2721</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <i>763-576-2727</i>		
9. Name of business receiving assistance <i>Mate Precision Tooling</i>		10. Industry of recipient (SIC code) <i>3542</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>TIF (land only)</i>		12. Name of TIF district (if applicable) <i>Thurston Corridor</i>	
13. Date of business assistance agreement <i>12-98</i>	14. Date assistance first provided <i>8-23-99</i>	15. Date project (building/machinery/etc.) was placed in service <i>9-2000</i>	16. Dollar value of business assistance <i>\$ 872,510</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>15</i>		18. Average hourly wage level goals for business receiving assistance <i>\$7.00+</i>	
19. Actual jobs created since business received assistance <i>158</i>		20. Actual average hourly wage paid to employees hired since business received assistance <i>\$ 14.42+</i>	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
			(excl. benefits)
<i>15</i>		<i>3.00</i>	less than \$7.00
			\$7.00 to \$7.99
			\$8.00 to \$9.99
			\$10.00 to \$11.99
			\$12.00 and higher
			<i>5</i>
			<i>5</i>
			<i>5.50</i>
			<i>153</i>
			\$12.00 and higher
			<i>5.50</i>

If necessary, please attach additional documentation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>March, 2001</i>	26. Date this Minnesota Business Assistance Form completed <i>3-28-01</i>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <i>City of Austin</i>		2. Contact name <i>Tom Dankert</i>	
3. Agency street address <i>500 4th Ave NE</i>		4. City <i>Austin</i>	
5. Zip code <i>55912</i>	6. Phone number (area code) <i>(507) 437-9959</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <i>(507) 433-1693</i>		
9. Name of business receiving assistance <i>Palleton of MN, Inc.</i>		10. Industry of recipient (SIC code) <i>Unknown</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>TIF</i>		12. Name of TIF district (if applicable) <i>TIF #9 Palleton</i>	
13. Date of business assistance agreement <i>4/15/99</i>	14. Date assistance first provided <i>None yet ①</i>	15. Date project (building/machinery/etc.) was placed in service <i>3/21/99</i>	16. Dollar value of business assistance <i>\$66,200</i> <i>None yet</i>

*2.7th
8/11/01
per phone*

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance		
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)		
Full-time	Part-time	(excl. benefits)			
_____	_____	less than \$7.00	_____		
_____	_____	\$7.00 to \$7.99	_____		
<u>8</u>	_____	\$8.00 to \$9.99	_____		
<u>11</u>	_____	\$10.00 to \$11.99	_____		
<u>2</u>	_____	\$12.00 and higher	_____		
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>12/31/00 documented 3/20/01</i>	26. Date this Minnesota Business Assistance Form completed <i>3/21/01</i>
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

① Job requirements have yet to be completed for the mandated 26 months

00-1069

Original received 3/21/01 E.H.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED JUN 5 2001

1. Funding government agency name <i>City of Austin</i>		2. Contact name <i>Thomas Dankert</i>	
3. Agency street address <i>500 42 Ave NE</i>		4. City <i>Austin</i>	
5. Zip code <i>55912</i>	6. Phone number (area code) <i>(507) 437-9959</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) <i>(507) 433-1693</i>		
9. Name of business receiving assistance <i>Austin Packaging Company</i>		10. Industry of recipient (SIC code) <i>Unknown</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>DTED loan</i>		12. Name of TIF district (if applicable) <i>N/A</i>	
13. Date of business assistance agreement <i>7/13/98</i>	14. Date assistance first provided <i>7/13/98</i>	15. Date project (building/machinery/etc.) was placed in service <i>2/1998</i>	16. Dollar value of business assistance <i>Up to \$199,000</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
			Part-time
			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
			Full-time
			Part-time
			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
			Full-time
			Part-time
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			Full-time
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			(excl. benefits)
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			(excl. benefits)
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			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
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		JOB RECIPIENTS	GENDER MALE	GENDER FEMALE	HANDICAP	ASIAN	WHITE	BLACK	AMERICAN INDIAN	HISPANIC	FEMALE HEAD OF HOUSEHOLD	
		198	115	83	0	8	173	7	1	9	19	
	EMPLOYEE NAME	JOB TITLE	ANNUAL HOURS	HIRE DATE	DENTAL	LIFE	HEALTH	RETIREMENT	OTHER DIS	HOURLY VALUE OF BENEFIT	WAGE	TOTAL HOURLY COMPENSATION
1	ACKERMAN, STEVE	QC MANAGER	2080	4/24/00	NO	YES	YES	NO	YES	\$4.95	\$25.00	\$29.95
2	ADAMS, DION	PRODUCTION	2080	11/2/00	NO	NO	NO	NO	NO	\$2.59	\$7.50	\$10.09
3	ALLEN, BARBARA	PRODUCTION	2080	9/5/00	NO	YES	YES	NO	YES	\$2.59	\$8.00	\$10.59
4	AMDAHL, PATRICA	PRODUCTION	2080	8/13/98	NO	YES	YES	YES	YES	\$2.59	\$8.25	\$10.84
5	ANDERSON, KIMBERLY	LINE LEADER	2080	9/8/98	NO	YES	YES	YES	YES	\$2.68	\$8.00	\$10.68
6	ANDERSON, LOIS	PRODUCTION	2080	5/30/00	NO	YES	YES	NO	YES	\$2.59	\$8.00	\$10.59
7	ANDERSON, STEVE	SANITATION	2080	9/8/98	NO	YES	YES	YES	YES	\$2.77	\$9.75	\$12.52
8	ARENS, JEREMY	SANITATION	2080	10/2/00	NO	NO	NO	NO	NO	\$2.77	\$7.70	\$10.47
9	ARNOLD, BARNETTA	PRODUCTION	2080	1/19/00	NO	YES	NO	NO	YES	\$2.59	\$8.00	\$10.59
10	BAKER, KRISTINE	LINE LEADER	2080	8/2/00	NO	YES	NO	NO	YES	\$2.68	\$8.00	\$10.68
11	BAKKE, JESSIE	PRODUCTION	2080	1/9/01	NO	NO	NO	NO	NO	\$2.59	\$7.50	\$10.09
12	BANDAVONG, BOUGVORN	PRODUCTION	2080	8/25/99	NO	YES	YES	YES	YES	\$2.59	\$8.00	\$10.59
13	BARCLAY, ALVIN	MO	2080	9/11/00	NO	YES	YES	NO	YES	\$2.80	\$8.00	\$10.80
14	BARCLAY, LARRY	PRODUCTION	2080	11/22/00	NO	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
15	BARSTAD, VALERIE	LINE LEADER	2080	1/26/98	NO	YES	YES	YES	YES	\$2.68	\$8.30	\$10.98
16	BECKEL, LAURA	HR ASSISTANT	2080	6/4/00	NO	YES	YES	YES	YES	\$3.31	\$13.46	\$16.77
17	BENNER, TODD	COOK	2080	10/11/99	NO	YES	YES	NO	YES	\$2.84	\$9.50	\$12.34
18	BHEND, TAMMIE	ASST. COTROLL	2080	1/19/98	NO	YES	NO	YES	YES	\$4.56	\$14.42	\$18.98
19	BISSETT, JOANN	P/T PROD.	2080	9/27/99	NO	YES	NO	NO	YES	\$2.59	\$8.00	\$10.59
20	BLOWERS, JASON	ASSIT. BUYER	2080	7/6/98	NO	YES	YES	NO	YES	\$3.49	\$11.00	\$14.49
21	BOGREN, BARB	MO	2080	10/19/98	NO	YES	YES	YES	YES	\$2.80	\$8.50	\$11.30
22	BOGREN, SEAN	MO	2080	10/19/98	NO	YES	YES	YES	YES	\$2.80	\$9.50	\$12.30
23	BREWER, JOE	PRODUCTION	2080	8/21/00	NO	YES	NO	NO	YES	\$2.59	\$8.00	\$10.59
24	BRIONES, DEAN	MATERIAL HANDLER	2080	10/15/99	NO	YES	YES	NO	YES	\$2.76	\$9.75	\$12.51
25	BROWN, CARROLL	MAINT.	2080	5/4/98	NO	YES	NO	NO	YES	\$4.17	\$11.00	\$15.17
26	BUNTROCK, ERIC	MATERIAL HANDLER	2080	7/17/00	NO	YES	NO	NO	YES	\$2.76	\$8.00	\$10.76
27	BURKEY, TIM	SANITATION	2080	7/26/99	NO	YES	YES	YES	YES	\$2.77	\$9.75	\$12.52
28	BUXTON, DANIEL	MATERIAL HANDLER	2080	10/18/00	NO	NO	NO	NO	NO	\$2.76	\$8.00	\$10.76
29	CARRUTH, RICH	OPER. MNG	2080	6/7/99	NO	YES	NO	YES	YES	\$6.67	\$38.46	\$45.13
30	CHRISTOPHERSON, MARK	CONTROLLER	2080	1/19/98	NO	YES	YES	YES	YES	\$4.56	\$28.84	\$33.40
31	CRAYTON, WILLIAM	SANITATION	2080	2/21/00	NO	YES	NO	NO	YES	\$2.77	\$8.70	\$11.47
32	DAHMAN, EARL	COOK	2080	1/19/98	NO	YES	YES	YES	YES	\$2.84	\$9.50	\$12.34
33	DARON, STEVE	MO	2080	3/20/00	NO	YES	YES	NO	YES	\$2.80	\$8.00	\$10.80
34	DAVIS, NICHOLAS	PRODUCTION	2080	10/16/00	NO	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
35	DEBLON, CARLENE	COOK	2080	9/6/00	NO	YES	NO	NO	YES	\$2.84	\$9.00	\$11.84
36	DIETRICH, TIVIE	COOK	2080	8/3/98	NO	YES	YES	YES	YES	\$2.84	\$8.50	\$11.34
37	DIGGINS, JEFF	MAINT.	2080	3/27/00	NO	YES	YES	YES	YES	\$4.17	\$12.00	\$16.17
38	DIZDAREVIC, HRUSTAN	PRODUCTION	2080	11/20/00	NO	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
39	DOLPH, HAVEN	MO	2080	7/19/00	NO	YES	YES	NO	YES	\$2.80	\$9.00	\$11.80
40	DONKO, MEHMED	PRODUCTION	2080	10/26/00	NO	NO	NO	NO	NO	\$2.59	\$7.50	\$10.09
41	DREES, AMANDA	COOK	2080	1/19/98	NO	YES	YES	YES	YES	\$2.84	\$10.25	\$13.09
42	DRENTH, SHANE	MATERIAL HANDLER	2080	8/4/00	NO	YES	YES	YES	YES	\$2.76	\$9.00	\$11.76
43	DULITZ, JOHN	MATERIAL HANDLER	2080	10/18/00	NO	NO	NO	NO	NO	\$2.76	\$10.50	\$13.26
44	EASTMAN, WAYNE	PRODUCTION	2080	11/15/00	NO	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
45	EDWARDS, ANTHONY	MO	2080	9/25/00	NO	YES	YES	NO	YES	\$2.80	\$8.00	\$10.80
46	EDWARDS, DOUGLAS	SANITATION	2080	5/4/99	NO	YES	YES	NO	YES	\$2.77	\$9.25	\$12.02
47	EDWARDS, LYNDA	LINE LEADER	2080	4/2/98	NO	YES	YES	YES	YES	\$2.68	\$8.50	\$11.18
48	ENFIELD, FAY	PRODUCTION	2080	6/27/00	NO	YES	YES	NO	YES	\$2.59	\$8.00	\$10.59
49	ENGEL, WILLIAM	MAINTEN. MNGR	2080	2/26/99	NO	YES	NO	YES	YES	\$4.77	\$26.44	\$31.21
50	ENGELMAN, DANIAL	MATERIAL HANDLER	2080	1/19/98	NO	YES	YES	YES	YES	\$2.76	\$10.00	\$12.76
51	FELT, PHIL	COOK	2080	6/15/99	NO	YES	YES	YES	YES	\$2.84	\$10.25	\$13.09
52	FIEBELKORN, SHELLY	QC HOLD MAN.	2080	3/2/99	NO	YES	YES	YES	YES	\$4.95	\$11.00	\$15.95
53	FLINK, JEREMY	PRODUCTION	2080	7/17/00	NO	YES	YES	NO	YES	\$2.59	\$8.00	\$10.59
54	GERHART, ADAM	MATERIAL HANDLER	2080	9/23/99	NO	YES	YES	NO	YES	\$2.76	\$10.00	\$12.76
55	GOCHÉ, JOLENE	PRODUCTION	2080	7/1/98	NO	YES	YES	NO	YES	\$2.59	\$9.00	\$11.59
56	GOMEZ, ANA	PRODUCTION	2080	8/19/98	NO	YES	YES	YES	YES	\$2.59	\$8.25	\$10.84
57	GORMAN, JACOB	MO	2080	6/13/00	NO	YES	NO	NO	YES	\$2.80	\$9.00	\$11.80
58	GRANHOLM, CARLA	QC TECH	2080	8/24/98	NO	YES	NO	YES	YES	\$2.69	\$10.00	\$12.69
59	GRAVES, JERRY	MAINT.	2080	2/28/00	NO	YES	NO	YES	YES	\$2.76	\$12.00	\$14.76
60	GREGG, DANIEL	MATERIAL HANDLER	2080	12/7/00	NO	NO	NO	NO	NO	\$2.76	\$8.00	\$10.76
61	GUTTORMSON, MICHELLE	COOK	2080	3/3/98	NO	YES	YES	YES	YES	\$2.84	\$9.50	\$12.34

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63	HALL,KERRY	PIURCH MNGR	2080	1/9/98	NO	YES	YES	YES	YES	\$2.76	\$10.65	\$13.41
	HAN, AIL	MATERIAL HANDLER	2080	2/8/98	NO	YES	YES	NO	YES	\$2.76	\$9.00	\$11.76
65	HARRINGTON, JOHN	MATERIAL HANDLER	2080	9/20/00	NO	YES	NO	NO	YES	\$2.76	\$9.00	\$11.76
66	HAUG,DEBORA	MO	2080	2/9/98	NO	YES	YES	YES	YES	\$2.80	\$9.25	\$12.05
67	HEGNA,TERRIE	COOK	2080	6/29/98	NO	YES	YES	YES	YES	\$2.84	\$9.50	\$12.34
68	HEIMARK,JAMES	PRESIDENT	2080	1/19/98	NO	YES	YES	YES	YES	\$10.17	\$48.07	\$58.24
69	HELFRITZ,DAVID	SANITATION	2080	1/19/98	NO	YES	YES	NO	YES	\$2.77	\$9.75	\$12.52
70	HELGESON, JESERIAH	MO	2080	10/11/00	NO	NO	NO	NO	NO	\$2.80	\$8.00	\$10.80
71	HINES,MIKE	SANITATION	2080	1/19/98	NO	YES	YES	NO	YES	\$2.77	\$9.25	\$12.02
72	HOERTER,MARY	2ND SUPER	2080	8/3/98	NO	YES	YES	NO	YES	\$5.07	\$18.26	\$23.33
73	HOFFMAN,JODY	MATERIAL HANDLER	2080	9/22/99	NO	YES	YES	NO	YES	\$2.76	\$9.00	\$11.76
74	HOIUM, BRANDON	COOK	2080	7/5/00	NO	YES	YES	NO	YES	\$2.84	\$10.00	\$12.84
75	HOLETS,JENNA	QC TECH	2080	4/3/00	NO	YES	YES	YES	YES	\$2.69	\$9.00	\$11.69
76	HUBBELL, BARBARA	LINE LEADER	2080	6/1/99	NO	YES	NO	NO	YES	\$2.68	\$8.00	\$10.68
77	HUEHN,KASANDRA	LINE LEADER	2080	4/18/00	NO	YES	NO	NO	YES	\$2.68	\$8.75	\$11.43
78	HUGHSON,DAWN	COOK	2080	2/22/99	NO	YES	YES	NO	YES	\$2.84	\$10.00	\$12.84
79	INGERSOLL,BOB	SANITATION	2080	1/19/98	NO	YES	YES	NO	YES	\$2.77	\$8.60	\$11.37
80	JEFFERSON, JOHN	PRODUCTION	2080	8/21/00	NO	YES	YES	NO	YES	\$2.59	\$8.00	\$10.59
81	JOHNSON, CHRISTOPHER	MATERIAL HANDLER	2080	11/22/00	NO	NO	NO	NO	NO	\$2.76	\$8.00	\$10.76
82	JOHNSON, JAMES	MATERIAL HANDLER	2080	12/7/00	NO	NO	NO	NO	NO	\$2.76	\$8.00	\$10.76
83	JOHNSON,SHANE	RECEIVING CLERK	2080	8/30/99	NO	YES	YES	NO	YES	\$2.93	\$11.05	\$13.98
84	JONES,ALEX	SANITATION	2080	6/20/00	NO	YES	NO	NO	YES	\$2.77	\$8.70	\$11.47
85	JONES,DALE	COOK	2080	3/28/00	NO	YES	YES	NO	YES	\$2.84	\$9.25	\$12.09
86	JORGENSEN,JOANNE	MO	2080	4/14/98	NO	YES	NO	NO	YES	\$2.80	\$9.50	\$12.30
87	JORGENSEN,KEITH	MAINT.	2080	1/19/98	NO	YES	YES	NO	YES	\$4.17	\$14.50	\$18.67
88	JORGENSEN,KURTIS	MO	2080	1/19/98	NO	YES	YES	YES	YES	\$2.80	\$13.00	\$15.80
89	KEEFE,BONNIE	HR. MNGR	2080	1/19/98	NO	YES	YES	YES	YES	\$3.31	\$16.82	\$20.13
90	KINDER, TATUM	COOK	2080	8/14/00	NO	YES	NO	YES	YES	\$2.84	\$10.75	\$13.59
91	KING,SONIA	PRODUCTION	2080	10/11/99	NO	YES	NO	NO	YES	\$2.59	\$8.00	\$10.59
92	KOONTZ, RON	INV. CLERK	2080	10/4/99	NO	YES	YES	NO	YES	\$2.93	\$9.00	\$11.93
93	LACHOPOLLE,LINDA	PRODUCTION	2080	6/13/00	NO	YES	YES	NO	YES	\$2.59	\$8.00	\$10.59
94	LAITE, DONNA	LINE LEADER	2080	10/31/00	NO	NO	NO	NO	NO	\$2.68	\$7.50	\$10.18
95	LERUD,TIM	PRODUCTION	2080	8/24/99	NO	YES	YES	NO	YES	\$2.59	\$8.00	\$10.59
96	LOUCKS,JULIE	PREBATCH	2080	9/8/98	NO	YES	YES	NO	YES	\$2.72	\$8.25	\$10.97
97	LUNDBERG, JASON	COOK	2080	10/11/00	NO	NO	NO	NO	NO	\$2.84	\$8.00	\$10.84
98	LY,MUI	PRODUCTION	2080	9/27/99	NO	YES	YES	NO	YES	\$2.59	\$8.00	\$10.59
99	MAIDEN,DON	TRNSPRT.MNGR	2080	1/19/98	NO	YES	NO	YES	YES	\$4.54	\$17.54	\$22.08
100	MAIDEN,SHARON	PRODUCTION	2080	8/24/98	NO	YES	YES	YES	YES	\$2.59	\$8.00	\$10.59
101	MARKS,DAWN	PREBATCH	2080	1/19/98	NO	YES	YES	YES	YES	\$2.72	\$9.25	\$11.97
102	MCMARTIN, GREGORY	PRODUCTION	2080	9/11/00	NO	YES	YES	NO	YES	\$2.59	\$8.75	\$11.34
103	MICKELSON, ERIC	MATERIAL HANDLER	2080	10/16/00	NO	NO	NO	NO	NO	\$2.76	\$8.00	\$10.76
104	MIMS, ORLANDO	PRODUCTION	2080	10/23/00	NO	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
105	MINNICH,DEBRA	QC TECH	2080	1/19/99	NO	YES	YES	YES	YES	\$2.69	\$11.25	\$13.94
106	MOLINA, LINDA	PRODUCTION	2080	9/5/00	NO	YES	YES	NO	YES	\$2.59	\$8.00	\$10.59
107	MOLINA, MARIA	PRODUCTION	2080	11/20/00	NO	NO	NO	NO	NO	\$2.59	\$7.50	\$10.09
108	MORISON, BRUCE	MAINT.	2080	7/24/00	NO	YES	NO	NO	YES	\$4.17	\$13.00	\$17.17
109	MORSE, MICHEAL	PRODUCTION	2080	10/16/00	NO	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
110	MULLEN,TRACEY	SANITATION	2080	1/17/00	NO	YES	YES	NO	YES	\$2.77	\$8.70	\$11.47
111	NAFZGER,PAUL	VP SALE	2080	1/19/98	NO	YES	NO	YES	YES	\$5.71	\$27.64	\$33.35
112	NASH, JANNY	PRODUCTION	2080	12/7/00	NO	NO	NO	NO	NO	\$2.59	\$7.50	\$10.09
113	NAVARRO, AMBER	PRODUCTION	2080	10/26/00	NO	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
114	NEFF, DON	MATERIAL HANDLER	2080	11/2/00	NO	NO	NO	NO	NO	\$2.76	\$8.00	\$10.76
115	NELSON, JOE	MAINTENANCE	2080	12/13/99	NO	YES	NO	NO	YES	\$4.17	\$11.00	\$15.17
116	NELSON,NATHAN	COOK/MO	2080	1/4/00	NO	YES	YES	NO	YES	\$2.84	\$9.00	\$11.84
117	NEWMANN,ANNETTE	PRODUCTION	2080	10/13/99	NO	YES	YES	NO	YES	\$2.59	\$8.00	\$10.59
118	O'HARRA, MARJORIE	PRODUCTION	2080	10/9/00	NO	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
119	O'HARRA, MICHEAL	PRODUCTION	2080	10/18/00	NO	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
120	O'HARRA, RICHARD	PRODUCTION	2080	10/16/00	NO	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
121	OLSEN,DEBRA	MO	2080	1/19/98	NO	YES	YES	YES	YES	\$2.80	\$9.50	\$12.30
122	OLSON MATHWE	MAINT	2080	7/17/00	NO	YES	YES	NO	YES	\$4.17	\$13.00	\$17.17
123	OWENS, KATHLEEN	PIZZA LINE LEADER	2080	1/19/98	NO	YES	YES	YES	YES	\$2.68	\$11.50	\$14.18
124	PAULSON, JESSICA	PRODUCTION	2080	11/20/00	NO	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
125	PAULSON, MICHAEL	LINE LEADER	2080	1/24/00	NO	YES	YES	YES	YES	\$2.68	\$8.00	\$10.68
126	PETERSON, SCOTT	MO	2080	10/19/98	NO	YES	NO	NO	YES	\$2.80	\$10.00	\$12.80
127	PETERSON, SHANTILLE	MO	2080	1/19/98	NO	YES	YES	YES	YES	\$2.80	\$9.25	\$12.05
128	PHOMSOUKHA, DAVIVANH	PRODUCTION	2080	8/23/99	NO	YES	YES	YES	YES	\$2.59	\$8.00	\$10.59
129	PHOMSOUKHA, PHET	MO	2080	10/11/99	NO	YES	YES	NO	YES	\$2.80	\$8.00	\$10.80
130	PHOMSOUKHA, XOBCHAY	PRODUCTION	2080	7/12/99	NO	YES	YES	NO	YES	\$2.59	\$8.00	\$10.59
131	PIERCE, LARRY	MATERIAL HANDLER	2080	11/22/00	NO	NO	NO	NO	NO	\$2.76	\$8.00	\$10.76
132	PINK, SEAN	MO	2080	5/1/00	NO	YES	NO	NO	YES	\$2.80	\$9.25	\$12.05

134	TAMIZEK, SAMUAL	PRODUCTION	2080	1/19/00	NO	YES	NO	YES	\$2.59	\$8.00	\$10.59
135	RETTERATH, JENNIFER	PRODUCTION	2080	7/31/00	NO	YES	NO	YES	\$2.59	\$8.00	\$10.59
136	RILES, HEATHER	COOK	2080	9/8/99	NO	YES	YES	YES	\$2.84	\$9.75	\$12.59
137	ROGERS, SHIRLEY	INV. CNTRL. CLK	2080	9/8/99	NO	YES	YES	NO	\$2.93	\$11.95	\$14.88
138	ROTHSTEIN, DONNA	PRODUCTION	2080	8/23/99	NO	YES	YES	NO	\$2.59	\$8.00	\$10.59
139	SAYLES, JEFF	1ST SUPEVISOR	2080	1/19/98	NO	YES	YES	YES	\$5.07	\$18.26	\$23.33
140	SCHROEDER, DOUG	2ND MAINT. SUPER	2080	1/19/98	NO	YES	YES	NO	\$4.77	\$14.42	\$19.19
141	SCHULTZ, ANDREA	QC TECH	2080	3/20/00	NO	YES	YES	YES	\$2.69	\$8.75	\$11.44
142	SCHUMACHER, MIKE	SCHEDULER	2080	3/17/99	NO	YES	YES	YES	\$4.11	\$26.44	\$30.55
143	SERVIN, CHARLES	PRODUCTION	2080	5/30/00	NO	YES	YES	NO	\$2.59	\$8.00	\$10.59
144	SHAW, SHARLYN	LINE LEADER	2080	3/2/99	NO	YES	YES	NO	\$2.68	\$8.00	\$10.68
145	SHEELY, BARBARA	PRODUCTION	2080	1/19/98	NO	YES	YES	YES	\$2.59	\$8.00	\$10.59
146	SHOOP, BRIAN	COOK	2080	10/18/98	NO	YES	YES	YES	\$2.84	\$10.25	\$13.09
147	SHOOP, ERIC	3RD SUPER	2080	1/19/98	NO	YES	YES	YES	\$5.07	\$14.42	\$19.49
148	SHOOP, PHYLLS	PREBATCH	2080	1/19/98	NO	YES	YES	YES	\$2.72	\$9.50	\$12.22
149	SINGLETON, ELIZABETH	PRODUCTION	2080	9/25/00	NO	YES	NO	NO	\$2.59	\$8.00	\$10.59
150	SLEZAK, HOLLY	PRODUCTION	2080	10/26/00	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
151	SMITH, KIM	ACCOUNTING	2080	11/2/98	NO	YES	NO	NO	\$4.56	\$10.50	\$15.06
152	SON, TRAN	PRODUCTION	2080	8/10/99	NO	YES	NO	NO	\$2.59	\$8.00	\$10.59
153	SQUIER, CORY	MATERIAL HANDLER	2080	3/13/00	NO	YES	YES	YES	\$2.76	\$9.00	\$11.76
154	SRISOMPHAU, SAURAT	PRODUCTION	2080	10/6/00	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
155	STEIR, ERIK	COOK	2080	4/18/00	NO	YES	YES	NO	\$2.84	\$8.00	\$10.84
156	STRICKER, ANDREA	PRODUCTION	2080	10/31/00	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
157	SUESS, BRYAN	SALES	2080	5/15/00	NO	YES	YES	YES	\$5.71	\$21.63	\$27.34
158	TABOR LARRY	LINELEADER	2080	7/24/00	NO	YES	NO	NO	\$2.68	\$9.25	\$11.93
159	TABOR, CRAIG	PRODUCTION	2080	11/2/00	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
160	TAMKE, MARY	PRODUCTION	2080	9/23/98	NO	YES	YES	YES	\$2.59	\$8.00	\$10.59
161	TAYLOR, TERRI	INV. CONTROL CLK.	2080	3/17/99	NO	YES	YES	YES	\$2.93	\$12.00	\$14.93
162	THACKERAY, JASON	MAINT.	2080	1/19/98	NO	YES	NO	YES	\$4.17	\$14.00	\$18.17
163	THATCHER, JEANNE	QC	2080	2/24/99	NO	YES	NO	NO	\$4.95	\$11.50	\$16.45
164	THATCHER, JEFF	VICE PRES.	2080	1/19/98	NO	YES	YES	YES	\$10.17	\$48.07	\$58.24
165	Thatcher, Molly	office pt	2080	6/12/00	NO	YES	NO	NO	\$2.55	\$6.00	\$8.55
166	THOMSON, DAVID	PRODUCTION	2080	11/2/00	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
167	THORPE, CORA	COOK	2080	1/19/98	NO	YES	YES	YES	\$2.84	\$10.75	\$13.59
168	THORPE, PAT	PROJECT MAN.	2080	1/19/98	NO	YES	YES	YES	\$6.67	\$21.63	\$28.30
169	THURMOND, MARCUS	PRODUCTION	2080	11/20/00	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
170	TIEGS, CATHY	PRODUCTION	2080	12/13/99	NO	YES	NO	NO	\$2.59	\$8.00	\$10.59
171	TILLMAN, TAMMY	PRODUCTION	2080	9/27/99	NO	YES	YES	NO	\$2.59	\$8.00	\$10.59
172	TISCHER, KIM	ACCOUNTING	2080	1/19/98	NO	YES	YES	YES	\$4.56	\$14.42	\$18.98
173	TOLLEFSON JAMES	WHS. MAN.	2080	9/7/99	NO	YES	YES	YES	\$4.54	\$26.44	\$30.98
174	TOWERS, MARYANNA	PRODUCTION	2080	10/31/00	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
175	TRYTTEN, PEGGY	PRODUCTION	2080	10/19/98	NO	YES	NO	NO	\$2.59	\$9.00	\$11.59
176	TRYTTEN, RYAN	PRODUCTION	2080	3/13/00	NO	YES	YES	NO	\$2.59	\$9.00	\$11.59
177	TUCKER, TODD	PRODUCTION	2080	11/22/00	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
178	TURNER, MARIE	PREBATCH	2080	1/19/98	NO	YES	YES	YES	\$2.72	\$8.00	\$10.72
179	UNDERDAHL, JEREMY	MO	2080	1/19/98	NO	YES	YES	YES	\$2.80	\$9.75	\$12.55
180	VANSABBEN, MARY	PRODUCTION	2080	7/21/99	NO	YES	YES	NO	\$2.59	\$8.00	\$10.59
181	VIETOR, JONATHON	MAINT.	2080	2/15/98	NO	YES	YES	YES	\$4.17	\$16.00	\$20.17
182	VOONG, MENH	PRODUCTION	2080	10/23/00	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
183	WADDLEY, ANALISA	PRODUCTION	2080	10/31/00	NO	NO	NO	NO	\$2.59	\$7.50	\$10.09
184	WEIS, BRANDON	SANITATION	2080	3/20/00	NO	YES	YES	NO	\$2.77	\$8.70	\$11.47
185	WEIS, MIKE	SANITATION	2080	1/10/00	NO	YES	NO	NO	\$2.77	\$8.70	\$11.47
186	WENZEL, RODNEY	PRODUCTION	2080	1/24/00	NO	YES	YES	YES	\$2.59	\$8.00	\$10.59
187	WHELAN, RYAN	PRODUCTION	2080	11/20/00	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
188	WHITE, GARY	WHS. MANAGER	2080	4/30/98	NO	YES	YES	YES	\$4.54	\$17.30	\$21.84
189	WICHMAN, TOM	MAINT. SPR	2080	11/30/99	NO	YES	YES	NO	\$4.77	\$18.75	\$23.52
190	WILLMERT, DEBRA	PRODUCTION	2080	12/20/99	NO	YES	YES	NO	\$2.59	\$8.00	\$10.59
191	WOOD, ROBERT	MATERIAL HANDLER	2080	8/18/99	NO	YES	YES	YES	\$2.76	\$9.55	\$12.31
192	WROLSON, MARK	SANITATION	2080	1/19/98	NO	YES	YES	NO	\$2.77	\$10.50	\$13.27
193	WYTASKE, DAVE	MAINT.	2080	9/9/99	NO	YES	YES	NO	\$4.17	\$11.00	\$15.17
194	YOCUM, SHELLEY	OFFICE	2080	7/24/00	NO	YES	NO	NO	\$2.55	\$9.00	\$11.55
195	ZAPATA, JAMIE	PRODUCTION	2080	1/19/98	NO	YES	YES	YES	\$2.59	\$8.50	\$11.09
196	ZAPATA, ROSIE	PROD./PREBATCH	2080	1/19/98	NO	YES	NO	YES	\$2.72	\$8.75	\$11.47
197	ZIBERT, LANA	PRODUCTION	2080	1/19/98	NO	YES	NO	YES	\$2.59	\$8.50	\$11.09
198	ZIBERT, WILL	MO	2080	1/19/98	NO	YES	YES	YES	\$2.80	\$10.00	\$12.80

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

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1. Funding government agency name Benton County		2. Contact name Nancy Hoffman	
3. Agency street address P.O. Box 129		4. City Foley	
5. Zip code 56329	6. Phone number (area code) 320/968-5071	8. Type of government agency ___ City <input checked="" type="checkbox"/> County ___ Regional ___ State	
	7. Fax number (area code) 320/968-5329	___ Other (Please indicate) _____	
9. Name of business receiving assistance TLC University		10. Industry of recipient (SIC code) Child Care 8351	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 9/17/96	14. Date assistance first provided 9/17/96	15. Date project (building/machinery/etc.) was placed in service 1996	16. Dollar value of business assistance \$85,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 4		18. Average hourly wage level goals for business receiving assistance 6.25			
19. Actual jobs created since business received assistance 8 Full time / 8 part time		20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	3	8	less than \$7.00
_____	_____	\$7.00 to \$7.99	2	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	2	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	1	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/19/99	26. Date this Minnesota Business Assistance Form completed 5/22/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements. **RECEIVED MAY 31 2001**

1. Funding government agency name Benton County		2. Contact name Nancy Hoffman	
3. Agency street address P.O. Box 129		4. City Foley	
5. Zip code 56329	6. Phone number (area code) 320/968-5071	8. Type of government agency ___ City <input checked="" type="checkbox"/> County ___ Regional ___ State ___ Other (Please indicate) _____	
		7. Fax number (area code) 320/968-5329	
9. Name of business receiving assistance Bauerly Brothers, Inc.		10. Industry of recipient (SIC code) Highway Construction	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Tax Increment Financing		12. Name of TIF district (if applicable) District #1 - Bauerly Bros.	
13. Date of business assistance agreement 10/31/97	14. Date assistance first provided 12/15/00	15. Date project (building/machinery/etc.) was placed in service 1997	16. Dollar value of business assistance \$176,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 10		18. Average hourly wage level goals for business receiving assistance \$14.43			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	<u>2</u>	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	<u>4</u>	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	<u>13</u>	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <u>5-10-01</u>	26. Date this Minnesota Business Assistance Form completed <u>5/29/01</u>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999).



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Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Benton County		2. Contact name Nancy Hoffman	
3. Agency street address P.O. Box 129		4. City Foley	
5. Zip code 56329	6. Phone number (area code) 320/968-5071	8. Type of government agency ___ City <input checked="" type="checkbox"/> County ___ Regional ___ State	
	7. Fax number (area code) 320/968-5329	___ Other (Please indicate) _____	
9. Name of business receiving assistance Granite City Armored Cars		10. Industry of recipient (SIC code) Armored Vehicle 7381	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 12/31/96	14. Date assistance first provided 12/31/96	15. Date project (building/machinery/etc.) was placed in service 1997	16. Dollar value of business assistance 140,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 8		18. Average hourly wage level goals for business receiving assistance 7.50			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
___	___	less than \$7.00	___	2	less than \$7.00
___	___	\$7.00 to \$7.99	2	___	\$7.00 to \$7.99
___	___	\$8.00 to \$9.99	8	2	\$8.00 to \$9.99
___	___	\$10.00 to \$11.99	___	___	\$10.00 to \$11.99
___	___	\$12.00 and higher	___	___	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 11/15/98 3/19/99	26. Date this Minnesota Business Assistance Form completed 3/19/99 5/25/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



RECEIVED MAY 31 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Benton County		2. Contact name Nancy Hoffman	
3. Agency street address P.O. Box 129		4. City Foley	
5. Zip code 56329	6. Phone number (area code) 320/968-5071	8. Type of government agency ___ City <input checked="" type="checkbox"/> County ___ Regional ___ State ___ Other (Please indicate) _____	
	7. Fax number (area code) 320/968-5329		
9. Name of business receiving assistance st. Cloud Tire		10. Industry of recipient (SIC code) Tire Service 7534	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 12/26/95	14. Date assistance first provided 12/26/95	15. Date project (building/machinery/etc.) was placed in service 1996	16. Dollar value of business assistance \$150,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 9		18. Average hourly wage level goals for business receiving assistance 9.27	
19. Actual jobs created since business received assistance 11		20. Actual average hourly wage paid to employees hired since business received assistance 10.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Hourly Wage Level
_____	less than \$7.00	_____	Full-time Part-time
_____	\$7.00 to \$7.99	_____	(excl. benefits)
_____	\$8.00 to \$9.99	_____	less than \$7.00
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	8
			\$7.00 to \$7.99

			\$8.00 to \$9.99

			\$10.00 to \$11.99
			3
			\$12.00 and higher

			6-10
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/19/99	26. Date this Minnesota Business Assistance Form completed 5/16/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

RECEIVED MAY 11 2001
1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name CITY OF BRAINERD		2. Contact name THERESA A. GOBLE	
3. Agency street address 501 LAUREL STREET		4. City BRAINERD MN	
5. Zip code 56401	6. Phone number (area code) (218) 828-2307	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (218) 828-2316		
9. Name of business receiving assistance BRAINERD MOBIL		10. Industry of recipient (SIC code) GAS SERVICE STATION	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) REVOLVING FUND LOAN		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 11/16/98	14. Date assistance first provided 3/30/99	15. Date project (building/machinery/etc.) was placed in service 7/1/99	16. Dollar value of business assistance \$50,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
2		less than \$7.00	
		\$7.00 to \$7.99	
		\$8.00 to \$9.99	
		\$10.00 to \$11.99	
		\$12.00 and higher	
If necessary, please attach additional documentation.		23. Job Creation	
		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		Full-time	Part-time
		2	
		less than \$7.00	
		\$7.00 to \$7.99	
		\$8.00 to \$9.99	
		\$10.00 to \$11.99	
		\$12.00 and higher	
		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/30/01	26. Date this Minnesota Business Assistance Form completed 5/7/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

RECEIVED MAY 11 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name CITY OF BRAINERD		2. Contact name THERESA A. GOBLE	
3. Agency street address 501 LAUREL STREET		4. City BRAINERD MN	
5. Zip code 56401	6. Phone number (area code) (218) 828-2307	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (218) 828-2316		
9. Name of business receiving assistance BORDEN STEINBAUER KRUEGER		10. Industry of recipient (SIC code) PROFESSIONAL LAW OFFICE	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) REVOLVING FUND LOAN		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 10/6/97	14. Date assistance first provided 3/1/98	15. Date project (building/machinery/etc.) was placed in service 3/1/98	16. Dollar value of business assistance \$25,800

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____
3	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 5/3/01	26. Date this Minnesota Business Assistance Form completed 5/7/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

RECEIVED MAY 11 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name CITY OF BRAINERD		2. Contact name THERESA A. GOBLE	
3. Agency street address 501 LAUREL STREET		4. City BRAINERD MN	
5. Zip code 56401	6. Phone number (area code) (218) 828-2307	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (218) 828-2316		
9. Name of business receiving assistance MERIDAN PROPERTIES		10. Industry of recipient (SIC code) RETAIL - DRUG STORE	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TAX INCREMENT FINANCING		12. Name of TIF district (if applicable) 4-9	
13. Date of business assistance agreement 5/19/99	14. Date assistance first provided (ANTICIPATED) 8/1/01	15. Date project (building/machinery/etc.) was placed in service 5/3/00	16. Dollar value of business assistance \$250,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time	(excl. benefits)		
_____	less than \$7.00	_____	
<u>2</u>	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
_____	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 5/9/01	26. Date this Minnesota Business Assistance Form completed 5/9/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-1063

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED JUN 1 2001

1. Funding government agency name <i>City of Breezy Point</i>		2. Contact name <i>Vicki Willer</i>	
3. Agency street address <i>8319 Co. Rd. 11</i>		4. City <i>Breezy Point, MN</i>	
5. Zip code <i>56472</i>	6. Phone number (area code) <i>218-562-4441</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) <i>218-562-4486</i>		
9. Name of business receiving assistance <i>Breezy Point Sports</i>		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>TIF</i>		12. Name of TIF district (if applicable) <i>1-1 - Arena</i>	
13. Date of business assistance agreement <i>12-30-98</i>	14. Date assistance first provided <i>5-31-99</i>	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance <i>\$720,000.00</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>30 FTE - w/in 2 years</i>		18. Average hourly wage level goals for business receiving assistance <i>\$7.00/hr.</i>	
19. Actual jobs created since business received assistance <i>7</i>		20. Actual average hourly wage paid to employees hired since business received assistance <i>7.09/hr</i>	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
<i>30</i>	less than \$7.00		<i>7</i>
	\$7.00 to \$7.99		
	\$8.00 to \$9.99		
	\$10.00 to \$11.99		
	\$12.00 and higher		
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>12-31-00</i>	26. Date this Minnesota Business Assistance Form completed <i>5-31-01</i>
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

RECEIVED JUN 1 2001

00-1062

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <i>City of Breezy Point</i>		2. Contact name <i>Vicki Willer</i>	
3. Agency street address <i>8319 Co. Rd. 11</i>		4. City <i>Breezy Point</i>	
5. Zip code <i>56472</i>	6. Phone number (area code) <i>218-562-4441</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <i>218-562-4486</i>		
9. Name of business receiving assistance <i>Whitebirch, Inc</i>		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>TIF</i>		12. Name of TIF district (if applicable) <i>1-1-Clubhouse</i>	
13. Date of business assistance agreement <i>5-31-1996</i>	14. Date assistance first provided <i>8-1-1998</i>	15. Date project (building/machinery/etc.) was placed in service <i>7-1997</i>	16. Dollar value of business assistance <i>\$ 400,020.00</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>0</i>		18. Average hourly wage level goals for business receiving assistance <i>NA</i>	
19. Actual jobs created since business received assistance <i>7</i>		20. Actual average hourly wage paid to employees hired since business received assistance <i>7.00/hr = 1400/hr</i>	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>1-1-01</i>	26. Date this Minnesota Business Assistance Form completed <i>5-25-01</i>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-1064

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED JUN 1 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <i>City of Breezy Point</i>		2. Contact name <i>Vicki Willer</i>	
3. Agency street address <i>8319 Co. Rd. 11</i>		4. City <i>Breezy Point</i>	
5. Zip code <i>56472</i>	6. Phone number (area code) <i>218-562-4441</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) <i>218-562-4486</i>		
9. Name of business receiving assistance <i>Breezy Point L.L.C.</i>		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>TIF</i>		12. Name of TIF district (if applicable) <i>1-2 Lodgetel</i>	
13. Date of business assistance agreement <i>10-5-98</i>	14. Date assistance first provided <i>2-00</i>	15. Date project (building/machinery/etc.) was placed in service <i>7-1-00</i>	16. Dollar value of business assistance <i>985,000⁰⁰</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>20</i>		18. Average hourly wage level goals for business receiving assistance <i>9.00 in 2001</i>	
19. Actual jobs created since business received assistance <i>Not yet due</i>		20. Actual average hourly wage paid to employees hired since business received assistance <i>not yet due</i>	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>NA</i>	26. Date this Minnesota Business Assistance Form completed <i>5-31-01</i>
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.



1999 Minnesota Business Assistance Form

(Please return by April 1, 2001)

RECEIVED APR 0 2 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Brooklyn Park Economic Development Authority		2. Contact name Theresa Freund, Economic Development	
3. Agency street address 5200 - 85th Avenue North		4. City Brooklyn Park	
5. Zip Code 55443	6. Phone number 763-493-8059	8. Type of government agency City	
	7. Fax number 763-493-8171		
9. Name of business receiving assistance AQE Park Limited		10. Industry of recipient (SIC code) 3564	
11. Type of assistance TIF		12. Name of TIF district (if applicable) Economic Development District #15	
13. Date of business assistance agreement 11/24/98	14. Date assistance first provided 8/1/01	15. Date project (building/machinery/etc.) was placed in service 9/22/99	16. Dollar value of business assistance \$96,000
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.			
17. Job creation goals for business receiving assistance 16		18. Average hourly wage level goals for business receiving assistance. 7.73 S.F.H 8/1/01 1½ times Federal minimum wage.	
19. Actual jobs created since business received assistance 40 (as of 3/1/01)		20. Actual average hourly wages paid to employees hired since business received assistance See Questions 23 & 24 below.	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time (excl. benefits)			Hourly Wage Level (excl. benefits)
_____	less than \$7.00	_____	Full-time
_____	\$7.00 to \$7.99	_____	0 _____
_____	\$8.00 to \$9.99	_____	0 _____
_____	\$10.00 to \$11.99	_____	3 _____
_____	\$12.00 & higher	_____	11 _____
If necessary, please attach additional documentation		24. Hourly Value of Voluntary Health Benefits (\$)	
		0.00	
		0.00	
		1.65	
		9.45	
		5.99	
		16.07	
		If necessary, please attach additional documentation.	
Please complete lines 25 through 27 for all agreements			
25. Last date actual wage and job creation levels documented. Has until October 31, 2001 to achieve employment covenant.		26. Date this Minnesota Business Assistance Form completed. April 1, 2001	
27. Have all wage and job goals been achieved?		<input checked="" type="checkbox"/> Yes - do no submit future forms for this project <input type="checkbox"/> No.	

Please complete one form for each business assistance agreement your agency signed between July 1, 1995 through July 31, 1999.

1999 Minnesota Business Assistance Form

00-0366

(Please return by April 1, 2001)

**Economic
Development**

RECEIVED APR 0 2 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Brooklyn Park Economic Development Authority		2. Contact name Theresa Freund, Economic Development	
3. Agency street address 5200 - 85th Avenue North		4. City Brooklyn Park	
5. Zip Code 55443	6. Phone number 763-493-8059	8. Type of government agency City	
7. Fax number 763-493-8171			
9. Name of business receiving assistance Duke Realty Investments, Inc. Crossroads North Business Center 1		10. Industry of recipient (SIC code) 1500 & 5942	
11. Type of assistance TIF		12. Name of TIF district (if applicable) Economic Development District #18	
13. Date of business assistance agreement 10/20/97	14. Date assistance first provided 8/1/00	15. Date project (building machinery/ etc.) was placed in service 7/31/98	16. Dollar value of business assistance \$517,000.00
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.			
17. Job creation goals for business receiving assistance 86		18. Average hourly wage level goals for business receiving assistance. Agreement amended from 150% to 160% above the Federal minimum wage. \$7.73 ^{6.5H} 8/1/01	
19. Actual jobs created since business received assistance 211		20. Actual average hourly wages paid to employees hired since business received assistance See Questions 23 & 24 below.	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job creation	Hourly Wage Level Full-time Part-time (excl. benefits) _____ less than \$7.00 _____ \$7.00 to \$7.99 _____ \$8.00 to \$9.99 _____ \$10.00 to \$11.99 _____ \$12.00 & higher If necessary, please attach additional documentation	22. Hourly Value of Voluntary Benefits (\$) _____ _____ _____ _____ _____	23. Job Creation Full-time (excl. benefits) 0 less than \$7.00 1 \$7.00 to \$8.99 29 \$9.00 to \$10.99 26 \$11.00 to \$12.99 29 \$13.00 to \$14.99 126 \$15.00 & higher If necessary, please attach additional documentation.
24. Average Hourly Value of Voluntary Benefits (\$) _____ \$0.00 \$2.00 \$2.00 \$2.00 \$2.00 \$2.00			
Please complete lines 25 through 27 for all agreements			
25. Last date actual wage and job creation levels documented 4/1/99		26. Date this Minnesota Business Assistance Form completed. April 1, 2001	
27. Have all wage and job goals been achieved?		<input checked="" type="checkbox"/> Yes - do not submit future forms for this project <input type="checkbox"/> No.	

Please complete one form for each business assistance agreement your agency signed between July 1, 1995 through July 31, 1999.

1999 Minnesota Business Assistance Form

00-0367

(Please return by April 1, 2001)

Economic
Development

RECEIVED APR 0 1 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Brooklyn Park Economic Development Authority		2. Contact name Theresa Freund, Economic Development	
3. Agency street address 5200 - 85th Avenue North		4. City Brooklyn Park	
5. Zip Code 55443	6. Phone number 763-493-8059	8. Type of government agency City	
7. Fax number 7763-493-8171			
9. Name of business receiving assistance Duke Realty Investments, Inc. Crossroads North Business Center 2		10. Industry of recipient (SIC code) 1500, 2000 & 3500	
11. Type of assistance TIF		12. Name of TIF district (if applicable) Economic Development District #18	
13. Date of business assistance agreement 11/20/97	14. Date assistance first provided 8/1/00	15. Date project (building machinery/ etc.) was placed in service 7/31/98	16. Dollar value of business assistance \$235,000
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.			
17. Job creation goals for business receiving assistance 39		18. Average hourly wage level goals for business receiving assistance. Agreement amended from 150% to 160% above the Federal minimum wage. \$7.73 & 2H 8/01/01	
19. Actual jobs created since business received assistance 144		20. Actual average hourly wages paid to employees hired since business received assistance. See Questions 23 & 24 below.	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job creation	Hourly Wage Level Full-time Part-time (excl. benefits) _____ less than \$7.00 _____ \$7.00 to \$7.99 _____ \$8.00 to \$9.99 _____ \$10.00 to \$11.99 _____ \$12.00 & higher If necessary, please attach additional documentation	22. Hourly Value of Voluntary Benefits (\$) _____ _____ _____ _____ _____	23. Job Creation Full-time _____ _____ _____ _____ _____ _____ _____ _____ If necessary, please attach additional documentation.
Hourly Wage Level (excl. benefits) less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 & higher		24. Average Hourly Value of Voluntary Benefits (\$) \$0.00 \$0.00 \$2.80 \$2.80 \$2.80 \$2.80	
Please complete lines 25 through 27 for all agreements			
25. Last date actual wage and job creation levels documented 4/1/99		26. Date this Minnesota Business Assistance Form completed. April 1, 2001	
27. Have all wage and job goals been achieved?			
		<input checked="" type="checkbox"/> Yes - do not submit future forms for this project <input type="checkbox"/> No.	

Please complete one form for each business assistance agreement your agency signed between July 1, 1995 through July 31, 1999.

1999 Minnesota Business Assistance Form

00-0368

(Please return by ~~April 1, 2001~~)

RECEIVED APR 3 7 2001

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Brooklyn Park Economic Development Authority		2. Contact name Theresa Freund, Economic Development	
3. Agency street address 5200 - 85th Avenue North		4. City Brooklyn Park	
5. Zip Code 55443	6. Phone number 763-493-8059	8. Type of government agency City	
7. Fax number 7763-493-8171			
9. Name of business receiving assistance Duke Realty Investments, Inc. Crossroads North Business Center 3		10. Industry of recipient (SIC code)	
11. Type of assistance TIF		12. Name of TIF district (if applicable) Economic Development District #18	
13. Date of business assistance agreement 10/1/98	14. Date assistance first provided 8/1/00	15. Date project (building machinery/ etc.) was placed in service 7/99	16. Dollar value of business assistance \$182,000
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.			
17. Job creation goals for business receiving assistance 30		18. Average hourly wage level goals for business receiving assistance. Agreement amended from 150% to 160% above the Federal minimum wage.	
19. Actual jobs created since business received assistance Has until April 30, 2001 to achieve employment covenant.		20. Actual average hourly wages paid to employees hired since business received assistance. See Question 25 below.	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time (excl. benefits)	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 & higher	_____ _____	Full-time Hourly Wage Level (excl. benefits)
_____ 30	_____ _____	_____ _____	less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 & higher
If necessary, please attach additional documentation		If necessary, please attach additional documentation.	
Please complete lines 25 through 27 for all agreements			
25. Last date actual wage and job creation levels documented. Has until April 30, 2001 to achieve employment covenant.		26. Date this Minnesota Business Assistance Form completed. April 1, 2001	
27. Have all wage and job goals been achieved?		<input type="checkbox"/> Yes - do not submit future forms for this project <input checked="" type="checkbox"/> No.	

E.F.H
8/1/01

Please complete one form for each business assistance agreement your agency signed between July 1, 1995 through July 31, 1999.

1999 Minnesota Business Assistance Form

(Please return by April 1, 2001)

00-0370

LEAGUE OF
**Economic
Development**

RECEIVED APR 2 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Brooklyn Park Economic Development Authority		2. Contact name Theresa Freund, Economic Development	
3. Agency street address 5200 - 85th Avenue North		4. City Brooklyn Park	
5. Zip Code 55443	6. Phone number 763-493-8059	8. Type of government agency City	
7. Fax number 763-493-8171			
9. Name of business receiving assistance Duke Realty Investments, Inc. Crossroads North Business Center 5		10. Industry of recipient (SIC code)	
11. Type of assistance TIF		12. Name of TIF district (if applicable) Economic Development District #18	
13. Date of business assistance agreement 7/30/99	14. Date assistance first provided 8/1/01	15. Date project (building machinery/ etc.) was placed in service 4/00	16. Dollar value of business assistance \$451,000
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.			
17. Job creation goals for business receiving assistance 75		18. Average hourly wage level goals for business receiving assistance. 7.73 <i>E.F.H.</i> Agreement amended from 150% to 160% above the Federal minimum wage. <i>8/1/01</i>	
19. Actual jobs created since business received assistance Has until December 31, 2001 to achieve employment covenant.		20. Actual average hourly wages paid to employees hired since business received assistance See Question #19.	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job creation	Hourly Wage Level Full-time Part-time (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	 23. Job Creation Hourly Wage Level Full-time (excl. benefits)
	less than \$7.00 75 _____ \$7.00 to \$7.99 _____ \$8.00 to \$9.99 _____ \$10.00 to \$11.99 _____ \$12.00 & higher	_____ _____ _____ _____	 less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 & higher
If necessary, please attach additional documentation		If necessary, please attach additional documentation.	
Please complete lines 25 through 27 for all agreements			
25. Last date actual wage and job creation levels documented. Has until December 31, 2001 to achieve employment covenant.		26. Date this Minnesota Business Assistance Form completed. April 1, 2001	
27. Have all wage and job goals been achieved?			
<input type="checkbox"/> Yes - do not submit future forms for this project <input checked="" type="checkbox"/> No.			

Please complete one form for each business assistance agreement your agency signed between July 1, 1995 through July 31, 1999.

1999 Minnesota Business Assistance Form

(Please return by April 1, 2001)

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Trade
Economic
Development

00-0371

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Brooklyn Park Economic Development Authority			2. Contact name Theresa Freund, Economic Development		
3. Agency street address 5200 - 85th Avenue North			4. City Brooklyn Park		
5. Zip Code 55443	6. Phone number 763-493-8059		8. Type of government agency City		
7. Fax number 763-493-8171					
9. Name of business receiving assistance Duke Realty Investments, Inc. Crossroads North Business Center 7			10. Industry of recipient (SIC code)		
11. Type of assistance TIF			12. Name of TIF district (if applicable) Economic Development District #18		
13. Date of business assistance agreement 10/1/98	14. Date assistance first provided 8/1/01	15. Date project (building machinery/ etc.) was placed in service 7/00	16. Dollar value of business assistance \$598,000		
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.					
17. Job creation goals for business receiving assistance 100			18. Average hourly wage level goals for business receiving assistance. Agreement amended from 150% to 160% above the Federal minimum wage. \$7.73 E.F.H 8/11/01		
19. Actual jobs created since business received assistance Has until April 30, 2001 to achieve employment covenant.			20. Actual average hourly wages paid to employees hired since business received assistance See Question #19.		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Average Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time (excl. benefits)	less than \$7.00	Full-time	(excl. benefits)	\$
100		\$7.00 to \$7.99		less than \$7.00	\$
		\$8.00 to \$9.99		\$7.00 to \$8.99	\$
		\$10.00 to \$11.99		\$9.00 to \$10.99	\$
		\$12.00 & higher		\$11.00 to \$12.99	\$
If necessary, please attach additional documentation			If necessary, please attach additional documentation.		
Please complete lines 25 through 27 for all agreements					
25. Last date actual wage and job creation levels documented. Has until April 30, 2001 to achieve employment covenant.			26. Date this Minnesota Business Assistance Form completed. April 1, 2001		
27. Have all wage and job goals been achieved?			<input type="checkbox"/> Yes - do not submit future forms for this project <input checked="" type="checkbox"/> No.		

Please complete one form for each business assistance agreement your agency signed between July 1, 1995 through July 31, 1999.

1999 Minnesota Business Assistance Form

(Please return by April 1, 2001)

00-0372

Trade &
Economic
Development

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Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Brooklyn Park Economic Development Authority		2. Contact name Theresa Freund, Economic Development																																					
3. Agency street address 5200 - 85th Avenue North		4. City Brooklyn Park																																					
5. Zip Code 55443	6. Phone number 763-493-8059	8. Type of government agency City																																					
7. Fax number 763-493-8171																																							
9. Name of business receiving assistance General Property Investors, LLP		10. Industry of recipient (SIC code)																																					
11. Type of assistance TIF		12. Name of TIF district (if applicable) Economic Development District #15																																					
13. Date of business assistance agreement 6/22/99	14. Date assistance first provided 8/1/01	15. Date project (building/machinery/etc.) was placed in service 2/16/01 Certificate of Completion	16. Dollar value of business assistance \$119,000																																				
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.																																							
17. Job creation goals for business receiving assistance 20		18. Average hourly wage level goals for business receiving assistance. 17.73 1 1/2 times Federal minimum wage																																					
19. Actual jobs created since business received assistance 50 (1/31/01)		20. Actual average hourly wages paid to employees hired since business received assistance. \$20.16 / hour																																					
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)																																					
21. Job creation <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Hourly Wage Level</th> <th style="text-align: left;">Part-time (excl. benefits)</th> <th style="text-align: left;">Full-time</th> </tr> </thead> <tbody> <tr> <td>less than \$7.00</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>\$7.00 to \$7.99</td> <td>_____</td> <td>20</td> </tr> <tr> <td>\$8.00 to \$9.99</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>\$10.00 to \$11.99</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>\$12.00 & higher</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Hourly Wage Level	Part-time (excl. benefits)	Full-time	less than \$7.00	_____	_____	\$7.00 to \$7.99	_____	20	\$8.00 to \$9.99	_____	_____	\$10.00 to \$11.99	_____	_____	\$12.00 & higher	_____	_____	22. Hourly Value of Voluntary Benefits (\$) _____ _____ _____ _____ _____	23. Job Creation <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Hourly Wage Level</th> <th style="text-align: left;">Part-time (excl. benefits)</th> <th style="text-align: left;">Full-time</th> </tr> </thead> <tbody> <tr> <td>less than \$7.00</td> <td>_____</td> <td>0</td> </tr> <tr> <td>\$7.00 to \$7.99</td> <td>_____</td> <td>0</td> </tr> <tr> <td>\$8.00 to \$9.99</td> <td>_____</td> <td>0</td> </tr> <tr> <td>\$10.00 to \$11.99</td> <td>_____</td> <td>6</td> </tr> <tr> <td>\$12.00 & higher</td> <td>_____</td> <td>44</td> </tr> </tbody> </table>	Hourly Wage Level	Part-time (excl. benefits)	Full-time	less than \$7.00	_____	0	\$7.00 to \$7.99	_____	0	\$8.00 to \$9.99	_____	0	\$10.00 to \$11.99	_____	6	\$12.00 & higher	_____	44	24. Average Hourly Value of Voluntary Benefits (\$) _____ \$0.00 _____ _____ \$2.68 _____ \$5.90
Hourly Wage Level	Part-time (excl. benefits)	Full-time																																					
less than \$7.00	_____	_____																																					
\$7.00 to \$7.99	_____	20																																					
\$8.00 to \$9.99	_____	_____																																					
\$10.00 to \$11.99	_____	_____																																					
\$12.00 & higher	_____	_____																																					
Hourly Wage Level	Part-time (excl. benefits)	Full-time																																					
less than \$7.00	_____	0																																					
\$7.00 to \$7.99	_____	0																																					
\$8.00 to \$9.99	_____	0																																					
\$10.00 to \$11.99	_____	6																																					
\$12.00 & higher	_____	44																																					
If necessary, please attach additional documentation		If necessary, please attach additional documentation.																																					
Please complete lines 25 through 27 for all agreements																																							
25. Last date actual wage and job creation levels documented. Has until 8/31/02 to achieve employment goals.		26. Date this Minnesota Business Assistance Form completed. April 1, 2001																																					
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes - do not submit future forms for this project <input type="checkbox"/> No.																																							

E.Z.H.
8/1/01

Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1999.

1999 Minnesota Business Assistance Form

(Please return by April 1, 2001)

00-0374



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Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Brooklyn Park Economic Development Authority		2. Contact name Theresa Freund, Economic Development	
3. Agency street address 5200 - 85th Avenue North		4. City Brooklyn Park	
5. Zip Code 55443	6. Phone number 612-493-8060	8. Type of government agency City	
7. Fax number 612-493-8171		9. Name of business receiving assistance Ryan Companies / Interstate Business Center II	
10. Industry of recipient (SIC code) 5066 & 7372		11. Type of assistance TIF	
12. Name of TIF district (if applicable) #15		13. Date of business assistance agreement 7-22-96	
14. Date assistance first provided 8-1-98		15. Date project (building machinery/ etc.) was placed in service 3-28-97	
16. Dollar value of business assistance \$429,750		For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.	
17. Job creation goals for business receiving assistance 72		18. Average hourly wage level goals for business receiving assistance <i>7.73 F.F.H 9/1/01</i> 1½ times Federal minimum wage	
19. Actual jobs created since business received assistance 155		20. Actual average hourly wages paid to employees hired since business received assistance \$18.19 / hr.	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time (excl. benefits)	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 & higher	_____ _____ _____ _____ _____	Full-time Part-time (excl. benefits)
_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 & higher
If necessary, please attach additional documentation		If necessary, please attach additional documentation.	
Please complete lines 25 through 27 for all agreements			
25. Last date actual wage and job creation levels documented June 8, 1999		26. Date this Minnesota Business Assistance Form completed. April 1, 2001	
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes - do not submit future forms for this project <input type="checkbox"/> No.			

Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1999.

1999 Minnesota Business Assistance Form

(Please return by **April 1, 2001**)

00-0375

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Brooklyn Park Economic Development Authority		2. Contact name Theresa Freund, Economic Development	
3. Agency street address 5200 - 85th Avenue North		4. City Brooklyn Park	
5. Zip Code 55443	6. Phone number 763-493-8059	8. Type of government agency City	
7. Fax number 763-493-8171			
9. Name of business receiving assistance Technical Resin Packaging		10. Industry of recipient (SIC code) 5084 & 7389	
11. Type of assistance TIF		12. Name of TIF district (if applicable) Economic Development District #18	
13. Date of business assistance agreement 10/3/97	14. Date assistance first provided 6/1/99	15. Date project (building machinery/ etc.) was placed in 9/29/98	16. Dollar value of business assistance \$60,000
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.			
17. Job creation goals for business receiving assistance 10		18. Average hourly wage level goals for business receiving assistance \$ 7.75 9.F.H. \$11.01 1½ times Federal minimum wage	
19. Actual jobs created since business received assistance 28		20. Actual average hourly wages paid to employees hired since business received assistance \$12.00 / hour	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time (excl. benefits)	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 & higher	_____ _____ _____ _____ _____	Full-time Part-time (excl. benefits)
If necessary, please attach additional documentation		If necessary, please attach additional documentation.	
Please complete lines 25 through 27 for all agreements			
25. Last date actual wage and job creation levels documented 8/31/00		26. Date this Minnesota Business Assistance Form completed. April 1, 2001	
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes - do not submit future forms for this project <input type="checkbox"/> No			

Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1999.

original was received 5/4/01 E. F. H.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <i>City of Brooks</i>		2. Contact name <i>Joyce Morinville, City Clerk</i>	
3. Agency street address <i>204 Hwy 59 S. P.O. Box 98</i>		4. City <i>Brooks</i>	
5. Zip code <i>56715-0098</i>	6. Phone number (area code) <i>(218) 698-4220</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <i>(218) 698-4320</i>		
9. Name of business receiving assistance <i>Paradis Bros. LLP</i>		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>TIF</i>		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement <i>11-6-95</i>	14. Date assistance first provided <i>10/97</i>	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance <i>\$390,867.00</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time		Full-time	Part-time	
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
<i>2</i>	_____	\$8.00 to \$9.99	<i>2</i>	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

00-0314

(Please return by April 1, 1999)

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Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency X City ___ County ___ Regional ___ State ___ Other (Please indicate) _____	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Peter J. Smith		10. Industry of recipient (SIC code) 3845/3999	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF District No. 1	
13. Date of business assistance agreement April 5, 1999	14. Date assistance first provided N/A	15. Date project (building/machinery/etc.) was placed in service 10/6/99	16. Dollar value of business assistance \$359,199

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 16 new jobs by 8/1/03		18. Average hourly wage level goals for business receiving assistance \$36,693/annual \$17.77/hr	
19. Actual jobs created since business received assistance N/A		20. Actual average hourly wage paid to employees hired since business received assistance N/A	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	N/A
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
8	\$10.00 to \$11.99	1.75	_____
8	\$12.00 and higher	2	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented N/A	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

00-0315



Please complete lines 1 through 16 for all agreements.

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1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Alan G. Ellingson d/b/a Al's Cabinets		10. Industry of recipient (SIC code) 2434	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF/Infrastructure		12. Name of TIF district (if applicable) TIF District No. 1	
13. Date of business assistance agreement 5/19/97	14. Date assistance first provided 8/1/99	15. Date project (building/machinery/etc.) was placed in service 4/98	16. Dollar value of business assistance \$98,200-\$42,960

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance By 8/1/01 will create 20 new jobs		18. Average hourly wage level goals for business receiving assistance \$17.39/hr. \$36,162.00/annual	
19. Actual jobs created since business received assistance 30		20. Actual average hourly wage paid to employees hired since business received assistance \$15.55/hr \$32,346	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	N/A	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 4/2000	26. Date this Minnesota Business Assistance Form completed 3/30/2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINN

00-0316

Trade &
Economic
Development

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Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Leeandee Partnership		10. Industry of recipient (SIC code) 1541	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF District No. 3	
13. Date of business assistance agreement 7/19/99	14. Date assistance first provided N/A	15. Date project (building/machinery/etc.) was placed in service 2000	16. Dollar value of business assistance \$68,674

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 13 new jobs by 8/1/03		18. Average hourly wage level goals for business receiving assistance \$34,200/annual \$16.44/hr	
19. Actual jobs created since business received assistance N/A		20. Actual average hourly wage paid to employees hired since business received assistance N/A	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
8	_____	\$10.00 to \$11.99	1
5	_____	\$12.00 and higher	2
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented N/A	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

00-0317

Trade &
Economic
Development

RECEIVED APR 0 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Asset Marketing Development Associates, LLC		10. Industry of recipient (SIC code) 5099/9801	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF District No. 2	
13. Date of business assistance agreement 9/18/95	14. Date assistance first provided 12/27/95	15. Date project (building/machinery/etc.) was placed in service 9/12/96	16. Dollar value of business assistance \$1,376,838.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance By 10/1/98 will add 50 new jobs		18. Average hourly wage level goals for business receiving assistance \$14.95/hr. \$31,099.00/Annual			
19. Actual jobs created since business received assistance 58		20. Actual average hourly wage paid to employees hired since business received assistance \$16.75/hr. \$34,857/Annual			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
_____	less than \$7.00	_____	_____	less than \$7.00	_____
_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99	_____
_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99	_____
_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99	_____
_____	\$12.00 and higher	_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented February - 2001	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

00-0318

(Please return by April 1, 1999)

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Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Bluffs West Partnership		10. Industry of recipient (SIC code) 1541	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF Soils District No. 3	
13. Date of business assistance agreement 9/3/95; Amended on 4/17/96, 6/24/97 & 12/18/97	14. Date assistance first provided 12/98	15. Date project (building/machinery/etc.) was placed in service 12/97	16. Dollar value of business assistance \$410,124

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 46 new jobs no later than 2 years after first date of assistance		18. Average hourly wage level goals for business receiving assistance \$8.50/hr. \$17,870.00/Annual			
19. Actual jobs created since business received assistance 77 jobs		20. Actual average hourly wage paid to employees hired since business received assistance \$ 523.24/hr. \$48,345/Annual			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time Part-time	(excl. benefits)		Full-time Part-time	(excl. benefits)	
_____	less than \$7.00	_____	_____	less than \$7.00	_____
_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99	_____
_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99	_____
_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99	_____
_____	\$12.00 and higher	_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented July - 2000	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

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1999 Minnesota Business Assistance Form

00-0319

(Please return by April 1, 1999)

RECEIVED APR 0 2 2001

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judv Tschumner	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Bluffs West Partnership (II)		10. Industry of recipient (SIC code) 1541	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF Soils District No. 3	
13. Date of business assistance agreement 6/17/96 Amended 12/18/97	14. Date assistance first provided 12/98	15. Date project (building/machinery/etc.) was placed in service 12/98	16. Dollar value of business assistance \$236,491

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance Will create 30 new jobs no later than 2 years after first assistance.			18. Average hourly wage level goals for business receiving assistance \$15.31/hr. \$31,862 / Annual		
19. Actual jobs created since business received assistance 39			20. Actual average hourly wage paid to employees hired since business received assistance \$18.63/hr. \$38,766 / Annual		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time Part-time	(excl. benefits)		Full-time Part-time	(excl. benefits)	
_____	less than \$7.00	_____	_____	less than \$7.00	_____
_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99	_____
_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99	_____
_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99	_____
_____	\$12.00 and higher	_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented July - 2000	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

00-0320

(Please return by April 1, 1999)

Trade &
Economic
Development

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Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Burnsville Showcase, LLP		10. Industry of recipient (SIC code) 5099	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Districts 1 and 2	
13. Date of business assistance agreement 7/7/97	14. Date assistance first provided N/A	15. Date project (building/machinery/etc.) was placed in service 5/98	16. Dollar value of business assistance \$240,690.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance By 8/1/01 will add 20 new jobs.		18. Average hourly wage level goals for business receiving assistance \$13.40/hr. \$27,875.00/Annual	
19. Actual jobs created since business received assistance N/A		20. Actual average hourly wage paid to employees hired since business received assistance N/A	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	N/A	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	
23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	N/A	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented N/A	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED APR 9 2 2001

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumcer	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Consolidated Computer Services, Inc.		10. Industry of recipient (SIC code) 3571	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF Soils District No. 3	
13. Date of business assistance agreement 10/19/98	14. Date assistance first provided N/A (8/1/01)	15. Date project (building/machinery/etc.) was placed in service 1999	16. Dollar value of business assistance \$115,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 6 jobs by 8/1/02		18. Average hourly wage level goals for business receiving assistance \$18.87/hr.			
19. Actual jobs created since business received assistance N/A		20. Actual average hourly wage paid to employees hired since business received assistance N/A			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time		Full-time	Part-time	
_____	_____	less than \$7.00	_____	N/A	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
3	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
3	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.			

#17 - 20
City's
Criteria

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 4/2000	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

00-0322

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED APR 0 2 2001

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumber	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Eastling Family Partnership, Ltd.		10. Industry of recipient (SIC code) 5541	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Districts 1 and 2	
13. Date of business assistance agreement 3/16/98	14. Date assistance first provided 8/1/99	15. Date project (building/machinery/etc.) was placed in service 10/98	16. Dollar value of business assistance \$44,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 6 by 8/01/01		18. Average hourly wage level goals for business receiving assistance \$17.06/hr. \$35,484.80/year	
19. Actual jobs created since business received assistance 11 new jobs		20. Actual average hourly wage paid to employees hired since business received assistance \$15.09 \$31,380.00/year	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
1	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
5	\$12.00 and higher	2	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

#17 - 20
City's
Reporting
Criteria

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/1/99	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. N/A <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



00-0323

Trade & Economic Development

RECEIVED APR 02 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance F.R. Acquisitions, Inc.		10. Industry of recipient (SIC code) 2047	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF Soils District No. 3	
13. Date of business assistance agreement 7/17/95 Amended 12/97	14. Date assistance first provided 12/97	15. Date project (building/machinery/etc.) was placed in service 11/13/95	16. Dollar value of business assistance \$173,449

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance By 12/99 will add 15 new jobs.		18. Average hourly wage level goals for business receiving assistance \$12.09/hr. \$25,150.00/Annual	
19. Actual jobs created since business received assistance 21 new jobs		20. Actual average hourly wage paid to employees hired since business received assistance \$12.19/hr. \$25,366/Annual	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented July - 2000	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



00-0324

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED APR 9 2001

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumner	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Paul F. Gonyea		10. Industry of recipient (SIC code) 6512/6531	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Districts 1 and 2 TIF Soils District No. 3	
13. Date of business assistance agreement 10/7/96	14. Date assistance first provided	15. Date project (building/machinery/etc.) was placed in service 8/5/97	16. Dollar value of business assistance \$267,328.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance By 8/1/01 will add 10 new jobs.		18. Average hourly wage level goals for business receiving assistance \$19.54/hr. \$40,633.00/Annual			
19. Actual jobs created since business received assistance 14 jobs		20. Actual average hourly wage paid to employees hired since business received assistance \$19.13/hr. \$39,808/Annual			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time Part-time	(excl. benefits)		Full-time Part-time	(excl. benefits)	
_____	less than \$7.00	_____	_____	less than \$7.00	_____
_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99	_____
_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99	_____
_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99	_____
_____	\$12.00 and higher	_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented April 2000	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



RECEIVED APR 0 1 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Paul Gonyea		10. Industry of recipient (SIC code) 1541	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Districts 1 and 2	
13. Date of business assistance agreement 4/20/98	14. Date assistance first provided 8/1/2000	15. Date project (building/machinery/etc.) was placed in service 1999	16. Dollar value of business assistance \$84,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 8 jobs by 8/1/01		18. Average hourly wage level goals for business receiving assistance \$15.93/hr. \$33,150/Annual			
19. Actual jobs created since business received assistance 19 New Jobs		20. Actual average hourly wage paid to employees hired since business received assistance \$18.01/hr. \$39,129 / Annual			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
8	_____	\$12.00 and higher	1	_____	\$12.00 and higher
			18		2

If necessary, please attach additional documentation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented April - 2000	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED APR 0 1 2001

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumbe	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Hoyt Properties, Inc.		10. Industry of recipient (SIC code) 1541	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF Soils District No. 3	
13. Date of business assistance agreement 9/5/95 Amended 6/17/96 & 12/18/97	14. Date assistance first provided 2/27/98	15. Date project (building/machinery/etc.) was placed in service 3/7/97	16. Dollar value of business assistance \$203,184.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance By 2/27/00 will add 35 new jobs.		18. Average hourly wage level goals for business receiving assistance \$7.62/hr. \$15,843.00/Annual			
19. Actual jobs created since business received assistance 60 new jobs		20. Actual average hourly wage paid to employees hired since business received assistance \$22.18/hr. \$46,144/Annual			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	_____
_____	N/A	\$7.00 to \$7.99	_____	N/A	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented July - 2000	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED APR 3 1 2001

MIN

00-0327

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judv Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Kraus-Anderson, Incorporated		10. Industry of recipient (SIC code) 7389	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) District 1 and 2	
13. Date of business assistance agreement 8/3/98	14. Date assistance first provided 8/1/00	15. Date project (building/machinery/etc.) was placed in service 1999	16. Dollar value of business assistance \$586,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 25 new jobs by 8/1/02		18. Average hourly wage level goals for business receiving assistance \$18.55/hr.	
19. Actual jobs created since business received assistance N/A		20. Actual average hourly wage paid to employees hired since business received assistance N/A	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
2		1.33	
5		1.56	
8		1.64	
10		1.83	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

#17 - 20
City
Criteria

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented N/A	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 2 2001

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Lac Lavon Partners, LLC		10. Industry of recipient (SIC code) 6531/6411	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Districts 1 and 2	
13. Date of business assistance agreement 10/6/97	14. Date assistance first provided 8/1/99	15. Date project (building/machinery/etc.) was placed in service 6/98	16. Dollar value of business assistance \$56,400.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance By 8/1/01 will add 8 new jobs		18. Average hourly wage level goals for business receiving assistance \$16.43/hr. \$34,184/Annual	
19. Actual jobs created: 8		20. Actual average hourly wage paid to employees hired since business received assistance \$19.66/hr. \$40,891/Annual	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented April - 2000	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 0 7 2001

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Millpond Partners (Apothecary Products)		10. Industry of recipient (SIC code) 2834/3999/2671	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF District No. 4	
13. Date of business assistance agreement 10/6/97	14. Date assistance first provided 8/1/99	15. Date project (building/machinery/etc.) was placed in service 1998	16. Dollar value of business assistance \$1,210,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 20 new jobs in addition to 190 current employees by 2002		18. Average hourly wage level goals for business receiving assistance \$9.62/hr. \$20,000/Annual	
19. Actual jobs created since business received assistance 18 new jobs		20. Actual average hourly wage paid to employees hired since business received assistance \$11.94/hr. \$24,846/Annual	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	N/A	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	(excl. benefits)
_____	_____	\$10.00 to \$11.99	less than \$7.00
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented June - 2000	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

M.I. 00-0330

RECEIVED APR 1 2001

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance MN Valley YMCA		10. Industry of recipient (SIC code) 7997	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) EDA Grant		12. Name of TIF district (if applicable) Districts 1 and 2	
13. Date of business assistance agreement 5/19/97	14. Date assistance first provided 8/15/98	15. Date project (building/machinery/etc.) was placed in service 2/26/98	16. Dollar value of business assistance \$50,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 32 New Jobs by 8/1/01		18. Average hourly wage level goals for business receiving assistance \$10.35/hr. \$21,525.00/Annual	
19. Actual jobs created since business received assistance 103 New Jobs		20. Actual average hourly wage paid to employees hired since business received assistance \$8.54/hr. \$17,780/Annual	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Hourly Wage Level
			Full-time Part-time
			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
	less than \$7.00		
	\$7.00 to \$7.99		
	\$8.00 to \$9.99		
	\$10.00 to \$11.99		
	\$12.00 and higher		
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented June-2000	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

00-0331



RECEIVED APR 2 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Nicollet Cliff Company LLC		10. Industry of recipient (SIC code) 2521/2522/9801	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Districts 1 and 2 TIF Soils District No. 3	
13. Date of business assistance agreement 9/2/97	14. Date assistance first provided 8/1/99	15. Date project (building/machinery/etc.) was placed in service 1/26/98	16. Dollar value of business assistance \$193,808.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 10 new jobs by 8/1/01		18. Average hourly wage level goals for business receiving assistance \$16.46/hr. \$34,242.00/Annual			
19. Actual jobs created 14 new jobs		20. Actual average hourly wage paid to employees hired since business received assistance \$18.73/hr. \$38,957/Annual			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	N/A	\$7.00 to \$7.99	_____	N/A	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented May - 2000	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 10 2 2001

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Powder Technology, LLP		10. Industry of recipient (SIC code) 1541	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Districts 1 and 2	
13. Date of business assistance agreement 2/17/98	14. Date assistance first provided 8/1/99	15. Date project (building/machinery/etc.) was placed in service 8/98	16. Dollar value of business assistance \$105,840.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 4 jobs by 8/1/01		18. Average hourly wage level goals for business receiving assistance \$14.54	
19. Actual jobs created since business received assistance 4 new jobs		20. Actual average hourly wage paid to employees hired since business received assistance \$22.09	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
1	_____	\$10.00 to \$11.99	1
3	_____	\$12.00 and higher	3
		1.74	3.38
		1.69	3.38
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

#17 - 20
City's
Criteria

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented June-2000	26. Date this Minnesota Business Assistance Form completed March 30 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

00-0333



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 2 2001

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Quality Ingredients Corporation		10. Industry of recipient (SIC code) 2099/9801	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF District No. 1	
13. Date of business assistance agreement 12/17/96	14. Date assistance first provided 8/1/99	15. Date project (building/machinery/etc.) was placed in service 12/97	16. Dollar value of business assistance \$376,684.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 2 new jobs by 8/1/01		18. Average hourly wage level goals for business receiving assistance \$21.15/hr. \$44,000.00/yr.	
19. Actual jobs created 18 new jobs		20. Actual average hourly wage paid to employees hired since business received assistance \$20.15/hr \$41,925.93	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	N/A	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	(excl. benefits)
_____	_____	\$10.00 to \$11.99	less than \$7.00
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented April - 2000	26. Date this Minnesota Business Assistance Form completed
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNAPPA

00-0334

Trade &
Economic
Development

RECEIVED APR 3 2 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumber	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance RDO Equipment Co.		10. Industry of recipient (SIC code) 3523/9801	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Districts 1 and 2	
13. Date of business assistance agreement 10/21/96	14. Date assistance first provided 8/1/98	15. Date project (building/machinery/etc.) was placed in service 9/97	16. Dollar value of business assistance \$52,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance + 72 retained E.F.H. 8/31/01		18. Average hourly wage level goals for business receiving assistance \$14.69/hr. \$30,549.00/Annual	
6. New Jobs (Total of 78) by 8/1/01			
19. Actual jobs created received assistance 61 total jobs { 55 retained E.F.H. 8/31/01 } 26 FT		20. Actual average hourly wage paid to employees hired since business received assistance \$21.73/hr. \$45,202.29/Annual	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____ N/A
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
E.F.H. 8/31/01 6	\$12.00 and higher	_____	E.F.H. 8/31/01 6
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented June-2000	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. N/A <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



00-0335

Trade & Economic Development

Please complete lines 1 through 16 for all agreements.

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1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschutter	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Rivers Edge Partners, LLP		10. Industry of recipient (SIC code) 1541	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) District 3	
13. Date of business assistance agreement 6/15/98	14. Date assistance first provided 8/1/00	15. Date project (building/machinery/etc.) was placed in service 12/98	16. Dollar value of business assistance \$178,300

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 14 jobs by 8/1/02		18. Average hourly wage level goals for business receiving assistance \$16.81	
19. Actual jobs created since business received assistance 58 New jobs		20. Actual average hourly wage paid to employees hired since business received assistance \$13.75/hr	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time (excl. benefits)			Hourly Wage Level
	less than \$7.00		Full-time Part-time (excl. benefits)
	\$7.00 to \$7.99		
	\$8.00 to \$9.99		
	\$10.00 to \$11.99		
14	\$12.00 and higher	.86	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented April - 2000	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form. N/A	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

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MINNPA



00-0336

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency X City ___ County ___ Regional ___ State ___ Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Southcross Commerce Center, LLP		10. Industry of recipient (SIC code) 1541	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) District 1	
13. Date of business assistance agreement 2/17/98	14. Date assistance first provided 8/1/00	15. Date project (building/machinery/etc.) was placed in service N/A	16. Dollar value of business assistance \$1,097,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 54 New Jobs by 8/1/02		18. Average hourly wage level goals for business receiving assistance \$31,367.00	
19. Actual jobs created since business received assistance N/A		20. Actual average hourly wage paid to employees hired since business received assistance N/A	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
54	_____	\$12.00 and higher	2.00
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

CITY'S CRITERIA

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented N/A	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? N/A	
<input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



00-0337

Trade &
Economic
Development

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Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Southern Lights, Inc.		10. Industry of recipient (SIC code) 5023	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Districts 1 and 2	
13. Date of business assistance agreement 7/7/97	14. Date assistance first provided 8/1/99	15. Date project (building/machinery/etc.) was placed in service 5/98	16. Dollar value of business assistance \$325,735.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 5 new jobs above current 36 jobs by 8/1/01		18. Average hourly wage level goals for business receiving assistance \$14.46/hr. \$30,073.00/Annual	
19. Actual jobs created since business received assistance 8 new jobs		20. Actual average hourly wage paid to employees hired since business received assistance \$14.52/hr. \$30,215.99/Annual	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time (excl. benefits)			Hourly Wage Level
Full-time Part-time (excl. benefits)			Full-time Part-time (excl. benefits)
_____ N/A _____	less than \$7.00	_____	_____ N/A _____
_____ _____	\$7.00 to \$7.99	_____	_____ _____
_____ _____	\$8.00 to \$9.99	_____	_____ _____
_____ _____	\$10.00 to \$11.99	_____	_____ _____
_____ _____	\$12.00 and higher	_____	_____ _____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented April - 2000	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

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MINNESOTA

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance RDO Equipment Co. (Vermeer Division)		10. Industry of recipient (SIC code) 3531	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Districts 1 and 2	
13. Date of business assistance agreement 10/6/97	14. Date assistance first provided N/A	15. Date project (building/machinery/etc.) was placed in service 3/5/98	16. Dollar value of business assistance \$56,406.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance Will add 4 new jobs in addition to 12 current jobs by 10/6/99		18. Average hourly wage level goals for business receiving assistance \$16.09/hr. \$33,458.00/Annual			
19. Actual jobs created 12 4		20. Actual average hourly wage paid to employees hired since business received assistance \$17.70/hr. \$36,813/yr.			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
_____	less than \$7.00	_____	_____	less than \$7.00	_____
_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99	_____
_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99	_____
_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99	_____
_____	\$12.00 and higher	_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed 3/23/99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED APR 9 2 2001

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Bohn Properties Limited Partnership, II		10. Industry of recipient (SIC code) 1541	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF District No. 2	
13. Date of business assistance agreement 7/17/95	14. Date assistance first provided 8/24/98	15. Date project (building/machinery/etc.) was placed in service 9/10/97	16. Dollar value of business assistance \$1,097,200

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance By 8/1/99 will add 57 new jobs.		18. Average hourly wage level goals for business receiving assistance \$16.19/hr. \$33,668.00/ yr.	
19. Actual jobs created since business received assistance 59 new jobs.		20. Actual average hourly wage paid to employees hired since business received assistance \$16.46/hr. \$34,245.76/yr.	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time (excl. benefits)			Hourly Wage Level
Full-time Part-time (excl. benefits)			Full-time Part-time (excl. benefits)
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
N/A	\$8.00 to \$9.99	_____	N/A
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/29/99	26. Date this Minnesota Business Assistance Form completed March 29, 1999
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

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1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Waymar Properties, LLP		10. Industry of recipient (SIC code) 2499/9801	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) District No. 1	
13. Date of business assistance agreement 1/5/96 Amended 4/98	14. Date assistance first provided 1/2/97	15. Date project (building/machinery/etc.) was placed in service 1/2/97	16. Dollar value of business assistance \$722,638.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 14 new jobs over and above 67 current jobs by two years from date of first assistance		18. Average hourly wage level goals for business receiving assistance \$13.22/hr. \$27,493.00/Annual			
19. Actual jobs created since business received assistance 17		20. Actual average hourly wage paid to employees hired since business received assistance \$14.04/hr. \$29,202.38/yr.			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	N/A	\$7.00 to \$7.99	_____	N/A	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 10/8/98	26. Date this Minnesota Business Assistance Form completed 3/23/99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Tires Plus Groupe, LTD.		10. Industry of recipient (SiC code) 3011/9801	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Districts 1 and 2	
13. Date of business assistance agreement 8/19/96	14. Date assistance first provided 7/7/97	15. Date project (building/machinery/etc.) was placed in service 6/16/97	16. Dollar value of business assistance \$272,796.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 20 new jobs by 7/7/99		18. Average hourly wage level goals for business receiving assistance \$16.88/hr. \$35,112.00/Annual			
19. Actual jobs created since business received assistance 39		20. Actual average hourly wage paid to employees hired since business received assistance \$19.19/hr. \$39,916.67/vr.			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	N/A	\$7.00 to \$7.99	_____	N/A	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/15/99	26. Date this Minnesota Business Assistance Form completed 3/23/99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



RECEIVED APR 3 2 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance John E. Rice/Transcom, Inc.		10. Industry of recipient (SiC code) 3562/9801	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) District No. 2	
13. Date of business assistance agreement 5/20/96	14. Date assistance first provided 8/1/98	15. Date project (building/machinery/etc.) was placed in service 8/26/96	16. Dollar value of business assistance \$132,070.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 14 new jobs by 8/1/00 over and above 49 existing jobs			18. Average hourly wage level goals for business receiving assistance \$10.91/hr. \$22,700.00/Annual		
19. Actual jobs created since business received assistance 21			20. Actual average hourly wage paid to employees hired since business received assistance \$10.97/hr. \$22,821.43/yr.		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time Part-time	(excl. benefits)		Full-time Part-time	(excl. benefits)	
_____	less than \$7.00	_____	_____	less than \$7.00	_____
_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99	_____
_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99	_____
_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99	_____
_____	\$12.00 and higher	_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/15/99	26. Date this Minnesota Business Assistance Form completed 3/23/99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 2 2001

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Skyservice Investments, LLP		10. Industry of recipient (SIC code) 3993	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Districts 1 and 2 Soils District 3	
13. Date of business assistance agreement 10/7/96	14. Date assistance first provided 8/1/98	15. Date project (building/machinery/etc.) was placed in service 2/3/97	16. Dollar value of business assistance \$297,859.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance By 8/1/00 will add 2 new jobs.		18. Average hourly wage level goals for business receiving assistance \$16.80/hr. \$34,941.00/Annual	
19. Actual jobs created since business received assistance 24		20. Actual average hourly wage paid to employees hired since business received assistance \$17.10/hr. \$35,576.92/Annual	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	N/A	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/15/99	26. Date this Minnesota Business Assistance Form completed 3/24/99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED APR 8 1 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Clayton S. and Beverly A. Larson (for Northwest Bituminous)		10. Industry of recipient (SIC code) 2951	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Districts 1 and 2	
13. Date of business assistance agreement 11/3/97	14. Date assistance first provided N/A	15. Date project (building/machinery/etc.) was placed in service 9/98	16. Dollar value of business assistance \$60,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance Two years from first date of assistance will create 5 new jobs		18. Average hourly wage level goals for business receiving assistance \$16.55/hr. \$34,421/Annual			
19. Actual jobs created since business received assistance 6		20. Actual average hourly wage paid to employees hired since business received assistance \$19.53/hr. \$40,615/Annual			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	N/A	\$7.00 to \$7.99	_____	N/A	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/15/99	26. Date this Minnesota Business Assistance Form completed 3/23/99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



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Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance JRL & Associates, LLP		10. Industry of recipient (SIC code) 3523/3537	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF/Infrastructure		12. Name of TIF district (if applicable) Districts 1 and 2	
13. Date of business assistance agreement 7/15/96	14. Date assistance first provided 3/13/98	15. Date project (building/machinery/etc.) was placed in service 4/25/97	16. Dollar value of business assistance \$33,265 ^{l.f. H} _{8/13/01} <i>see phone</i> \$23,265/\$10,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance By 3/13/00 will create 5 new jobs		18. Average hourly wage level goals for business receiving assistance \$14.90/hr. \$31,000.00/Annual	
19. Actual jobs created since business received assistance 5 new jobs		20. Actual average hourly wage paid to employees hired since business received assistance \$15.26/hr. \$31,744/yr.	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/15/99	26. Date this Minnesota Business Assistance Form completed 3/23/99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumoe	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Hi-Tech Floors, Inc.		10. Industry of recipient (SiC code) 1752	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Districts 1 and 2	
13. Date of business assistance agreement 7/15/96 Amended 8/19/96 & 7/7/97	14. Date assistance first provided 8/1/98	15. Date project (building/machinery/etc.) was placed in service 7/14/97	16. Dollar value of business assistance \$137,876.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance By 8/1/00 Phase 1 - 10 new jobs Phase 2 - 5 new jobs		18. Average hourly wage level goals for business receiving assistance Phase 1 - \$10.46/hr \$21,750/yr. Phase 2 - \$15.13/hr \$31,470/yr.	
19. Actual jobs created since business received assistance Phase 1 - 14 new jobs Phase 2 - 7 new jobs		20. Actual average hourly wage paid to employees hired since business received assistance Phase 1 - \$18.36/hr. \$38,071.43/Annual Phase 2 - \$16.76/hr. \$34,857.15/Annual	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
	less than \$7.00		
	N/A \$7.00 to \$7.99		
	\$8.00 to \$9.99		
	\$10.00 to \$11.99		
	\$12.00 and higher		
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	
23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
	less than \$7.00		
	N/A \$7.00 to \$7.99		
	\$8.00 to \$9.99		
	\$10.00 to \$11.99		
	\$12.00 and higher		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/15/99	26. Date this Minnesota Business Assistance Form completed 3/23/99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

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1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance The Hegedus Family, L.L.P.		10. Industry of recipient (SIC code) 2064/9801	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Districts 1 and 2	
13. Date of business assistance agreement 12/17/96	14. Date assistance first provided 8/1/98	15. Date project (building/machinery/etc.) was placed in service 3/5/98	16. Dollar value of business assistance \$180,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance By 8/1/99 will add 10 new jobs.		18. Average hourly wage level goals for business receiving assistance \$8.18/hr. \$17,015.00/Annual	
19. Actual jobs created since business received assistance 26		20. Actual average hourly wage paid to employees hired since business received assistance \$8.40/hr. \$17,488/Annual	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	N/A	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/15/99	26. Date this Minnesota Business Assistance Form completed 3/23/99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

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1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 2 2001

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Darrel E. Gonyea and Chris T. Gonyea		10. Industry of recipient (SIC code) 6512/6531	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Districts 1 and 2	
13. Date of business assistance agreement 5/20/96	14. Date assistance first provided 7/25/97	15. Date project (building/machinery/etc.) was placed in service 11/29/96	16. Dollar value of business assistance \$120,672.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance By 8/1/99 will add 2 new jobs.		18. Average hourly wage level goals for business receiving assistance \$20.46/hr. \$42,552.00/Annual	
19. Actual jobs created since business received assistance 7		20. Actual average hourly wage paid to employees hired since business received assistance \$23.47/hr. \$48,833.33/Annual	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	N/A	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/15/99	26. Date this Minnesota Business Assistance Form completed 3/23/99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

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1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Fort Dodge Properties		10. Industry of recipient (SIC code) 3569/9801	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF/Infrastructure		12. Name of TIF district (if applicable) Districts 1 and 2 TIF Soils District No. 3	
13. Date of business assistance agreement 7/17/95	14. Date assistance first provided 8/1/97	15. Date project (building/machinery/etc.) was placed in service 10/14/96	16. Dollar value of business assistance \$169,000-\$111,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance By 8/1/99 will add 6 new jobs		18. Average hourly wage level goals for business receiving assistance \$16.81/hr. \$39,655/Annual	
19. Actual jobs created since business received assistance 10		20. Actual average hourly wage paid to employees hired since business received assistance \$19.06/hr. \$39,655/Annual	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/15/99	26. Date this Minnesota Business Assistance Form completed 3/23/99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

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1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance Aquila Corporation d/b/a BELCORP		10. Industry of recipient (SIC code) 3086/3069	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF District No. 1	
13. Date of business assistance agreement 9/5/95	14. Date assistance first provided 7/25/97	15. Date project (building/machinery/etc.) was placed in service 2/20/96	16. Dollar value of business assistance \$317,120.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance By 8/1/99 will add 12 new jobs.		18. Average hourly wage level goals for business receiving assistance \$13.81/hr. \$28,728.00/Annual	
19. Actual jobs created since business received assistance 15		20. Actual average hourly wage paid to employees hired since business received assistance \$14.35/hr. \$29,857.14	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Hourly Wage Level
_____	less than \$7.00	_____	Full-time Part-time
_____	\$7.00 to \$7.99	_____	(excl. benefits)
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/15/99	26. Date this Minnesota Business Assistance Form completed 3/23/99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED 2 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Burnsville Economic Development Authority		2. Contact name Judy Tschumper	
3. Agency street address City of Burnsville 100 Civic Center Parkway		4. City Burnsville	
5. Zip code 55337	6. Phone number (area code) (612) 895-4436	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (612) 895-4453		
9. Name of business receiving assistance John N. and Rebecca B. Allen (for Industrial Equities, LLP)		10. Industry of recipient (SIC code) 1541	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Districts 1 and 2	
13. Date of business assistance agreement 6/2/97	14. Date assistance first provided 8/1/98	15. Date project (building/machinery/etc.) was placed in service 12/97	16. Dollar value of business assistance \$335,200.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance Will create 5 new jobs in addition to 25 existing jobs by 2 years after receipt		18. Average hourly wage level goals for business receiving assistance \$14.78/hr. \$30,733.00/Annual	
19. Actual jobs created since business received assistance 47		20. Actual average hourly wage paid to employees hired since business received assistance \$15.05/hr. \$31,305.55/yr.	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	_____	Full-time
_____	N/A	less than \$7.00	Part-time
_____	_____	\$7.00 to \$7.99	(excl. benefits)
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/18/99	26. Date this Minnesota Business Assistance Form completed 3/23/99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0285

MINNESOTA



Trade & Economic Development

original received 4/21/01 E.T.H.
1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

RECEIVED JUN 28 2001

1. Funding government agency name City of Caledonia		2. Contact name Joyce Iverson, Community Dev.Coord.	
3. Agency street address 231 East Main Street		4. City Caledonia, MN	
5. Zip code 55921	6. Phone number (area code) 507-725-3632	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 507-725-5258		
9. Name of business receiving assistance Milton & Sharon Schoeberl		10. Industry of recipient (SIC code) PineCone Place(Gift Shop)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Low Interest Loan		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 12-22-98	14. Date assistance first provided June 1999	15. Date project (building/machinery/etc.) was placed in service June 1999	16. Dollar value of business assistance \$90,000 Loan

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance		
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time Part-time	(excl. benefits)		Full-time Part-time	(excl. benefits)	
<u>1 FTE</u>	less than \$7.00	<u>-0-</u>	<u>1 FTE</u>	less than \$7.00	<u>-0-</u>
	\$7.00 to \$7.99			\$7.00 to \$7.99	
	\$8.00 to \$9.99			\$8.00 to \$9.99	
	\$10.00 to \$11.99			\$10.00 to \$11.99	
	\$12.00 and higher			\$12.00 and higher	
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12-29-00	26. Date this Minnesota Business Assistance Form completed June 28, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

6/28 - replacement report for report submitted 3/30/01 E.T.H.



Trade &
Economic
Development

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

original received 4/2/01 E.T.H.

1. Funding government agency name City of Caledonia		2. Contact name Joyce Iverson	
3. Agency street address 231 East Main Street		4. City Caledonia	
5. Zip code 55921	6. Phone number (area code) 507-725-3632	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 507-725-5258		
9. Name of business receiving assistance George B. Griffith for Winnebago Software Company		10. Industry of recipient (SIC code) MANUFACTURING	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 6/5/98	14. Date assistance first provided	15. Date project (building/machinery/etc.) was placed in service 12/31/98	16. Dollar value of business assistance \$90,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 2		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance 2		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
2			
	less than \$7.00		
	\$7.00 to \$7.99		
	\$8.00 to \$9.99		
	\$10.00 to \$11.99		
	\$12.00 and higher		
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

RECEIVED MAY 8 2001

00-0813

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <i>City of Carver</i>		2. Contact name <i>Patricia PlekKenpol</i>	
3. Agency/street address <i>316 Broadway - P.O. Box 147</i>		4. City <i>Carver</i>	
5. Zip code <i>55315</i>	6. Phone number (area code) <i>952-448-5353</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <i>952-448-6199</i>		
9. Name of business receiving assistance <i>Carver Depot</i>		10. Industry of recipient (SIC code) <i>Gas Station/Convenience Store</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>Loan/TIF (pay as you go)</i>		12. Name of TIF district (if applicable) <i>TIF District No. 1-7 Pawly Convenience Store</i>	
13. Date of business assistance agreement <i>6-12-97</i>	14. Date assistance first provided <i>6-97</i>	15. Date project (building/machinery/etc.) was placed in service <i>Oct. 97</i>	16. Dollar value of business assistance <i>\$30,000 Loan \$1,574 TIF yearly</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>8-10</i>			18. Average hourly wage level goals for business receiving assistance <i>minimum wage</i>		
19. Actual jobs created since business received assistance <i>15</i>			20. Actual average hourly wage paid to employees hired since business received assistance <i>\$6.50</i>		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	<i>1</i>	<i>14</i>	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed <i>5/7/01</i>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0967

MINNESOTA



1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED MAY 30 2001

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Chisago County HRA-EDA		2. Contact name Mark Vahlsing, Executive Director	
3. Agency street address PO Box 410 6448 Main Street		4. City North Branch	
5. Zip code 55056	6. Phone number (area code) 651-674-5664	8. Type of government agency ___ City <input checked="" type="checkbox"/> County ___ Regional ___ State ___ Other (Please indicate) _____	
	7. Fax number (area code) 651-674-2996		
9. Name of business receiving assistance South Dakota Furniture Mart		10. Industry of recipient (SIC code) n/a	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Tax Abatement		12. Name of TIF district (if applicable) --	
13. Date of business assistance agreement 3/31/98	14. Date assistance first provided October 1999	15. Date project (building/machinery/etc.) was placed in service 10/98	16. Dollar value of business assistance \$170,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 10		18. Average hourly wage level goals for business receiving assistance \$9.00	
19. Actual jobs created since business received assistance 30		20. Actual average hourly wage paid to employees hired since business received assistance \$10.70	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	_____	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	(excl. benefits)
_____	_____	\$10.00 to \$11.99	Hourly Value of Voluntary Benefits (\$)
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 4/4/2001	26. Date this Minnesota Business Assistance Form completed 4/9/2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0413

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements. RECEIVED APR 8 2001

1. Funding government agency name Cook County		2. Contact name Yafa Napadensky	
3. Agency street address 411 W Second St PO Box 1150		4. City Grand Marais	
5. Zip code 55604	6. Phone number (area code) 218 387 3000	8. Type of government agency ___ City <input checked="" type="checkbox"/> County ___ Regional ___ State ___ Other (Please indicate) _____	
7. Fax number (area code)			
9. Name of business receiving assistance Devil track Partners LLC		10. Industry of recipient (SIC code) Lodging Establishment	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Infrastructure Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement June 10, 1997	14. Date assistance first provided June 10, 1997	15. Date project (building/machinery/etc.) was placed in service June 10, 1997	16. Dollar value of business assistance \$100,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 15 FT E.F.H. 8/1/01 10-15 during construction		18. Average hourly wage level goals for business receiving assistance Over \$12 hour	
19. Actual jobs created since business received assistance 4 jobs during infrastructure		20. Actual average hourly wage paid to employees hired since business received assistance Over \$12 hour - union scale	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
24. Hourly Value of Voluntary Benefits (\$)		24. Hourly Value of Voluntary Benefits (\$)	
_____		_____	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented Loan paid off, construction done March 30, 2001	26. Date this Minnesota Business Assistance Form completed
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. 07. H. 8/1/01 <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



RECEIVED APR 9 2 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Cook County		2. Contact name Yafa Napadensky	
3. Agency street address 411 W Second St PO Box 1150		4. City Grand Marais	
5. Zip code 55604	6. Phone number (area code) 218 387 3000	8. Type of government agency ___ City <u>X</u> County ___ Regional ___ State ___ Other (Please indicate)	
	7. Fax number (area code)		
9. Name of business receiving assistance Thomsonite Beach Resort		10. Industry of recipient (SIC code) Lodging Establishment	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 2/18/1998	14. Date assistance first provided 2/18/1998	15. Date project (building/machinery/etc.) was placed in service 2/18/1998	16. Dollar value of business assistance \$100,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
<u>2</u>	<u>1</u>	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	(excl. benefits)
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements. **loan paid off 11/99, owners relocated**

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 0 2 2001

1. Funding government agency name Cook County		2. Contact name Yafa Napadensky	
3. Agency street address 411 W Second St PO Box 1150		4. City Grand Marais	
5. Zip code 55604	6. Phone number (area code) 218 387 3000	8. Type of government agency ___ City <input checked="" type="checkbox"/> County ___ Regional ___ State ___ Other (Please indicate) _____	
	7. Fax number (area code)		
9. Name of business receiving assistance Site Supply		10. Industry of recipient (SIC code) Housing Construction	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 5/1/1997	14. Date assistance first provided 5/1997	15. Date project (building/machinery/etc.) was placed in service 5/1997	16. Dollar value of business assistance \$50,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 8 created, 5 retained		18. Average hourly wage level goals for business receiving assistance \$12.50	
19. Actual jobs created since business received assistance Filed bankruptcy and ceased operation 5/1998		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0416

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED APR 9 2001

1. Funding government agency name Cook County		2. Contact name Yafa Napadensky	
3. Agency street address 411 W Second St PO Box 1150		4. City Grand Marais	
5. Zip code 55604	6. Phone number (area code) 218 387 3000	8. Type of government agency ___ City <input checked="" type="checkbox"/> County ___ Regional ___ State ___ Other (Please indicate) _____	
	7. Fax number (area code) 218 387 3043		
9. Name of business receiving assistance Devil Track Lodge		10. Industry of recipient (SIC code) Lodging and restaurant/Hospitality	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 6/30/1999	14. Date assistance first provided 6/30/1999	15. Date project (building/machinery/etc.) was placed in service 6/30/1999	16. Dollar value of business assistance \$100,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
<u>2</u>		less than \$7.00	Full-time
	<u>1</u>	\$7.00 to \$7.99	Part-time
<u>3</u>		\$8.00 to \$9.99	(excl. benefits)
		\$10.00 to \$11.99	less than \$7.00
		\$12.00 and higher	\$7.00 to \$7.99
			\$8.00 to \$9.99
			\$10.00 to \$11.99
			\$12.00 and higher
			none
			none
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

Loan paid off October 2000

25. Last date actual wage and job creation levels documented March 2001	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. 2. H. BINA <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0417

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Cook County		2. Contact name Yafa Napadensky	
3. Agency street address 411 W Second St PO Box 1150		4. City Grand Marais	
5. Zip code 55604	6. Phone number (area code) 218 387 3000	8. Type of government agency ___ City <input checked="" type="checkbox"/> County ___ Regional ___ State ___ Other (Please indicate) _____	
	7. Fax number (area code) 218 387 3043		
9. Name of business receiving assistance East Bay Hotel		10. Industry of recipient (SIC code) Restaurant & Lodging/Hospitality	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement Dec 26, 1995	14. Date assistance first provided Dec 26, 1995	15. Date project (building/machinery/etc.) was placed in service Dec 26, 1995	16. Dollar value of business assistance \$100,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 3		18. Average hourly wage level goals for business receiving assistance none listed	
19. Actual jobs created since business received assistance 3 1/2 jobs		20. Actual average hourly wage paid to employees hired since business received assistance \$8.75 hr	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Hourly Wage Level
_____	less than \$7.00	_____	Full-time Part-time
_____	\$7.00 to \$7.99	_____	(excl. benefits)
_____	\$8.00 to \$9.99	_____	less than \$7.00
_____	\$10.00 to \$11.99	_____	\$7.00 to \$7.99
_____	\$12.00 and higher	_____	\$8.00 to \$9.99
			\$10.00 to \$11.99
			\$12.00 and higher
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented March 2001	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 0 2 2001

1. Funding government agency name Cook County		2. Contact name Yafa Napadensky	
3. Agency street address 411 W Second St PO Box 1150		4. City Grand Marais	
5. Zip code 55604	6. Phone number (area code) 218 387 3000	8. Type of government agency ___ City <input checked="" type="checkbox"/> County ___ Regional ___ State ___ Other (Please indicate) _____	
	7. Fax number (area code) 218 387 3000		
9. Name of business receiving assistance Sven & Ole's, Inc.		10. Industry of recipient (SIC code) Restaurant	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 8/1/1996	14. Date assistance first provided 8/1/1996	15. Date project (building/machinery/etc.) was placed in service 8/1/1996	16. Dollar value of business assistance \$60,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 22 jobs created				18. Average hourly wage level goals for business receiving assistance none listed			
19. Actual jobs created since business received assistance 14 part-time 6 full-time not able to contact owner				20. Actual average hourly wage paid to employees hired since business received assistance \$8.50 hr not able to contact owner			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level		22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level		24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)		Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____	_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____	_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____	_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____	_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____	_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.				If necessary, please attach additional documentation.			

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed March 30, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

original received 4/2/01 00-0404
1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Detroit Lakes		2. Contact name Larry Remmen	
3. Agency street address 1025 Roosevelt Ave.		4. City Detroit Lakes, MN 56501	
5. Zip code 56501	6. Phone number (area code) (218) 847-5658	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (218) 847-8969		
9. Name of business receiving assistance Midwest Minnesota Community Development Corporation		10. Industry of recipient (SIC code) -NA	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Small Cities Development Program Grant		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement July 30, 1999	14. Date assistance first provided	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$ 409,250

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance Not Applicable		18. Average hourly wage level goals for business receiving assistance NONE																																																									
19. Actual jobs created since business received assistance Not Applicable		20. Actual average hourly wage paid to employees hired since business received assistance NA																																																									
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) NA		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) NA																																																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">21. Job Creation</th> <th>Hourly Wage Level</th> <th>22. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <th>Full-time</th> <th>Part-time</th> <th>(excl. benefits)</th> <th></th> </tr> <tr> <td>_____</td> <td>_____</td> <td>less than \$7.00</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$7.00 to \$7.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$8.00 to \$9.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$10.00 to \$11.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$12.00 and higher</td> <td>_____</td> </tr> </table>		21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)		_____	_____	less than \$7.00	_____	_____	_____	\$7.00 to \$7.99	_____	_____	_____	\$8.00 to \$9.99	_____	_____	_____	\$10.00 to \$11.99	_____	_____	_____	\$12.00 and higher	_____	<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">23. Job Creation</th> <th>Hourly Wage Level</th> <th>24. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <th>Full-time</th> <th>Part-time</th> <th>(excl. benefits)</th> <th></th> </tr> <tr> <td>_____</td> <td>_____</td> <td>less than \$7.00</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$7.00 to \$7.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$8.00 to \$9.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$10.00 to \$11.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$12.00 and higher</td> <td>_____</td> </tr> </table>		23. Job Creation		Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)		_____	_____	less than \$7.00	_____	_____	_____	\$7.00 to \$7.99	_____	_____	_____	\$8.00 to \$9.99	_____	_____	_____	\$10.00 to \$11.99	_____	_____	_____	\$12.00 and higher	_____
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Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented Not Applicable	26. Date this Minnesota Business Assistance Form completed Revised per 6-26-01 Phone Conversation with Ed Hadder
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED MAY 2 2001

Please type or print in dark ink.

1. Funding government agency name Duluth Economic Development Authority		2. Contact name Michael Conlan	
3. Agency street address 411 West First Street		4. City Duluth, MN	
5. Zip code 55802	6. Phone number (area code) (218) 725-0694	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input checked="" type="checkbox"/> Other (Please indicate) <u>EDA</u>	
	7. Fax number (area code) (218) 723-3540		
9. Name of business receiving assistance A&L Dvelopment, Inc. (Technology Village)		10. Industry of receipt (SIC code) 8712-10	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) DEDA-Owned/and conveyed to this developer for construction of this DEDA/City Project		12. Name of TIF district (if applicable) 2	
13. Date of business assistance agreement 12-18-98	14. Date assistance first provided 10-19-99	15. Date project (building/machinery/etc.) was placed in service 3-2000	16. Dollar value of business assistance \$50,000

For assistance agreements, signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

17. Job Creation goals for business receiving assistance		18. Average hourly wage level	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) *		Actual performance since project place in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documents.		23. Job Creation	
		Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
		Full-time	Part-time
		_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____
		4	\$5.00
		If necessary, please attach additional documents.	
25. Last date actual wage and job creation levels documented 12-31-98		26. Date this Minnesota Business Assistance Form completed 1-8-99	
27. Have all wage and job goals been achieved Yes, do not submit future forms for this project.			

* No job goals established for this Development Agreement.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED MAY 2 2001

Please type or print in dark ink.

1. Funding government agency name Duluth Economic Development Authority		2. Contact name Michael Conlan	
3. Agency street address 411 West First Street		4. City Duluth, MN	
5. Zip code 55802	6. Phone number (area code) (218) 725-0694	8. Type of government agency ___ City ___ County ___ Regional ___ State <input checked="" type="checkbox"/> Other (Please indicate) ___ EDA ___	
	7. Fax number (area code) (218) 723-3540		
9. Name of business receiving assistance Industrial Resources Corp. for Cirrus Phase II		10. Industry of receipt (SIC code) 3721	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) DEDA TIF Revenue Note		12. Name of TIF district (if applicable) 18	
13. Date of business assistance agreement 1-21-97	14. Date assistance first provided 3-6-97	15. Date project (building/machinery/etc.) was placed in service N/A	16. Dollar value of business assistance \$885,000

For assistance agreements, signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

17. Job Creation goals for business receiving assistance 100 by January 1999		18. Average hourly wage level \$8.64	
19. Actual jobs created since business received assistance 198		20. Actual average hourly wage paid to employees hired since business received assistance \$10.37	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project place in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time (excl. benefits)		Hourly Wage Level
_____	_____	_____	Full-time
_____	less than \$7.00	_____	Part-time
_____	\$7.00 to \$7.99	_____	(excl. benefits)
_____	\$8.00 to \$9.99	_____	Level
_____	\$10.00 to \$11.99	_____	less than \$7.00
_____	\$12.00 and higher	_____	\$7.00 to \$7.99
			\$8.00 to \$9.99
			\$10.00 to \$11.99
			\$12.00 and higher
If necessary, please attach additional documents.		If necessary, please attach additional documents.	
25. Last date actual wage and job creation levels documented 1-14-99		26. Date this Minnesota Business Assistance Form completed 1-8-99	
27. Have all wage and job goals been achieved Yes - do not submit future forms for this project			

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED MAY 2 2001

Please type or print in dark ink.

1. Funding government agency name Duluth Economic Development Authority		2. Contact name Michael Conlan	
3. Agency street address 411 West First Street		4. City Duluth, MN	
5. Zip code 55802	6. Phone number (area code) (218) 725-0694	8. Type of government agency ___ City ___ County ___ Regional ___ State <input checked="" type="checkbox"/> Other (Please indicate) <u>EDA</u>	
7. Fax number (area code) (218) 723-3540			
9. Name of business receiving assistance DMR Consulting Group, Inc.		10. Industry of recipient (SIC code) 5415-12	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Forgivable Loan		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 5-13-98	14. Date assistance first provided 9-11-98	15. Date project (building/machinery/etc.) was placed in service 7-1-98	16. Dollar value of business assistance \$120,000

For assistance agreements, signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

17. Job Creation goals for business receiving assistance	18. Average hourly wage level																																												
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If necessary, please attach additional documents.																																													
25. Last date actual wage and job creation levels documented January 8, 1999	26. Date this Minnesota Business Assistance Form completed March 19, 1999																																												
27. Have all wage and job goals been achieved Do not submit future forms for this project. DMR project terminated.																																													

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please type or print in dark ink.

RECEIVED MAY 2 2001

1. Funding government agency name Duluth Economic Development Authority		2. Contact name Michael Conlan	
3. Agency street address 411 West First Street		4. City Duluth, MN	
5. Zip code 55802	6. Phone number (area code) (218) 725-0694	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input checked="" type="checkbox"/> Other (Please indicate) <u>EDA</u>	
7. Fax number (area code) (218) 723-3540			
9. Name of business receiving assistance Crossroads Flux, Inc.		10. Industry of receipt (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 1-27-98	14. Date assistance first provided 1-27-98	15. Date project (building/machinery/etc.) was placed in service 1-22-98	16. Dollar value of business assistance \$31,575

For assistance agreements, signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

17. Job Creation goals for business receiving assistance	18. Average hourly wage level																		
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<p>Actual performance since project place in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">23. Job Creation</th> <th style="width: 20%;">Hourly Wage Level</th> <th style="width: 15%;">24. Hourly Value of Voluntary Benefits (\$)</th> </tr> </thead> <tbody> <tr> <td>Full-time <u>N/A</u> Part-time <u>N/A</u></td> <td>(excl. benefits) less than \$7.00</td> <td><u>N/A</u></td> </tr> <tr> <td><u>N/A</u> <u>N/A</u></td> <td>\$7.00 to \$7.99</td> <td><u>N/A</u></td> </tr> <tr> <td><u>N/A</u> <u>N/A</u></td> <td>\$8.00 to \$9.99</td> <td><u>N/A</u></td> </tr> <tr> <td><u>N/A</u> <u>N/A</u></td> <td>\$10.00 to \$11.99</td> <td><u>N/A</u></td> </tr> <tr> <td><u>N/A</u> <u>N/A</u></td> <td>\$12.00 and higher</td> <td><u>N/A</u></td> </tr> </tbody> </table> <p>If necessary, please attach additional documents.</p>		23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	Full-time <u>N/A</u> Part-time <u>N/A</u>	(excl. benefits) less than \$7.00	<u>N/A</u>	<u>N/A</u> <u>N/A</u>	\$7.00 to \$7.99	<u>N/A</u>	<u>N/A</u> <u>N/A</u>	\$8.00 to \$9.99	<u>N/A</u>	<u>N/A</u> <u>N/A</u>	\$10.00 to \$11.99	<u>N/A</u>	<u>N/A</u> <u>N/A</u>	\$12.00 and higher	<u>N/A</u>
23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)																	
Full-time <u>N/A</u> Part-time <u>N/A</u>	(excl. benefits) less than \$7.00	<u>N/A</u>																	
<u>N/A</u> <u>N/A</u>	\$7.00 to \$7.99	<u>N/A</u>																	
<u>N/A</u> <u>N/A</u>	\$8.00 to \$9.99	<u>N/A</u>																	
<u>N/A</u> <u>N/A</u>	\$10.00 to \$11.99	<u>N/A</u>																	
<u>N/A</u> <u>N/A</u>	\$12.00 and higher	<u>N/A</u>																	
25. Last date actual wage and job creation levels documented N/A	26. Date this Minnesota Business Assistance Form completed January 8-99																		
27. Have all wage and job goals been achieved <u>N/A</u> - do not submit future forms for this project.																			

* No job creation goals established

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED MAY 2 2001

Please type or print in dark ink.

1. Funding government agency name Duluth Economic Development Authority		2. Contact name Michael Conlan	
3. Agency street address 411 West First Street		4. City Duluth, MN	
5. Zip code 55802	6. Phone number (area code) (218) 723-2556	8. Type of government agency ___ City ___ County ___ Regional ___ State <input checked="" type="checkbox"/> Other (Please indicate) ___ EDA ___	
	7. Fax number (area code) (218) 723-3540		
9. Name of business receiving assistance J.M.M. Limited Partnership		10. Industry of recipient (SIC code) 55111	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Forgivable Loan		12. Name of TIF district (if applicable) District No. 2	
13. Date of business assistance agreement 7-9-99	14. Date assistance first provided Projected for 4-2000	15. Date project (building/machinery/etc.) was placed in service Projected for 4-2000	16. Dollar value of business assistance \$450,000

For assistance agreements, signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

17. Job Creation goals for business receiving assistance		18. Average hourly wage level	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) *		Actual performance since project place in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time (excl. benefits)		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documents.		If necessary, please attach additional documents.	
25. Last date actual wage and job creation levels documented January 10, 2000		26. Date this Minnesota Business Assistance Form completed January 10, 2000	
27. Have all wage and job goals been achieved Yes, do not submit future forms for this project.			

* No goals established

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED MAY 2 2001

Please type or print in dark ink.

1. Funding government agency name Duluth Economic Development Authority		2. Contact name Michael Conlan	
3. Agency street address 411 West First Street		4. City Duluth, MN	
5. Zip code 55802	6. Phone number (area code) (218) 723-2556	8. Type of government agency ___ City ___ County ___ Regional ___ State <input checked="" type="checkbox"/> Other (Please indicate) <u>EDA</u>	
	7. Fax number (area code) (218) 723-3540		
9. Name of business receiving assistance Holiday Inn of Tucumcari for Canal Park Inn		10. Industry of recipient (SIC code) 721110 (NAICS)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) DEDA Development Loan		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 2-12-97	14. Date assistance first provided 3-1-97	15. Date project (building/machinery/etc.) was placed in service N/A	16. Dollar value of business assistance \$300,000

For assistance agreements, signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

17. Job Creation goals for business receiving assistance N/A		18. Average hourly wage level N/A	
19. Actual jobs created since business received assistance N/A		20. Actual average hourly wage paid to employees hired since business received assistance N/A	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project place in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time (excl. benefits)		
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
_____	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	
If necessary, please attach additional documents.		If necessary, please attach additional documents.	
25. Last date actual wage and job creation levels documented N/A		26. Date this Minnesota Business Assistance Form completed N/A	
27. Have all wage and job goals been achieved Yes, do not submit future forms for this project.			

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED MAY 2 2001

Please type or print in dark ink.

1. Funding government agency name Duluth Economic Development Authority		2. Contact name Michael Conlan	
3. Agency street address 411 West First Street		4. City Duluth, MN	
5. Zip code 55802	6. Phone number (area code) (218) 723-2556	8. Type of government agency ___ City ___ County ___ Regional ___ State <input checked="" type="checkbox"/> Other (Please indicate) ___ EDA ___	
	7. Fax number (area code) (218) 723-3540		
9. Name of business receiving assistance Canal Properties, Inc. for Hampton Inn		10. Industry of recipient (SIC code) 721110 (NAICS)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF assistance		12. Name of TIF district (if applicable) District No. 4	
13. Date of business assistance agreement 6-27-96	14. Date assistance first provided 7-31-99	15. Date project (building/machinery/etc.) was placed in service 10-14-97	16. Dollar value of business assistance \$230,000

For assistance agreements, signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

17. Job Creation goals for business receiving assistance N/A		18. Average hourly wage level N/A	
19. Actual jobs created since business received assistance N/A		20. Actual average hourly wage paid to employees hired since business received assistance N/A	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project place in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time (excl. benefits)		
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
_____	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	
If necessary, please attach additional documents.		If necessary, please attach additional documents.	
25. Last date actual wage and job creation levels documented N/A		26. Date this Minnesota Business Assistance Form completed N/A	
27. Have all wage and job goals been achieved Yes, do not submit future forms for this project.			

MAR 25 1999

00-0855

MINN. 98-145

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED MAY 17 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Dunnell		2. Contact name Jan Hybbert	
3. Agency street address 145 W. Wenberg PO Box 94		4. City Dunnell MN 56127-0094	
5. Zip code 56127-0094	6. Phone number (area code) 507-695-2942	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 507-695-2181		
9. Name of business receiving assistance Hwy 4 Store - Alice Hannegreis		10. Industry of recipient (SIC code) Groc./Gas/Convenience Store	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 12-17-98	14. Date assistance first provided 12-17-98	15. Date project (building/machinery/etc.) was placed in service 1-1-99	16. Dollar value of business assistance \$60,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance		
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)		
Full-time	Part-time	(excl. benefits)			
_____	_____	less than \$7.00	_____		_____
<u>1</u>	<u>5</u>	\$7.00 to \$7.99	_____		_____
_____	_____	\$8.00 to \$9.99	_____		_____
_____	_____	\$10.00 to \$11.99	_____		_____
_____	_____	\$12.00 and higher	_____		_____
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3-19-99	26. Date this Minnesota Business Assistance Form completed 3-24-99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes -- do not submit future forms for this project. <input type="checkbox"/> No -- please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0879

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade & Economic Development

Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 18 2001

1. Funding government agency name <i>CITY of EAGAN</i>		2. Contact name <i>JAMIE VERBRUGGE</i>	
3. Agency street address <i>3830 PILOT KNOB ROAD</i>		4. City <i>EAGAN, MN</i>	
5. Zip code <i>55122</i>	6. Phone number (area code) <i>651-681-4603</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <i>651-681-4612</i>		
9. Name of business receiving assistance <i>ROSEVILLE PROPERTIES</i>		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>TIF</i>		12. Name of TIF district (if applicable) <i>NE EAGAN DEV. DIST. No. 2</i> <i>TIF DIST. No. 3</i>	
13. Date of business assistance agreement <i>04-15-1997</i>	14. Date assistance first provided <i>02-01-2000</i>	15. Date project (building/machinery/etc.) was placed in service <i>1998</i>	16. Dollar value of business assistance <i>\$300,000</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>300 - 400</i>		18. Average hourly wage level goals for business receiving assistance <i>\$30,000</i> <i>\$14.42</i> <i>E.F.H. 8/20/01</i>	
19. Actual jobs created since business received assistance <i>301 averaging \$30,000+</i>		20. Actual average hourly wage paid to employees hired since business received assistance <i>see #19</i> <i>\$14.42</i> <i>E.F.H. 8/20/01</i>	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
<i>300</i>	_____	\$12.00 and higher	<i>301</i>
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

E.F.H. 8/20/01

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>4/30/2001</i>	26. Date this Minnesota Business Assistance Form completed <i>5-18-2001</i>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

ROSEVILLE PROPERTIES

MANAGEMENT BROKERAGE DEVELOPMENT

RECEIVED MAY 10 2001

TO: Jamie Verbruggi, City of Eagan
 FROM: Mark Rancone *[Signature]*
 RE: Employment Counts - Eagan Business Commons
 DATE: April 30, 2001

Survey of jobs averaging \$30,000/year as requested.....

<u>Building</u>	<u>Tenant</u>	<u>Employees</u>
2915 Commers Drive	ADP	35
	Master Communications	27
	Home Services Publications	27
	Digital Images	10
	Commandeur	5
	Peak Technologies	12
	Comark	<u>28</u>
	TOTAL	144
2980 Commers Drive	TSR Wireless	25
	Fiserv	62
	Lason	30
	OnLine Data	<u>25</u>
	TOTAL	142
2945 Commers Drive	Terminal Warehouse	10
2985 Commers Drive	Terminal Warehouse	<u>5</u>
TOTAL		301

4/2001 14:36 FAX 6512153841

MN DTED

002

RECEIVED MAR 30 2001

00-0245

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name HOUSING AND REDEVELOPMENT AUTHORITY OF EDINA		2. Contact name GORDON HUGHES	
3. Agency street address 4801 WEST 50TH STREET		4. City EDINA	
5. Zip code 55424	6. Phone number (area code) (952) 826-0401	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (952) 826-0390		
9. Name of business receiving assistance SOUTH EDINA DEVELOPMENT CORPORATION (PHASE 3 OFFICE)		10. Industry of recipient (SIC code) 6552	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) T.I.F.		12. Name of TIF district (if applicable) 1203 CENTENNIAL LAKES	
13. Date of business assistance agreement 12/1/96	14. Date assistance first provided No assistance provided as of 12/31/00	15. Date project (building/machinery/etc.) was placed in service 3/26/99	16. Dollar value of business assistance \$1,772,000 (P.M. 01/1/01) 25% of ANNUAL TIF

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 5 NEW JOBS IN MINNESOTA & 50 NEW JOBS IN EDINA		18. Average hourly wage level goals for business receiving assistance WAGES WILL MEET OR EXCEED INDUSTRY STANDARDS	
19. Actual jobs created since business received assistance 75 EDINA JOBS 32 NEW STATE JOBS		20. Actual average hourly wage paid to employees hired since business received assistance 27 of 32 NEW JOBS EXCEEDED \$30,000 ANNUALLY	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
	less than \$7.00		
	\$7.00 to \$7.99		
<u>50</u>	\$8.00 to \$9.99		
	\$10.00 to \$11.99		
	\$12.00 and higher		
If necessary, please attach additional documentation.		23. Job Creation	
		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		Full-time	Part-time
		<u>3</u>	
		less than \$7.00	
		<u>14</u>	
		\$7.00 to \$7.99	
		<u>58</u>	
		\$8.00 to \$9.99	
		\$10.00 to \$11.99	
		\$12.00 and higher	
		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/7/00	26. Date this Minnesota Business Assistance Form completed 3/28/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

2001 14:37 FAX 6512153841

MN DTED

003

RECEIVED MAR 30 2001

00-0246

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name HOUSING AND REDEVELOPMENT AUTHORITY OF EDINA		2. Contact name GORDON HUGHES	
3. Agency street address 4801 WEST 50TH STREET		4. City EDINA	
5. Zip code 55424	6. Phone number (area code) (952) 826-0401	8. Type of government agency X City ___ County ___ Regional ___ State ___ Other (Please indicate)	
	7. Fax number (area code) (952) 826-0390		
9. Name of business receiving assistance SOUTH EDINA DEVELOPMENT CORPORATION (PHASE 4 OFFICE)		10. Industry of recipient (SIC code) 6552	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) T.I.F.		12. Name of TIF district (if applicable) 1203 CENTENNIAL LAKES	
13. Date of business assistance agreement 12/1/96	14. Date assistance first provided No assistance provided as of 12/31/00	15. Date project (building/machinery/etc.) was placed in service 6/2/99	16. Dollar value of business assistance \$1,772,000 E.T.A. 8/4/01 25% of Annual TIF

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 5 NEW JOBS IN MINNESOTA & 50 NEW JOBS IN EDINA			18. Average hourly wage level goals for business receiving assistance WAGES WILL MEET OR EXCEED INDUSTRY STANDARDS		
19. Actual jobs created since business received assistance 485 EDINA JOBS 46 STATE JOBS			20. Actual average hourly wage paid to employees hired since business received assistance 29 of 46 EXCEED \$30,000 ANNUALLY		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)		
Full-time	Part-time	(excl. benefits)			
_____	_____	less than \$7.00	_____	_____	_____
_____	_____	\$7.00 to \$7.99	_____	_____	_____
50	_____	\$8.00 to \$9.99	_____	_____	_____
_____	_____	\$10.00 to \$11.99	_____	_____	_____
_____	_____	\$12.00 and higher	_____	_____	_____
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/1/00	26. Date this Minnesota Business Assistance Form completed 3/28/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

2/2001 14:38 FAX 6512153841

MN DIED

0004

00-0247

RECEIVED MAR 30 2001

MINNESOTA



1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade & Economic Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name HOUSING AND REDEVELOPMENT AUTHORITY OF EDINA		2. Contact name GORDON HUGHES	
3. Agency street address 4801 WEST 50TH STREET		4. City EDINA	
5. Zip code 55424	6. Phone number (area code) (952) 826-0401	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (952) 826-0390		
9. Name of business receiving assistance SOUTH EDINA DEVELOPMENT CORPORATION (PHASE 5 OFFICE)		10. Industry of recipient (SIC code) 6552	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) T.I.F.		12. Name of TIF district (if applicable) 1203 CENTENNIAL LAKES	
13. Date of business assistance agreement 12/1/96	14. Date assistance first provided NO ASSISTANCE PROVIDED AS OF 12/31/00	15. Date project (building/machinery/etc.) was placed in service 9/29/00	16. Dollar value of business assistance \$1,772,000 e.t.h. 8/6/01 25% OF ANNUAL TIF

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 5 NEW JOBS IN MINNESOTA & 50 NEW JOBS IN EDINA		18. Average hourly wage level goals for business receiving assistance WAGES WILL MEET OR EXCEED INDUSTRY STANDARDS	
19. Actual jobs created since business received assistance 107 EDINA JOBS 45 NEW STATE JOBS		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	6
_____	_____	\$7.00 to \$7.99	_____
50	_____	\$8.00 to \$9.99	26
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	135
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/1/01	26. Date this Minnesota Business Assistance Form completed 3/28/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

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00-0280

MINNESOTA



1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade & Economic Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Elk River EDA		2. Contact name Catherine Mehelich, Director	
3. Agency street address 13065 Orono Parkway		4. City Elk River	
5. Zip code 55330	6. Phone number (area code) 763-441-7420	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 763-441-7425		
9. Name of business receiving assistance Supermats, Inc.		10. Industry of recipient (SIC code) 3069	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF District No. 20	
13. Date of business assistance agreement Nov. 1998	14. Date assistance first provided Nov. 1998	15. Date project (building/machinery/etc.) was placed in service Aug. 1999	16. Dollar value of business assistance \$79,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time	(excl. benefits)		
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
<u>7</u>	\$8.00 to \$9.99	_____	
_____	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	
23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time	(excl. benefits)		
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
<u>8</u>	\$8.00 to \$9.99	_____	
<u>8</u>	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented March 2001	26. Date this Minnesota Business Assistance Form completed March 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 9 2001

1. Funding government agency name Elk River EDA		2. Contact name Catherine Mehelich	
3. Agency street address 13065 Orono Parkway		4. City Elk River	
5. Zip code 55330	6. Phone number (area code) 763-441-7420	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 763-441-7425		
9. Name of business receiving assistance Associated Investors of Elk River, Inc.		10. Industry of recipient (SIC code) NA	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF District No. 19	
13. Date of business assistance agreement 7-30-99	14. Date assistance first provided 8-14-00	15. Date project (building/machinery/etc.) was placed in service 12-31-2000	16. Dollar value of business assistance \$2,811,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance NA		18. Average hourly wage level goals for business receiving assistance NA	
19. Actual jobs created since business received assistance NA		20. Actual average hourly wage paid to employees hired since business received assistance NA	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time		Full-time
<u>75</u>		<u>NA</u>	<u>60</u>
	less than \$7.00		<u>40</u>
	\$7.00 to \$7.99		<u>35</u>
	\$8.00 to \$9.99		<u>50</u>
	\$10.00 to \$11.99		<u>40</u>
	\$12.00 and higher		
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented March 2001	26. Date this Minnesota Business Assistance Form completed March 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0119

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MINNESOTA

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name CITY OF FAIRMONT		2. Contact name JIM ZARLING	
3. Agency street address 100 DOWNTOWN PLAZA		4. City FAIRMONT	
5. Zip code 56031	6. Phone number (area code) 507238 9461	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 507238 9044		
9. Name of business receiving assistance Chesley Freightliners		10. Industry of recipient (SIC code) 5012, 5013, 7538	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 2-7-97	14. Date assistance first provided 2-7-97	15. Date project (building/machinery/etc.) was placed in service 4-1-97	16. Dollar value of business assistance \$75,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 8 Full-time		18. Average hourly wage level goals for business receiving assistance \$ 7.15	
19. Actual jobs created since business received assistance 9 Full-time		20. Actual average hourly wage paid to employees hired since business received assistance \$13.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3-28-2001	26. Date this Minnesota Business Assistance Form completed 3-28-01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0815

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

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1. Funding government agency name City of Faribault, Minnesota		2. Contact name Sara Anne Daines	
3. Agency street address 208 NW First Avenue		4. City Faribault	
5. Zip code 55021	6. Phone number (area code) (507) 333-0374	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
7. Fax number (area code) (507) 333-0399			
9. Name of business receiving assistance Bridgewater Tech., Inc.		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable) TIF District #7	
13. Date of business assistance agreement 16 Sept 1997	14. Date assistance first provided Oct 1997	15. Date project (building/machinery/etc.) was placed in service March 1998	16. Dollar value of business assistance \$175,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 15 FTE		18. Average hourly wage level goals for business receiving assistance \$8.50	
19. Actual jobs created since business received assistance 17 FTE		20. Actual average hourly wage paid to employees hired since business received assistance 18.38	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
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			Hourly Value of Voluntary Benefits (\$)
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			(excl. benefits)
			Hourly Value of Voluntary Benefits (\$)
			Full-time
			Part-time</

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1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

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1. Funding government agency name City of Faribault, Minnesota		2. Contact name Sara Anne Daines	
3. Agency street address 208 NW First Avenue		4. City Faribault	
5. Zip code 55021	6. Phone number (area code) (507) 333-0374	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (507) 333-0399		
9. Name of business receiving assistance Gray Wolf Manufacturing		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) LOAN		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement January 1998	14. Date assistance first provided 2 January 1998	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$50,000.

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 19 FTE		18. Average hourly wage level goals for business receiving assistance \$8.50	
19. Actual jobs created since business received assistance 29.5 FTE		20. Actual average hourly wage paid to employees hired since business received assistance \$13.50	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
19	_____	\$8.00 to \$9.99	N/A
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented Aug. 1999	26. Date this Minnesota Business Assistance Form completed 4/27/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



RECEIVED MAY 10 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Faribault, Minnesota		2. Contact name Sara Anne Daines	
3. Agency street address 208 NW First Avenue		4. City Faribault	
5. Zip code 55021	6. Phone number (area code) (507) 333-0374	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (507) 333-0399		
9. Name of business receiving assistance MDC Development LLD		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Tax Increment Financing / Loan		12. Name of TIF district (if applicable) TIF District #1 Plan 3	
13. Date of business assistance agreement 21 May 1998	14. Date assistance first provided 24 August 1998	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$ 160,000.

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 25 FTE		18. Average hourly wage level goals for business receiving assistance \$ 8.50	
19. Actual jobs created since business received assistance 25		20. Actual average hourly wage paid to employees hired since business received assistance \$11.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
25	_____	\$8.00 to \$9.99	N/A
_____	_____	\$10.00 to \$11.99	20
_____	_____	\$12.00 and higher	5
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 27 APRIL 2001	26. Date this Minnesota Business Assistance Form completed 4 MAY 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0821

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 10 2001

1. Funding government agency name City of Faribault, Minnesota		2. Contact name Sara Anne Daines	
3. Agency street address 208 NW First Avenue		4. City Faribault	
5. Zip code 55021	6. Phone number (area code) (507) 333-0374	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (507) 333-0399		
9. Name of business receiving assistance Sellner Manufacturing Co.		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) LOAN		12. Name of TIF district (if applicable) District 3 Central	
13. Date of business assistance agreement 11 April 1997	14. Date assistance first provided 29 May 1997	15. Date project (building/machinery/etc.) was placed in service 29 May 1997	16. Dollar value of business assistance \$100,000.

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 6 FTE		18. Average hourly wage level goals for business receiving assistance \$8.30	
19. Actual jobs created since business received assistance 6 FTE		20. Actual average hourly wage paid to employees hired since business received assistance \$11.45	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
6	_____	\$8.00 to \$9.99	N/A
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		23. Job Creation	
		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		Full-time	Part-time
		_____	_____
		less than \$7.00	_____
		_____	_____
		\$7.00 to \$7.99	_____
		_____	_____
		\$8.00 to \$9.99	2
		_____	_____
		\$10.00 to \$11.99	2
		_____	_____
		\$12.00 and higher	2
		_____	_____
			2.50
			2.50
			2.50
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented October 31, 1999	26. Date this Minnesota Business Assistance Form completed May 9, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0822

1999 Minnesota Business Assistance Form

(Please return by April 7, 1999)

Trade &
Economic
Development

RECEIVED MAY 10 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Faribault, Minnesota		2. Contact name Sara Anne Daines	
3. Agency street address 208 NW First Avenue		4. City Faribault	
5. Zip code 55021	6. Phone number (area code) (507) 333-0374	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
7. Fax number (area code) (507) 333-0399			
9. Name of business receiving assistance Sparcks, Mfg.		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) LOAN/GRANT		12. Name of TIF district (if applicable) TIF NORTH 2	
13. Date of business assistance agreement 21 APRIL 1999	14. Date assistance first provided 3 MAY 1999	15. Date project (building/machinery/etc.) was placed in service 21 APRIL 1999	16. Dollar value of business assistance \$100,000.

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 27		18. Average hourly wage level goals for business receiving assistance \$9.00	
19. Actual jobs created since business received assistance 28		20. Actual average hourly wage paid to employees hired since business received assistance 11.42	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
12	_____	\$8.00 to \$9.99	1.58
6	_____	\$10.00 to \$11.99	1.58
9	_____	\$12.00 and higher	1.58
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	
23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
4	_____	less than \$7.00	0.88
_____	_____	\$7.00 to \$7.99	_____
8	_____	\$8.00 to \$9.99	0.97
8	_____	\$10.00 to \$11.99	1.56
8	_____	\$12.00 and higher	2.08

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12-12-00	26. Date this Minnesota Business Assistance Form completed 5-4-01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0056

RECEIVED MAR 27 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Fergus Falls		2. Contact name Penny Davis	
3. Agency street address 112 West Washington		4. City Fergus Falls	
5. Zip code 56537	6. Phone number (area code) (218) 739-0126	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (218) 739-0149	10. Industry of recipient (SIC code) 3843	
9. Name of business receiving assistance MRLB International, Inc.		12. Name of TIF district (if applicable)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		15. Date project (building, machinery/etc.) was placed in service 3-19-98	
13. Date of business assistance agreement 3-19-98	14. Date assistance first provided 3-19-98	16. Dollar value of business assistance \$150,000	

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance						
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance						
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)						
21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)		23. Job Creation		Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	(excl. benefits)			Full-time	Part-time	(excl. benefits)		
---	---	less than \$7.00	---		---	---	less than \$7.00	---	
---	---	\$7.00 to \$7.99	---		---	---	\$7.00 to \$7.99	---	
<u>5</u>	---	\$8.00 to \$9.99	<u>.75</u>		<u>3</u>	---	\$8.00 to \$9.99	<u>1.97</u>	
---	---	\$10.00 to \$11.99	---		<u>2</u>	---	\$10.00 to \$11.99	<u>1.97</u>	
---	---	\$12.00 and higher	---		<u>1</u>	---	\$12.00 and higher	<u>1.26</u>	
If necessary, please attach additional documentation			If necessary, please attach additional documentation.						

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 3/23/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes do not submit future forms for this project. <input type="checkbox"/> No please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0057

RECEIVED MAR 27 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

PLEASE NOTE: THE 35 JOBS TO BE CREATED ARE TIED TO THE LOAN WHICH WILL BE PROVIDED BY THE CITY OF FERGUS FALLS AND THE TAX INCREMENT FINANCING WHICH IS A FERGUS FALLS PORT AUTHORITY DISTRICT.

1. Funding government agency name Fergus Falls Port Authority City of Fergus Falls		2. Contact name Penny Davis	
3. Agency street address 112 West Washington		4. City Fergus Falls	
5. Zip code 56537	6. Phone number (area code) (218) 739-0126	8. Type of government agency X City County Regional State	
	7. Fax number (area code) (218) 739-0149	Other (Please indicate) _____	
9. Name of business receiving assistance Norcon Resources, LLP		10. Industry of recipient (SIC code) 2431	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan; TIF		12. Name of TIF district (if applicable) I 1-8	
13. Date of business assistance agreement 5-12-99	14. Date assistance first provided To date has not been provided	15. Date project (building, machinery, etc.) was placed in service	16. Dollar value of business assistance 302,300

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time Part-time	(excl. benefits)	(Benefits 15%)	Full-time Part-time	(excl. benefits)	(Benefits 15%)
	less than \$7.00			less than \$7.00	
28	\$7.00 to \$7.99	1.38		\$7.00 to \$7.99	
5	\$8.00 to \$9.99	1.38		\$8.00 to \$9.99	
2	\$10.00 to \$11.99	1.38		\$10.00 to \$11.99	
	\$12.00 and higher			\$12.00 and higher	
If necessary, please attach additional documentation			If necessary, please attach additional documentation		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed 3-26-01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes - do not submit future forms for this project <input checked="" type="checkbox"/> No - please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

LAST FORM

00-0901

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



RECEIVED MAY 22 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name CITY OF FOUNTAIN		2. Contact name STAN SPEER, CITY CLERK	
3. Agency street address 104 MAIN ST.		4. City FOUNTAIN, MN	
5. Zip code 55935	6. Phone number (area code) (507) 268-4923	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (507) 268-4313		
9. Name of business receiving assistance VALLEY DESIGN, INC.		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) DIST. 1-1	
13. Date of business assistance agreement 5/15/97	14. Date assistance first provided 2000	15. Date project (building/machinery/etc.) was placed in service 10-1-97	16. Dollar value of business assistance \$117,100 ← <i>Amount of Original Note.</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance ①		18. Average hourly wage level goals for business receiving assistance ①																																										
19. Actual jobs created since business received assistance 36		20. Actual average hourly wage paid to employees hired since business received assistance 8.56 8.56																																										
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)																																										
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">21. Job Creation</th> <th style="width: 15%;">Hourly Wage Level</th> <th style="width: 15%;">Hourly Value of Voluntary Benefits (\$)</th> <th style="width: 15%;">23. Job Creation</th> <th style="width: 15%;">Hourly Wage Level</th> <th style="width: 15%;">Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <td>Full-time</td> <td>Part-time</td> <td>(excl. benefits)</td> <td>Full-time</td> <td>Part-time</td> <td>(excl. benefits)</td> </tr> <tr> <td>2</td> <td>1</td> <td>less than \$7.00</td> <td>29</td> <td></td> <td>less than \$7.00</td> </tr> <tr> <td></td> <td></td> <td>\$7.00 to \$7.99</td> <td></td> <td></td> <td>0.30</td> </tr> <tr> <td></td> <td></td> <td>\$8.00 to \$9.99</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$10.00 to \$11.99</td> <td>4</td> <td></td> <td>40</td> </tr> <tr> <td></td> <td></td> <td>\$12.00 and higher</td> <td>3</td> <td></td> <td>45</td> </tr> </table>	21. Job Creation	Hourly Wage Level	Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)	2	1	less than \$7.00	29		less than \$7.00			\$7.00 to \$7.99			0.30			\$8.00 to \$9.99						\$10.00 to \$11.99	4		40			\$12.00 and higher	3		45	<p>If necessary, please attach additional documentation.</p>	
21. Job Creation	Hourly Wage Level	Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	Hourly Value of Voluntary Benefits (\$)																																							
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)																																							
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		\$8.00 to \$9.99																																										
		\$10.00 to \$11.99	4		40																																							
		\$12.00 and higher	3		45																																							

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/9/99	26. Date this Minnesota Business Assistance Form completed 5/17/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

LAST FORM

00-0902

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 22 2001

1. Funding government agency name CITY OF FOUNTAIN		2. Contact name STAN SPEER, CITY CLERK	
3. Agency street address 104 MAIN ST.		4. City FOUNTAIN, MN	
5. Zip code 55935	6. Phone number (area code) (507) 268-4923	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (507) 268-4313		
9. Name of business receiving assistance VALLEY DESIGN, INC.		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF "PAY AS YOU GO"		12. Name of TIF district (if applicable) TIF 1-2	
13. Date of business assistance agreement 5/5/99	14. Date assistance first provided NO PAYMENTS YET	15. Date project (building/machinery/etc.) was placed in service 1999	16. Dollar value of business assistance \$453,050

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 0		18. Average hourly wage level goals for business receiving assistance 0																																																									
19. Actual jobs created since business received assistance 0		20. Actual average hourly wage paid to employees hired since business received assistance																																																									
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<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">21. Job Creation</th> <th>Hourly Wage Level</th> <th>22. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <th>Full-time</th> <th>Part-time</th> <th>(excl. benefits)</th> <th></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>N</td> <td>less than \$7.00</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>N</td> <td>\$7.00 to \$7.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>N</td> <td>\$8.00 to \$9.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>N</td> <td>\$10.00 to \$11.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>N</td> <td>\$12.00 and higher</td> <td>_____</td> </tr> </tbody> </table>		21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)		_____	N	less than \$7.00	_____	_____	N	\$7.00 to \$7.99	_____	_____	N	\$8.00 to \$9.99	_____	_____	N	\$10.00 to \$11.99	_____	_____	N	\$12.00 and higher	_____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">23. Job Creation</th> <th>Hourly Wage Level</th> <th>24. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <th>Full-time</th> <th>Part-time</th> <th>(excl. benefits)</th> <th></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>N</td> <td>less than \$7.00</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>N</td> <td>\$7.00 to \$7.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>N</td> <td>\$8.00 to \$9.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>N</td> <td>\$10.00 to \$11.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>N</td> <td>\$12.00 and higher</td> <td>_____</td> </tr> </tbody> </table>		23. Job Creation		Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)		_____	N	less than \$7.00	_____	_____	N	\$7.00 to \$7.99	_____	_____	N	\$8.00 to \$9.99	_____	_____	N	\$10.00 to \$11.99	_____	_____	N	\$12.00 and higher	_____
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Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. NO GOALS ESTABLISHED <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED MAY 9 2001

MINNESOTA



Trade & Economic Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name FREEBORN COUNTY HRA		2. Contact name WILLIAM M HELFRITZ	
3. Agency street address 411 S BROADWAY		4. City ALBERT LEA	
5. Zip code 56007	6. Phone number (area code) 507-377-5251	8. Type of government agency ___ City <input checked="" type="checkbox"/> County ___ Regional ___ State ___ Other (Please indicate) _____	
	7. Fax number (area code) 507-377-5109		
9. Name of business receiving assistance (EXOL) AGRA RESOURCES COOP		10. Industry of recipient (SIC code) 2869	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) LOAN & TIF		12. Name of TIF district (if applicable) 1-1 EXOL ETHANOL PLANT	
13. Date of business assistance agreement 5-1-98	14. Date assistance first provided 5-28-98	15. Date project (building/machinery/etc.) was placed in service 3-1-99	16. Dollar value of business assistance \$ 3,200,000.

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 20 JOBS AVERAGE 8.⁰⁰ PER HR		18. Average hourly wage level goals for business receiving assistance 8.⁰⁰			
19. Actual jobs created since business received assistance 27.5		20. Actual average hourly wage paid to employees hired since business received assistance SEE BELOW			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	3	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	7	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	17	1	\$12.00 and higher
					2.25
					2.35
					2.58
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 4-23-01	26. Date this Minnesota Business Assistance Form completed 5-4-01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0955

****AMENDED****

original received 5/29/01 L.H.
1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade &
**Economic
 Development**

RECEIVED AUG 13 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Gaylord		2. Contact name Lonny L. Johnson, City Administrator	
3. Agency street address 428 Main Ave, PO Box 987		4. City Gaylord	
5. Zip code 55334	6. Phone number (area code) 507-237-2338	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 507-237-5121		
9. Name of business receiving assistance Unified Container Solutions Inc		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) 2-7 Unified Container Solutions Inc	
13. Date of business assistance agreement 3-1-98	14. Date assistance first provided 3-1-98	15. Date project (building/machinery/etc.) was placed in service 6-2-98	16. Dollar value of business assistance Est TIF \$364,500

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24. See Attached Statements

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance																																																									
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance																																																									
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)																																																									
<table border="1"> <thead> <tr> <th colspan="2">21. Job Creation</th> <th>Hourly Wage Level</th> <th>22. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <th>Full-time</th> <th>Part-time</th> <th>(excl. benefits)</th> <th></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>less than \$7.00</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$7.00 to \$7.99</td> <td>_____</td> </tr> <tr> <td><u>10</u></td> <td>_____</td> <td>\$8.00 to \$9.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$10.00 to \$11.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$12.00 and higher</td> <td>_____</td> </tr> </tbody> </table>		21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)		_____	_____	less than \$7.00	_____	_____	_____	\$7.00 to \$7.99	_____	<u>10</u>	_____	\$8.00 to \$9.99	_____	_____	_____	\$10.00 to \$11.99	_____	_____	_____	\$12.00 and higher	_____	<table border="1"> <thead> <tr> <th colspan="2">23. Job Creation</th> <th>Hourly Wage Level</th> <th>24. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <th>Full-time</th> <th>Part-time</th> <th>(excl. benefits)</th> <th></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>less than \$7.00</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$7.00 to \$7.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$8.00 to \$9.99</td> <td>_____</td> </tr> <tr> <td><u>2</u></td> <td><u>1</u></td> <td>\$10.00 to \$11.99</td> <td><u>2.36</u></td> </tr> <tr> <td><u>12</u></td> <td>_____</td> <td>\$12.00 and higher</td> <td><u>2.36</u></td> </tr> </tbody> </table>		23. Job Creation		Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)		_____	_____	less than \$7.00	_____	_____	_____	\$7.00 to \$7.99	_____	_____	_____	\$8.00 to \$9.99	_____	<u>2</u>	<u>1</u>	\$10.00 to \$11.99	<u>2.36</u>	<u>12</u>	_____	\$12.00 and higher	<u>2.36</u>
21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)																																																								
Full-time	Part-time	(excl. benefits)																																																									
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If necessary, please attach additional documentation.		If necessary, please attach additional documentation.																																																									

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented March 26, 2001	26. Date this Minnesota Business Assistance Form completed April 1, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

****AMENDED****

00-0956

Original received 5/29/01 L.F.H.
1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED AUG 13 2001

1. Funding government agency name City of Gaylord		2. Contact name Lonny L. Johnson, City Administrator	
3. Agency street address 428 Main Ave, PO Box 987		4. City Gaylord	
5. Zip code 55334	6. Phone number (area code) 507-237-2338	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 507-237-5121		
9. Name of business receiving assistance Gold Leaf Inn & Suites		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF 2-6 Gold Leaf	
13. Date of business assistance agreement 4-1-98	14. Date assistance first provided 4-1-98	15. Date project (building/machinery/etc.) was placed in service August 8, 1998	16. Dollar value of business assistance Est TIF \$223,155

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24. See Attached Schedules

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	7-4	less than \$7.00	Full-time
_____	_____	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented March 2001	26. Date this Minnesota Business Assistance Form completed April 1, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

00-0567



RECEIVED APR 16 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <p style="text-align: center;">City of Ham Lake</p>		2. Contact name <p style="text-align: center;">Doris Nivala</p>	
3. Agency street address <p style="text-align: center;">15544 Central Ave. NE</p>		4. City <p style="text-align: center;">Ham Lake</p>	
5. Zip code <p style="text-align: center;">55304</p>	6. Phone number (area code) <p style="text-align: center;">763-434-9555</p>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <p style="text-align: center;">763-434-9599</p>		
9. Name of business receiving assistance <p style="text-align: center;">Al-Cast Mold & Pattern, Inc.</p>		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <p style="text-align: center;">Loan</p>		12. Name of TIF district (if applicable) <p style="text-align: center;">N/A</p>	
13. Date of business assistance agreement <p style="text-align: center;">12/28/98</p>	14. Date assistance first provided <p style="text-align: center;">12/28/98</p>	15. Date project (building/machinery/etc.) was placed in service <p style="text-align: center;">12/28/98</p>	16. Dollar value of business assistance <p style="text-align: center;">\$55,000</p>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	23. Job Creation	Hourly Wage Level (excl. benefits)
Full-time Part-time		Full-time Part-time	
_____	less than \$7.00	_____	less than \$7.00
_____	\$7.00 to \$7.99	_____	\$7.00 to \$7.99
_____	\$8.00 to \$9.99	_____	\$8.00 to \$9.99
8	\$10.00 to \$11.99	4	\$10.00 to \$11.99
_____	\$12.00 and higher	_____	\$12.00 and higher
	4.24		4.24
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented Working with temp agency for employees since 12/11/00	26. Date this Minnesota Business Assistance Form completed <p style="text-align: center;">4/13/01</p>
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0010

1999 Minnesota Business Assistance Form
 (Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name CITY OF HASTINGS		2. Contact name JOHN GROSSMAN	
3. Agency street address 101 E 4TH ST		4. City HASTINGS	
5. Zip code 55033	6. Phone number (area code) (505) 437 4121	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 505 437 7082		
9. Name of business receiving assistance EISCHEN CABINET CO.		10. Industry of recipient (SIC code) 2434 - CABINETRY	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) LAND PRICE WRITEDOWN		12. Name of TIF district (if applicable) NA	
13. Date of business assistance agreement OCT 2, 1998	14. Date assistance first provided OCT 2, 1998	15. Date project (building/machinery/etc.) was placed in service MARCH 1999	16. Dollar value of business assistance \$ 36,154

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance TWO (2)		18. Average hourly wage level goals for business receiving assistance \$ 9.00	
19. Actual jobs created since business received assistance FOURTEEN (14)		20. Actual average hourly wage paid to employees hired since business received assistance \$ 12.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
<u>2</u>	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	<u>14</u>
_____	_____		_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/19/2001	26. Date this Minnesota Business Assistance Form completed 3/22/2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 7 2001

1. Funding government agency name CITY OF HIBBING		2. Contact name SUZANNE TOSCANO	
3. Agency street address 401 E 21ST ST		4. City HIBBING, MN 55746	
5. Zip code 55746	6. Phone number (area code) 218-262-3486	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 218-262-2308		
9. Name of business receiving assistance SIM SUPPLY		10. Industry of recipient (SIC code) INDUSTRIAL SUPPLY SALES	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF #11	
13. Date of business assistance agreement 6-1-99	14. Date assistance first provided 12-31-99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$130,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 2		18. Average hourly wage level goals for business receiving assistance \$9.00	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	_____	\$7.00 to \$7.99	Part-time
2	_____	\$8.00 to \$9.99	(excl. benefits)
_____	_____	\$10.00 to \$11.99	Hourly Value of Voluntary Benefits (\$)
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented MAY 3, 2001	26. Date this Minnesota Business Assistance Form completed MAY 3, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

original received 3127/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Hopkins HRA		2. Contact name Jim Hartshorn	
3. Agency street address 1010 First Street South		4. City Hopkins	
5. Zip code 55343	6. Phone number (area code) 952-939-1359	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 952-935-1834		
9. Name of business receiving assistance Hopkins Business Center		10. Industry of recipient (SIC code) RETAIL trade/office-warehouse	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Grant/TIF		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 2/10/99 4/23/99 amended	14. Date assistance first provided	15. Date project (building/machinery/etc.) was placed in service 10/2000	16. Dollar value of business assistance 1,671,382 (grant) 45,750 (TIF)

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 92(FT) 18(PT)		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance 47 4(PT)		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
19	\$7.00 to \$7.99	_____	_____
6	\$8.00 to \$9.99	_____	4
19	\$10.00 to \$11.99	_____	7
54	\$12.00 and higher	_____	40
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed 5/25/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 18 2001

1. Funding government agency name City of Hugo		2. Contact name Ronald J. Otkin	
3. Agency street address 5524 Upper 146th Street N		4. City Hugo, MN 55038	
5. Zip code 55038	6. Phone number (area code) 651 429-6676	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651 426-2859		
9. Name of business receiving assistance Schwieters Properties		10. Industry of recipient (SIC code) 2439 ? 10a manufacturing 0/23/01 S.F.H.	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Tax Increment Financing		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 05/17/99	14. Date assistance first provided 05/17/99	15. Date project (building/machinery/etc.) was placed in service 03/15/00	16. Dollar value of business assistance \$212,188

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Hourly Wage Level
_____	less than \$7.00	_____	Full-time Part-time
_____	\$7.00 to \$7.99	_____	(excl. benefits)
_____	\$8.00 to \$9.99	_____	less than \$7.00
<u>1</u>	\$10.00 to \$11.99	_____	\$7.00 to \$7.99
_____	\$12.00 and higher	_____	\$8.00 to \$9.99
			\$10.00 to \$11.99
			\$12.00 and higher
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 05/16/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0380

original received 4/02/01 E. F. H.
1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade & Economic Development

RECEIVED SEP 14 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Jackson		2. Contact name Joe Vrchota Economic Development Coordinator	
3. Agency street address 80 West Ashley Street		4. City Jackson, MN	
5. Zip code 56143	6. Phone number (area code) (507) 847-4423	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (507) 847-5586		
9. Name of business receiving assistance B & H Mfg., Inc.		10. Industry of recipient (SIC code) 3523	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Renovation - Revolving Loan		12. Name of TIF district (if applicable) I-90/US 71 Redevelopment District	
13. Date of business assistance agreement 5/6/96	14. Date assistance first provided 5/6/96	15. Date project (building/machinery/etc.) was placed in service 7/96	16. Dollar value of business assistance \$100,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 17 full-time or equivalent		18. Average hourly wage level goals for business receiving assistance \$9.00																																											
19. Actual jobs created since business received assistance 26 full-time		20. Actual average hourly wage paid to employees hired since business received assistance \$9.88																																											
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)																																											
<table border="0"> <tr> <td>21. Job Creation</td> <td>Hourly Wage Level</td> <td>22. Hourly Value of Voluntary Benefits (\$)</td> </tr> <tr> <td>Full-time</td> <td>Part-time</td> <td>(excl. benefits)</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>less than \$7.00</td> </tr> <tr> <td>_____</td> <td>2</td> <td>\$7.00 to \$7.99</td> </tr> <tr> <td>2</td> <td>9</td> <td>\$8.00 to \$9.99</td> </tr> <tr> <td>3</td> <td>_____</td> <td>\$10.00 to \$11.99</td> </tr> <tr> <td>1</td> <td>_____</td> <td>\$12.00 and higher</td> </tr> </table>		21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)	_____	_____	less than \$7.00	_____	2	\$7.00 to \$7.99	2	9	\$8.00 to \$9.99	3	_____	\$10.00 to \$11.99	1	_____	\$12.00 and higher	<table border="0"> <tr> <td>23. Job Creation</td> <td>Hourly Wage Level</td> <td>24. Hourly Value of Voluntary Benefits (\$)</td> </tr> <tr> <td>Full-time</td> <td>Part-time</td> <td>(excl. benefits)</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>less than \$7.00</td> </tr> <tr> <td>_____</td> <td>2</td> <td>\$7.00 to \$7.99</td> </tr> <tr> <td>2</td> <td>9</td> <td>\$8.00 to \$9.99</td> </tr> <tr> <td>11</td> <td>1</td> <td>\$10.00 to \$11.99</td> </tr> <tr> <td>1</td> <td>_____</td> <td>\$12.00 and higher</td> </tr> </table>		23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)	_____	_____	less than \$7.00	_____	2	\$7.00 to \$7.99	2	9	\$8.00 to \$9.99	11	1	\$10.00 to \$11.99	1	_____	\$12.00 and higher
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)																																											
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_____	_____	less than \$7.00																																											
_____	2	\$7.00 to \$7.99																																											
2	9	\$8.00 to \$9.99																																											
11	1	\$10.00 to \$11.99																																											
1	_____	\$12.00 and higher																																											
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.																																											

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/10/99	26. Date this Minnesota Business Assistance Form completed 3/30/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0381

original received 4/2/01 E.F.H.
1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade &
**Economic
 Development**

RECEIVED SEP 14 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Jackson		2. Contact name Joe Vrchota Economic Development Coordinator	
3. Agency street address 80 West Ashley Street		4. City Jackson, MN	
5. Zip code 56143	6. Phone number (area code) (507) 847-4423	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (507) 847-5586		
9. Name of business receiving assistance Sleepy 8, LLC dba Super 8 Motel		10. Industry of recipient (SIC code) 7011	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Revolving Loan		12. Name of TIF district (if applicable) I-90/US 71 Redevelopment District	
13. Date of business assistance agreement 11/6/96	14. Date assistance first provided 11/6/96	15. Date project (building/machinery/etc.) was placed in service 10/5/97	16. Dollar value of business assistance \$75,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 13 full-time or Equivalent		18. Average hourly wage level goals for business receiving assistance \$4.75	
19. Actual jobs created since business received assistance 16 full-time		20. Actual average hourly wage paid to employees hired since business received assistance \$6.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	(excl. benefits)		Hourly Wage Level
Part-time			(excl. benefits)
13	less than \$7.00		Full-time
	\$7.00 to \$7.99		Part-time
	\$8.00 to \$9.99		3
	\$10.00 to \$11.99		
	\$12.00 and higher		
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/30/01	26. Date this Minnesota Business Assistance Form completed 3/30/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0382

original received 4/21/01 E. F. H.
1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



RECEIVED SEP 14 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Jackson		2. Contact name Joe Vrchota Economic Development Coordinator	
3. Agency street address 80 West Ashley Street		4. City Jackson, MN	
5. Zip code 56143	6. Phone number (area code) (507) 847-4423	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (507) 847-5586		
9. Name of business receiving assistance Ag Chem Equipment Co., Inc.		10. Industry of recipient (SIC code) 3523	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Expansion Loan (Revolving)		12. Name of TIF district (if applicable) I-90/US 71 Redevelopment District	
13. Date of business assistance agreement 11/28/95	14. Date assistance first provided 11/28/95	15. Date project (building/machinery/etc.) was placed in service 9/95	16. Dollar value of business assistance \$50,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 79 full-time or equivalent			18. Average hourly wage level goals for business receiving assistance \$9.99		
19. Actual jobs created since business received assistance 260			20. Actual average hourly wage paid to employees hired since business received assistance \$9.99		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation		Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		
Full-time	Part-time		Full-time	Part-time	
2	3	less than \$7.00	2	3	
5	17	\$7.00 to \$7.99	5	17	
54	46	\$8.00 to \$9.99	22	13	
96	24	\$10.00 to \$11.99	5	3	
13	0	\$12.00 and higher	2		
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

should be revised 9/17/01 E.F.H.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/9/99	26. Date this Minnesota Business Assistance Form completed 3/30/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0383

Original received 4/2/01 E.F.H.
1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED SEP 14 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Jackson		2. Contact name Joe Vrchota Economic Development Coordinator	
3. Agency street address 80 West Ashley Street		4. City Jackson, MN	
5. Zip code 56143	6. Phone number (area code) (507) 847-4423	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (507) 847-5586		
9. Name of business receiving assistance Omnium Worldwide, Inc. dba Accent Insurance Recovery Solutions		10. Industry of recipient (SIC code) 6311	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Equipment Loan (Revolving)		12. Name of TIF district (if applicable) I-90/US 71 Redevelopment District	
13. Date of business assistance agreement 7/2/97	14. Date assistance first provided 7/2/97	15. Date project (building/machinery/etc.) was placed in service 7/97	16. Dollar value of business assistance \$75,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 50 full-time or equivalent		18. Average hourly wage level goals for business receiving assistance \$7.00 - \$8.00	
19. Actual jobs created since business received assistance 26 full-time, 8 part-time		20. Actual average hourly wage paid to employees hired since business received assistance \$9.50	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
19	2	less than \$7.00	
12	6	\$7.00 to \$7.99	
6		\$8.00 to \$9.99	
5		\$10.00 to \$11.99	
		\$12.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/25/99	26. Date this Minnesota Business Assistance Form completed 3/30/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. E.F.H. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-1054

RECEIVED JUN 1 2001

98-397



1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Lakeville		2. Contact name Ann Flad Economic Development Coordinator	
3. Agency street address 20195 Holyoke Avenue		4. City Lakeville, MN	
5. Zip code 55044	6. Phone number (area code) 612-985-4425	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please Indicate)	
	7. Fax number (area code) 612-985-4499		
9. Name of business receiving assistance Hearth Technologies, Inc.		10. Industry of recipient (SIC code) 3449 - Gas/Woodburning Fireplaces	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Tax Increment Financing (TIF)		12. Name of TIF district (if applicable) TIF District No. 10 (Fairfield Camp)	
13. Date of business assistance agreement March 16, 1998	14. Date assistance first provided March 16, 1998	15. Date project (building/machinery/etc.) was placed in service March 10, 1999	16. Dollar value of business assistance \$ 323,738.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 20 by December 31, 2000		18. Average hourly wage level goals for business receiving assistance \$25,000 per year -- \$12.00 avg./hr.																																																									
19. Actual jobs created since business received assistance 9 jobs		20. Actual average hourly wage paid to employees hired since business received assistance Please see below																																																									
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)																																																									
<table border="1"> <thead> <tr> <th colspan="2">21. Job Creation</th> <th>Hourly Wage Level</th> <th>22. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <th>Full-time</th> <th>Part-time</th> <th>(excl. benefits)</th> <th></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>less than \$7.00</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$7.00 to \$7.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$8.00 to \$9.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$10.00 to \$11.99</td> <td>_____</td> </tr> <tr> <td>20</td> <td>_____</td> <td>\$12.00 and higher</td> <td>_____</td> </tr> </tbody> </table>		21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)		_____	_____	less than \$7.00	_____	_____	_____	\$7.00 to \$7.99	_____	_____	_____	\$8.00 to \$9.99	_____	_____	_____	\$10.00 to \$11.99	_____	20	_____	\$12.00 and higher	_____	<table border="1"> <thead> <tr> <th colspan="2">23. Job Creation</th> <th>Hourly Wage Level</th> <th>24. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <th>Full-time</th> <th>Part-time</th> <th>(excl. benefits)</th> <th></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>less than \$7.00</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$7.00 to \$7.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$8.00 to \$9.99</td> <td>_____</td> </tr> <tr> <td>6</td> <td>_____</td> <td>\$10.00 to \$11.99</td> <td>\$2.86</td> </tr> <tr> <td>20</td> <td>_____</td> <td>\$12.00 and higher</td> <td>\$ 2.86</td> </tr> </tbody> </table>		23. Job Creation		Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)		_____	_____	less than \$7.00	_____	_____	_____	\$7.00 to \$7.99	_____	_____	_____	\$8.00 to \$9.99	_____	6	_____	\$10.00 to \$11.99	\$2.86	20	_____	\$12.00 and higher	\$ 2.86
21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)																																																								
Full-time	Part-time	(excl. benefits)																																																									
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20	_____	\$12.00 and higher	\$ 2.86																																																								
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.																																																									

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented June 1, 2001.	26. Date this Minnesota Business Assistance Form completed June 1, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes -- do not submit future forms for this project. <input checked="" type="checkbox"/> No -- please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-1055



1999

1998 Minnesota Business Assistance Form*
(Please return by April 15, 1998)

RECEIVED JUN 1 2001

Please type or print in dark ink.

97-299

1. Funding government agency name City of Lakeville		2. Contact name Ann Flad Economic Development Coordinator	
3. Agency street address 20195 Holyoke Avenue		4. City Lakeville, MN	
5. Zip code 55044	6. Phone number (area code) (612) 985-4425	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 985-4499		
9. Name of business receiving assistance Di-Hed Yokes, Inc. (DHY)		10. Industry of recipient (SIC code) 3545 (Machining) and 3364 (Die-casting)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Tax increment financing (TIF)		12. Name of TIF district (if applicable) TIF District No. 17 - Di-Hed Yokes	
13. Date of business assistance agreement 4/7/97	14. Date assistance first provided 4/7/97	15. Date project (building/machinery/etc.) was placed in service 11/3/97	16. Dollar value of business assistance \$433,644.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

17. Job creation goals for business receiving assistance 12 jobs by October 1, 1999		18. Average hourly wage level goals for business receiving assistance \$22,000/year -- \$10.50 average hourly	
19. Actual jobs created since business received assistance 34 jobs		20. Actual average hourly wage paid to employees hired since business received assistance Please see below	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
	less than \$7.00		
	\$7.00 to \$7.99		1
	\$8.00 to \$9.99		8
12	\$10.00 to \$11.99		1
	\$12.00 and higher		9
			12
If necessary, please attach additional documents.		24. Hourly Value of Voluntary Benefits (\$) \$0.756 \$0.756 \$0.756 \$0.756	

+3 salaried jobs

25. Last date actual wage and job creation levels documented 3/23/98	26. Date this Minnesota Business Assistance Form completed 4/3/98
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes -- do not submit future forms for this project. <input type="checkbox"/> No -- please submit this form in 1999.	

* This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1997 which provided \$25,000 or more in public funds. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business.

06/01/2001 13:52

6129854429

00-1057

RECEIVED JUN 1 2001



1999

1998 Minnesota Business Assistance Form
(Please return by April 15, 1998)

Please type or print in dark ink.

97-300

1. Funding government agency name City of Lakeville		2. Contact name Ann Flad Economic Development Coordinator	
3. Agency street address 20195 Holyoke Avenue		4. City Lakeville, MN	
5. Zip code 55044	6. Phone number (area code) (612) 985-4425	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 985-4499		
9. Name of business receiving assistance Itron		10. Industry of recipient (SIC code) 3571	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Tax increment financing (TIF)		12. Name of TIF district (if applicable) TIF District No. 10 - Fairfield Ind. Pk.	
13. Date of business assistance agreement 5/28/96	14. Date assistance first provided 5/28/96	15. Date project (building/machinery/etc.) was placed in service 11/18/96	16. Dollar value of business assistance \$200,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

17. Job creation goals for business receiving assistance 10 Jobs by January 1, 1999		18. Average hourly wage level goals for business receiving assistance \$40,000/year or approx. \$19.00 per hour	
19. Actual jobs created since business received assistance 16 Jobs		20. Actual average hourly wage paid to employees hired since business received assistance \$19.54 per hour	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
	less than \$7.00		
	\$7.00 to \$7.99		
	\$8.00 to \$9.99		
	\$10.00 to \$11.99		
10	\$12.00 and higher		
23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
	less than \$7.00		
1	\$7.00 to \$7.99		
	\$8.00 to \$9.99		\$1.60
3	\$10.00 to \$11.99		\$2.00
12	\$12.00 and higher		\$2.40

25. Last date actual wage and job creation levels documented 4/15/98	26. Date this Minnesota Business Assistance Form completed 4/15/98
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27. Have all wage and job goals been achieved? Yes -- do not submit future forms for this project.
 No -- please submit this form in 1999.

* This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1997 which provided \$25,000 or more in public funds. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not provided assistance to a business since July 1, 1995.

00-1058

RECEIVED JUN 1 2001



1999

1998 Minnesota Business Assistance Form*

(Please return by April 15, 1998)

Please type or print in dark ink.

97-298

1. Funding government agency name City of Lakeville		2. Contact name Ann Flad Economic Development Coordinator	
3. Agency street address 20195 Holyoke Avenue		4. City Lakeville, Minnesota	
5. Zip code 55044	6. Phone number (area code) (612) 985-4425	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (612) 985-4499		
9. Name of business receiving assistance Verified Credentials, Inc.		10. Industry of recipient (SIC code) Not applicable (office)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Tax increment financing (TIF)		12. Name of TIF district (if applicable) TIF District No. 10 (Fairfield Ind. Pk.)	
13. Date of business assistance agreement 8/14/96	14. Date assistance first provided 8/14/96	15. Date project (building/machinery/etc.) was placed in service 1/2/97	16. Dollar value of business assistance \$150,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

17. Job creation goals for business receiving assistance 10 Jobs by January 1, 1999			18. Average hourly wage level goals for business receiving assistance \$7.00 average hourly wage		
19. Actual jobs created since business received assistance 18 Jobs			20. Actual average hourly wage paid to employees hired since business received assistance \$8.50 ave hourly wage		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)		
Full-time	Part-time	(excl. benefits)			
10		less than \$7.00			
		\$7.00 to \$7.99			
		\$8.00 to \$9.99			
		\$10.00 to \$11.99			
		\$12.00 and higher			
If necessary, please attach additional documents.			23. Job Creation		
		Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)		
		(excl. benefits)			
		less than \$7.00			
		\$7.00 to \$7.99			
		\$8.00 to \$9.99			\$1.50
		\$10.00 to \$11.99			
		\$12.00 and higher			
If necessary, please attach additional documents.			25. Last date actual wage and job creation levels documented 3/24/98		
			26. Date this Minnesota Business Assistance Form completed 3/24/98		
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project <input type="checkbox"/> No — please submit this form in 1999.					

* This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1997 which provided \$25,000 or more in public funds. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

original received 3/30/04

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

00-0224



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name CITY OF LE CENTER		2. Contact name DON HAYDEN	
3. Agency street address 10 W. TYRONS ST		4. City LE CENTER	
5. Zip code 56057	6. Phone number (area code) 507-357-4450	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 507-357-6888		
9. Name of business receiving assistance MAX JOHNSON TRUCKING		10. Industry of recipient (SIC code) CONSTRUCTION	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TORNADO LOAN		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 6-15-99	14. Date assistance first provided 7-1-99	15. Date project (building/machinery/etc.) was placed in service BUILDING	16. Dollar value of business assistance \$76,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0226

original received 3/30/01
1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name CITY OF LE CENTER		2. Contact name DON HAYDEN	
3. Agency street address 10 W. TYRONE ST		4. City LE CENTER	
5. Zip code 56057	6. Phone number (area code) 507-357-4450	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State ___ Other (Please indicate) _____	
7. Fax number (area code) 507-357-6888		9. Name of business receiving assistance HOUSE OF INSURANCE	
10. Industry of recipient (SIC code) INSURANCE / REAL ESTATE		11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TORNADO LOAN	
12. Name of TIF district (if applicable) N/A		13. Date of business assistance agreement 5-25-99	14. Date assistance first provided 6-1-99
15. Date project (building/machinery/etc.) was placed in service BUILDING		16. Dollar value of business assistance \$58,000	

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving assistance																																																								
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since business received assistance																																																								
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)																																																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">21. Job Creation</th> <th>Hourly Wage Level</th> <th>22. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <td style="text-align: center;">Full-time</td> <td style="text-align: center;">Part-time</td> <td>(excl. benefits)</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>less than \$7.00</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>\$7.00 to \$7.99</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>\$8.00 to \$9.99</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>\$10.00 to \$11.99</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>\$12.00 and higher</td> <td style="text-align: center;">_____</td> </tr> </table>	21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)	_____	_____	_____	less than \$7.00	_____	_____	_____	\$7.00 to \$7.99	_____	_____	_____	\$8.00 to \$9.99	_____	_____	_____	\$10.00 to \$11.99	_____	_____	_____	\$12.00 and higher	_____	<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">23. Job Creation</th> <th>Hourly Wage Level</th> <th>24. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <td style="text-align: center;">Full-time</td> <td style="text-align: center;">Part-time</td> <td>(excl. benefits)</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>less than \$7.00</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>\$7.00 to \$7.99</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>\$8.00 to \$9.99</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>\$10.00 to \$11.99</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>\$12.00 and higher</td> <td style="text-align: center;">_____</td> </tr> </table>	23. Job Creation		Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)	_____	_____	_____	less than \$7.00	_____	_____	_____	\$7.00 to \$7.99	_____	_____	_____	\$8.00 to \$9.99	_____	_____	_____	\$10.00 to \$11.99	_____	_____	_____	\$12.00 and higher	_____
21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)																																																						
Full-time	Part-time	(excl. benefits)	_____																																																						
_____	_____	less than \$7.00	_____																																																						
_____	_____	\$7.00 to \$7.99	_____																																																						
_____	_____	\$8.00 to \$9.99	_____																																																						
_____	_____	\$10.00 to \$11.99	_____																																																						
_____	_____	\$12.00 and higher	_____																																																						
23. Job Creation		Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)																																																						
Full-time	Part-time	(excl. benefits)	_____																																																						
_____	_____	less than \$7.00	_____																																																						
_____	_____	\$7.00 to \$7.99	_____																																																						
_____	_____	\$8.00 to \$9.99	_____																																																						
_____	_____	\$10.00 to \$11.99	_____																																																						
_____	_____	\$12.00 and higher	_____																																																						
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.																																																								

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0228

original received 3/30/01
1999 Minnesota Business Assistance Form
 (Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name CITY OF LE CENTER		2. Contact name DON HAYDEN	
3. Agency street address 10 W TYRONE ST		4. City LE CENTER	
5. Zip code 56057	6. Phone number (area code) 507-357-4450	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State	
	7. Fax number (area code) 507-357-6888	<input type="checkbox"/> Other (Please indicate) _____	
9. Name of business receiving assistance MR GARAGE		10. Industry of recipient (SIC code) TRUCK REPAIR	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TORNADO LOAN		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 12-1-1998	14. Date assistance first provided 1-1-99	15. Date project (building/machinery/etc.) was placed in service BUILDING	16. Dollar value of business assistance \$50,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0231

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name CITY OF LE CENTER		2. Contact name DON HAYDEN	
3. Agency street address 10 W TYRONS ST		4. City LE CENTER	
5. Zip code 56057	6. Phone number (area code) 507-357-4450	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 507-357-6888		
9. Name of business receiving assistance FACTOR MOTORS		10. Industry of recipient (SIC code) AUTO DEALERSHIP	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TORNADO LOAN		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 6-22-99	14. Date assistance first provided 7-1-99	15. Date project (building/machinery/etc.) was placed in service BUILDING	16. Dollar value of business assistance \$130,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0232

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name CITY OF LE CENTER		2. Contact name DON HAYDEN	
3. Agency street address 10 W TYRONE ST		4. City LE CENTER	
5. Zip code 56057	6. Phone number (area code) 507-357-4450	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State	
	7. Fax number (area code) 507-357-6888	<input type="checkbox"/> Other (Please indicate) _____	
9. Name of business receiving assistance GOLDEN EYE PRODUCTS		10. Industry of recipient (SIC code) MARINE PRODUCTS	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TORNADO LOAN		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 6-1-99	14. Date assistance first provided 7-1-99	15. Date project (building/machinery/etc.) was placed in service BUILDING	16. Dollar value of business assistance 200,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	_____	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	(excl. benefits)
_____	_____	\$10.00 to \$11.99	less than \$7.00
_____	_____	\$12.00 and higher	\$7.00 to \$7.99
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Lindstrom		2. Contact name Mark Karnowski	
3. Agency street address 13292 Sylvan Ave, PO Box 703		4. City Lindstrom, MN	
5. Zip code 55045	6. Phone number (area code) 651-257-0620	8. Type of government agency XX City ___ County ___ Regional ___ State ___ Other (Please indicate) _____	
	7. Fax number (area code) 651-257-0623		
9. Name of business receiving assistance Nyborg Enterprises, Inc.		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Redevelopment District #2	
13. Date of business assistance agreement 5/23/1996	14. Date assistance first provided 7/23/1998	15. Date project (building/machinery/etc.) was placed in service 11/18/1996	16. Dollar value of business assistance \$50,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 42 Full Time Jobs or Equivalent		18. Average hourly wage level goals for business receiving assistance \$10.00	
19. Actual jobs created since business received assistance 43 Full Time Jobs or Equivalent		20. Actual average hourly wage paid to employees hired since business received assistance \$10.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/29/2001	26. Date this Minnesota Business Assistance Form completed 03/30/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAR 27 2001

00-0063

1. Funding government agency name LINO LAKES EDA		2. Contact name MARY ANNE DIVINE	
3. Agency street address 600 TOWN CENTER PKWY		4. City LINO LAKES	
5. Zip code 55014	6. Phone number (area code) 651/982-2423	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
7. Fax number (area code) 651/982-2499			
9. Name of business receiving assistance LINO LAKES BUSINESS CENTER PHASES V, VI, VII, VIII		10. Industry of recipient (SIC code) LEASEABLE SPACE FOR MANUFACTURING, DISTRIBUTION	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF DISTRICT 1-9	
13. Date of business assistance agreement 4/12/99	14. Date assistance first provided 5/22/00	15. Date project (building/machinery/etc.) was placed in service 9/22/99	16. Dollar value of business assistance \$532,720.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time	(excl. benefits)		
<u>1</u> _____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
_____	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/29/00	26. Date this Minnesota Business Assistance Form completed 3/26/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)



1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade & Economic Development

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00-0064

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name LINO LAKES EDA		2. Contact name MARY ALICE DIVINE	
3. Agency street address 600 TOWN CENTER PKWY		4. City LINO LAKES	
5. Zip code 55014	6. Phone number (area code) 651/982-2423	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 651/982-2499		
9. Name of business receiving assistance NOL-TEC, LLC		10. Industry of recipient (SIC code) MANUFACTURING	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF DISTRICT 1-7	
13. Date of business assistance agreement 3/9/98	14. Date assistance first provided 12/20/99	15. Date project (building/machinery/etc.) was placed in service 15/98	16. Dollar value of business assistance \$54,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time		
<u>1</u>			
	less than \$7.00		
	\$7.00 to \$7.99		
	\$8.00 to \$9.99		
	\$10.00 to \$11.99		
	\$12.00 and higher		
		<u>15</u>	<u>6.37</u>
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/29/00	26. Date this Minnesota Business Assistance Form completed 3/26/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade & Economic Development

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00-0065

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <i>LINO LAKES EDA</i>		2. Contact name <i>MARY ALICE DIVINE</i>	
3. Agency street address <i>600 TOWN CENTER PKWY</i>		4. City <i>LINO LAKES</i>	
5. Zip code <i>55014</i>	6. Phone number (area code) <i>651/982-2423</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <i>651/982-2499</i>		
9. Name of business receiving assistance <i>McLAD LLP</i>		10. Industry of recipient (SIC code) <i>MANUFACTURING</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>TIF</i>		12. Name of TIF district (if applicable) <i>TIF DISTRICT 1-9</i>	
13. Date of business assistance agreement <i>3/22/99</i>	14. Date assistance first provided <i>12/13/99</i>	15. Date project (building/machinery/etc.) was placed in service <i>7/6/99</i>	16. Dollar value of business assistance <i>\$ 126,076.00</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
<u>1</u>			
	less than \$7.00		
	\$7.00 to \$7.99		
	\$8.00 to \$9.99		
	\$10.00 to \$11.99		
	\$12.00 and higher		
23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
	less than \$7.00		
	\$7.00 to \$7.99		
	\$8.00 to \$9.99		
<u>2</u>	\$10.00 to \$11.99	<u>.89</u>	
<u>1</u>	\$12.00 and higher	<u>1.92</u>	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>3/29/00</i>	26. Date this Minnesota Business Assistance Form completed <i>3/26/01</i>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 21 2001

1. Funding government agency name <i>Luverne Econ. Dev. Auth.</i>		2. Contact name <i>Tony Chladak</i>	
3. Agency street address <i>203 E. Main PO Box 659</i>		4. City <i>Luverne</i>	
5. Zip code <i>56156</i>	6. Phone number (area code) <i>507-449-5033</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <i>507-449-5034</i>		
9. Name of business receiving assistance <i>Excito Foods</i>		10. Industry of recipient (SIC code) <i>2083</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>Loan and Guarantee</i>		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement <i>May 26, 1999</i>	14. Date assistance first provided <i>"</i>	15. Date project (building/machinery/etc.) was placed in service <i>"</i>	16. Dollar value of business assistance <i>\$50,000</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>5</i>		18. Average hourly wage level goals for business receiving assistance <i>\$9.00/hr Full Time</i>	
19. Actual jobs created since business received assistance <i>Business went under. We are in collection arrangements.</i>		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>NA</i>	26. Date this Minnesota Business Assistance Form completed <i>5.18.01</i>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.



1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade &
Economic
Development

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Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <i>Luverne Econ. Dev. Auth</i>		2. Contact name <i>Tony Chladak</i>	
3. Agency street address <i>203 E. Main PO Box 659</i>		4. City <i>Luverne</i>	
5. Zip code <i>56156</i>	6. Phone number (area code) <i>507.449.5033</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <i>" " 5034</i>		
9. Name of business receiving assistance <i>Cor-Tech Manufacturing</i>		10. Industry of recipient (SIC code) <i>3523</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>Guarantee</i>		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement <i>Aug 19, 1998</i>	14. Date assistance first provided <i>"</i>	15. Date project (building machinery/etc.) was placed in service <i>"</i>	16. Dollar value of business assistance <i>\$40,000</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>0</i>		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance <i>LEDA guaranteed a private loan for</i>		20. Actual average hourly wage paid to employees hired since business received assistance <i>The expansion of Cor-Tech Facility.</i>	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>NA</i>	26. Date this Minnesota Business Assistance Form completed <i>5.18.01</i>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <i>EXPANSION GUARANTEE</i> <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.



1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 21 2001

1. Funding government agency name <i>Luverne Econ. Dev. Auth</i>		2. Contact name <i>Tony Chladek</i>	
3. Agency street address <i>203 E. Main PO Box 659</i>		4. City <i>Luverne</i>	
5. Zip code <i>56156</i>	6. Phone number (area code) <i>507-449-5033</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) <i>5034</i>		
9. Name of business receiving assistance <i>Fulda Electric</i>		10. Industry of recipient (SIC code) <i>4911</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>Loan</i>		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement <i>Nov 19, 1997</i>	14. Date assistance first provided	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance <i>\$177,000</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>0</i>		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance <i>This gentleman to ever a loan taken out by a company that defaulted.</i>		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time			
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
_____	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>NA</i>	26. Date this Minnesota Business Assistance Form completed <i>5.18.01</i>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.



1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 21 2001

1. Funding government agency name <i>Luverne Econ. Dev. Auth.</i>		2. Contact name <i>Tony Chladek</i>	
3. Agency street address <i>203 E. Main PO Box 1659</i>		4. City <i>Luverne</i>	
5. Zip code <i>56156</i>	6. Phone number (area code) <i>507.449.5133</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <i>" " 5034</i>		
9. Name of business receiving assistance <i>Kevin Aaker (Luverne Bakery)</i>		10. Industry of recipient (SIC code) <i>3711</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>Lease Contract For Deed</i>		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement <i>June 1, 1997</i>	14. Date assistance first provided <i>"</i>	15. Date project (<u>building</u> machinery/etc.) was placed in service <i>"</i>	16. Dollar value of business assistance <i>153,000</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>0</i>		18. Average hourly wage level goals for business receiving assistance			
19. Actual jobs created since business received assistance <i>0</i>		20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time		Full-time	Part-time	
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>NA</i>	26. Date this Minnesota Business Assistance Form completed <i>5.18.01</i>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <i>Building Site on Contract For Deed.</i> <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.



1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 21 2001

1. Funding government agency name <i>Luverne Econ. Dev. Auth.</i>		2. Contact name <i>Tony Chladek</i>	
3. Agency street address <i>203 E. Main PO Box 659</i>		4. City <i>Luverne</i>	
5. Zip code <i>56156</i>	6. Phone number (area code) <i>507.449.5033</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <i>" " 5034</i>		
9. Name of business receiving assistance <i>Tri State Ins</i>		10. Industry of recipient (SIC code) <i>6331</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>Loan</i>		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement <i>Feb 6, 1996</i>	14. Date assistance first provided <i>"</i>	15. Date project (building/machinery/etc.) was placed in service <i>"</i>	16. Dollar value of business assistance <i>\$150,000</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>35 by Dec 31, 1997</i>		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance <i>+35, but since then have reduced employment. They are in "repayment" status.</i>		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Hourly Wage Level
_____	less than \$7.00	_____	Full-time Part-time
_____	\$7.00 to \$7.99	_____	(excl. benefits)
_____	\$8.00 to \$9.99	_____	less than \$7.00
_____	\$10.00 to \$11.99	_____	\$7.00 to \$7.99
_____	\$12.00 and higher	_____	\$8.00 to \$9.99
			\$10.00 to \$11.99
			\$12.00 and higher
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>1999</i>	26. Date this Minnesota Business Assistance Form completed <i>5.18.01</i>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <i>but organizational changes have occurred.</i> <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

RECEIVED MAR 28 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Agency Minneapolis Community Development		2. Contact name Kent Robbins	
3. Agency street address 105 5th Ave. S., Suite 200		4. City Minneapolis	
5. Zip code 55401	6. Phone number (area code) 612-673-5187	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 612-673-5111		
9. Name of business receiving assistance Baker Bearing		10. Industry of recipient (SIC code) 3562	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 5/1/97	14. Date assistance first provided 5/1/97	15. Date project (building/machinery/etc.) was placed in service 11/97	16. Dollar value of business assistance \$75,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 5		18. Average hourly wage level goals for business receiving assistance \$13.00	
19. Actual jobs created since business received assistance 5		20. Actual average hourly wage paid to employees hired since business received assistance \$8.25	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	4
_____	_____	\$10.00 to \$11.99	1
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/27/01	26. Date this Minnesota Business Assistance Form completed 3/21/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

RECEIVED MAR 20 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Agency Minneapolis Community Development		2. Contact name Kent Robbins	
3. Agency street address 105 5th Ave. S., Suite 200		4. City Minneapolis	
5. Zip code 55401	6. Phone number (area code) 612-673-5187	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 612-673-5111		
9. Name of business receiving assistance Siewert Cabinet & Fixture		10. Industry of recipient (SIC code) 2434	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 5/197	14. Date assistance first provided 5/1/97	15. Date project (building/machinery/etc.) was placed in service 11/97	16. Dollar value of business assistance \$75,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 9		18. Average hourly wage level goals for business receiving assistance \$14.00/hr.	
19. Actual jobs created since business received assistance 15		20. Actual average hourly wage paid to employees hired since business received assistance \$11.63/hr.	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		23. Job Creation	
		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		Full-time	Part-time
		_____	_____
		less than \$7.00	_____
		_____	_____
		\$7.00 to \$7.99	_____
		3	_____
		\$8.00 to \$9.99	_____
		6	_____
		\$10.00 to \$11.99	_____
		6	_____
		\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/27/01	26. Date this Minnesota Business Assistance Form completed 3/26/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

RECEIVED MAR 2 1999

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Agency Minneapolis Community Development		2. Contact name Kent Robbins	
3. Agency street address 105 5th Avenue S., Suite 200		4. City Minneapolis	
5. Zip code 55401	6. Phone number (area code) 612-673-5187	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 612-673-5111		
9. Name of business receiving assistance New French Bakery		10. Industry of recipient (SIC code) 5461	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 7/11/97	14. Date assistance first provided 7/11/97	15. Date project (building/machinery/etc.) was placed in service 7/11/97	16. Dollar value of business assistance \$75,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 18		18. Average hourly wage level goals for business receiving assistance \$9.00/hr.	
19. Actual jobs created since business received assistance 53		20. Actual average hourly wage paid to employees hired since business received assistance \$8.45/hr	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	14
_____	_____	\$10.00 to \$11.99	13
_____	_____	\$12.00 and higher	26
_____	_____		_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/01	26. Date this Minnesota Business Assistance Form completed 3/26/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

RECEIVED MAR 28 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Agency Minneapolis Community Development		2. Contact name Kent Robbins	
3. Agency street address 105 5th Avenue S., Suite 200		4. City Minneapolis	
5. Zip code 55401	6. Phone number (area code) 612-673-5187	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 612-673-5111		
9. Name of business receiving assistance Harbinger Industries		10. Industry of recipient (SIC code) 2434	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 2/16/99	14. Date assistance first provided 2/16/99	15. Date project (building/machinery/etc.) was placed in service N/A Working Cap.	16. Dollar value of business assistance \$40,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 21 within 5 years		18. Average hourly wage level goals for business receiving assistance \$13.00/hr.	
19. Actual jobs created since business received assistance 24 jobs created		20. Actual average hourly wage paid to employees hired since business received assistance N/A	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	6
21	_____	\$12.00 and higher	18
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/01	26. Date this Minnesota Business Assistance Form completed 3/26/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Minneapolis Community Development Agency		2. Contact name Kent Robbins	
3. Agency street address 105 5th Ave. S.		4. City Minneapolis	
5. Zip code 55401-2534	6. Phone number (area code) 612-673-5187	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 612-673-5111		
9. Name of business receiving assistance Ambassador Press		10. Industry of recipient (SIC code) Commercial Printer (2759)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) below market land sale		12. Name of TIF district (if applicable) North Washington Industrial Park	
13. Date of business assistance agreement April 28, 1997	14. Date assistance first provided April 28, 1997	15. Date project (building/machinery/etc.) was placed in service 11/14/1997	16. Dollar value of business assistance \$149,123

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance Retain 54 Create 33		18. Average hourly wage level goals for business receiving assistance \$9.00/hr. +	
19. Actual jobs created since business received assistance 34		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	23
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	11
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/28/01	26. Date this Minnesota Business Assistance Form completed 3/29/2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

E.F.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MN AG & ECON DEV BOARD)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance AIRTEC ACQUISITION CORP		10. Industry of recipient (SIC code) 3654	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) SMALL BUSINESS DEVELOPMENT LOAN		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 02/14/97	14. Date assistance first provided 02/14/97	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$50,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 25		18. Average hourly wage level goals for business receiving assistance \$10.88	
19. Actual jobs created since business received assistance 21		20. Actual average hourly wage paid to employees hired since business received assistance \$18.30	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	_____	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	(excl. benefits)
_____	_____	\$10.00 to \$11.99	Hourly Value of Voluntary Benefits (\$)
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06/30/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

E.F.H. original received 5/2/99

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MN AG & ECON DEV BOARD)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance ENDRESS PROCESSING		10. Industry of recipient (SIC code) 2048	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) SMALL BUSINESS DEVELOPMENT LOAN		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 05/01/97	14. Date assistance first provided 05/01/97	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$2,995,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 39		18. Average hourly wage level goals for business receiving assistance \$10.00	
19. Actual jobs created since business received assistance 66		20. Actual average hourly wage paid to employees hired since business received assistance \$14.20	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 03/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

L.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MN AG & ECON DEV BOARD)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance EXCELSIOR-HENDERSON		10. Industry of recipient (SIC code) 3751	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) SMALL BUSINESS DEVELOPMENT LOAN		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 12/17/97	14. Date assistance first provided 12/17/97	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$7,145,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 175		18. Average hourly wage level goals for business receiving assistance \$10.00	
19. Actual jobs created since business received assistance 0 (BANKRUPT)		20. Actual average hourly wage paid to employees hired since business received assistance 0	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0677

*E.F.H. original received 5/2/01***1999 Minnesota Business Assistance Form***(Please return by April 1, 1999)*

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MN AG & ECON DEV BOARD)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance FORMATIVE ENGINEERING		10. Industry of recipient (SIC code) 3089	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) SMALL BUSINESS DEVELOPMENT LOAN		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 04/22/98	14. Date assistance first provided 04/22/98	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$1,700,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 15		18. Average hourly wage level goals for business receiving assistance \$13.00	
19. Actual jobs created since business received assistance 16		20. Actual average hourly wage paid to employees hired since business received assistance 13.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation		22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	Hourly Wage Level (excl. benefits)	
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
5	_____	\$10.00 to \$11.99	\$1.50
10	_____	\$12.00 and higher	\$1.90
If necessary, please attach additional documentation.			
Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
23. Job Creation		24. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	Hourly Wage Level (excl. benefits)	
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
5	_____	\$10.00 to \$11.99	\$1.60
11	_____	\$12.00 and higher	\$1.90
If necessary, please attach additional documentation.			

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06/30/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

24th original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MN AG & ECON DEV BOARD)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance IMPRESSIONS INCORPORATED		10. Industry of recipient (SIC code) 2752	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) SMALL BUSINESS DEVELOPMENT LOAN		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 04/01/96	14. Date assistance first provided 04/01/96	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$5,195,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 61		18. Average hourly wage level goals for business receiving assistance \$10.00	
19. Actual jobs created since business received assistance 42		20. Actual average hourly wage paid to employees hired since business received assistance 15.21	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0679

E.Y.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MN AG & ECON DEV BOARD)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State	
	7. Fax number (area code) 651-296-5287	<input type="checkbox"/> Other (Please indicate) _____	
9. Name of business receiving assistance SPARTA FOODS		10. Industry of recipient (SIC code) 2038	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) SMALL BUSINESS DEVELOPMENT LOAN		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 07/01/97	14. Date assistance first provided 07/01/97	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$1,950,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 117 RETAINED 15 CREATED		18. Average hourly wage level goals for business receiving assistance \$10.00	
19. Actual jobs created since business received assistance 117 RETAINED 20 CREATED		20. Actual average hourly wage paid to employees hired since business received assistance \$16.55	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time	(excl. benefits)		
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
<u>15</u>	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/98	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

E.F.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MN AG & ECON DEV BOARD)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance WAYMAR PROPERTIES		10. Industry of recipient (SIC code) 2599	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) SMALL BUSINESS DEVELOPMENT LOAN		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 02/01/96	14. Date assistance first provided 02/01/96	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$4,965,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 81		18. Average hourly wage level goals for business receiving assistance \$12.00	
19. Actual jobs created since business received assistance 81		20. Actual average hourly wage paid to employees hired since business received assistance \$14.04	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time	(excl. benefits)		
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
_____	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	
23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time	(excl. benefits)		
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
_____	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 10/31/98	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MN AG & ECON DEV BOARD)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance NEW MORNING WINDOWS		10. Industry of recipient (SIC code) 2413	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) SMALL BUSINESS DEVELOPMENT LOAN		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 02/01/96	14. Date assistance first provided 02/01/96	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$4,965,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 40		18. Average hourly wage level goals for business receiving assistance \$8.31	
19. Actual jobs created since business received assistance 35		20. Actual average hourly wage paid to employees hired since business received assistance \$9.70	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 08/31/99	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED APR 12 2001

1. Funding government agency name MN Dept. of Agriculture		2. Contact name Gail Ryan	
3. Agency street address 90 W Plato Blvd		4. City St Paul	
5. Zip code 55107	6. Phone number (area code) 651/296-3378	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651/297-5522		
9. Name of business receiving assistance Heartland Energy, Inc		10. Industry of recipient (SIC code) <i>2.F.A. 7/6/01</i> Manufacturing 4939	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) grant		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 7/21/95	14. Date assistance first provided 7/25/95	15. Date project (building/machinery/etc.) was placed in service ongoing project	16. Dollar value of business assistance \$50,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance n/a		18. Average hourly wage level goals for business receiving assistance n/a	
19. Actual jobs created since business received assistance n/a		20. Actual average hourly wage paid to employees hired since business received assistance n/a	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	_____	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	(excl. benefits)
_____	_____	\$10.00 to \$11.99	less than \$7.00
_____	_____	\$12.00 and higher	\$7.00 to \$7.99
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented n/a	26. Date this Minnesota Business Assistance Form completed 4/10/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. n/a <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0556

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA


 Trade &
**Economic
 Development**

RECEIVED APR 12 2001

Please complete lines 1 through 16 for all agreements.

EFA. 7/1/01

MN Dept. of

1. Funding government agency name <i>Agriculture</i>		2. Contact name <i>Terry Dalbec</i>	
3. Agency street address <i>90 W Plato Blvd</i>		4. City <i>St. Paul</i>	
5. Zip code <i>55107</i>	6. Phone number (area code) <i>651-215-0368</i>	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <i>651-291-6890</i>		
9. Name of business receiving assistance <i>Prairie Farmers Cooperative</i>		10. Industry of recipient (SIC code) <i>Processing</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>grant</i>		12. Name of TIF district (if applicable) <i>NA</i>	
13. Date of business assistance agreement <i>3/11/98</i>	14. Date assistance first provided <i>5/26/98</i>	15. Date project (building/machinery/etc.) was placed in service <i>NA</i>	16. Dollar value of business assistance <i>\$47,200.00</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	_____	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	(excl. benefits)
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>NA</i>	26. Date this Minnesota Business Assistance Form completed <i>4/11/01</i>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <i>NA</i> <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0557

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED APR 12 2001

1. Funding government agency name <i>MN Dept. of Agriculture</i>		2. Contact name <i>Patrick Yutzenka Matt Drewitz</i>	
3. Agency street address <i>90 W. Plato Blvd</i>		4. City <i>St. Paul, MN</i>	
5. Zip code <i>55107</i>	6. Phone number (area code) <i>651-297-2175 651-296-3820</i>	8. Type of government agency ___ City ___ County ___ Regional <input checked="" type="checkbox"/> State ___ Other (Please indicate) _____	
7. Fax number (area code)			
9. Name of business receiving assistance <i>Haubenschild Farm, Inc</i>		10. Industry of recipient (SIC code) <i>Dairy Farming</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>Loan</i>		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement <i>5-25-99</i>	14. Date assistance first provided <i>6-10-99</i>	15. Date project (building/machinery/etc.) was placed in service <i>Sept., 1999</i>	16. Dollar value of business assistance <i>150,000</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>Not Applicable</i>		18. Average hourly wage level goals for business receiving assistance <i>Not Applicable</i>	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
24. Hourly Value of Voluntary Benefits (\$)			Full-time
			Part-time
<i>Not Applicable</i>	less than \$7.00	_____	<i>Not Applicable</i>
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>Not Applicable</i>	26. Date this Minnesota Business Assistance Form completed <i>4-10-01</i>
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <i>Not Applicable</i> <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

original received 5/2/01 E.T.H.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (RURAL JOB CREATION GRANT)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance FASTENAL COMPANY		10. Industry of recipient (SIC code) 5072	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) RURAL JOB CREATION GRANT		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/30/98	14. Date assistance first provided 06/30/98	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$80,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 36		18. Average hourly wage level goals for business receiving assistance \$9.00	
19. Actual jobs created since business received assistance 36		20. Actual average hourly wage paid to employees hired since business received assistance 9.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		24. Hourly Value of Voluntary Benefits (\$)	
		less than \$7.00	
		\$7.00 to \$7.99	
		\$8.00 to \$9.99	
		\$10.00 to \$11.99	
		\$12.00 and higher	
		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06/30/98	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

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0667

Original received 5/21/01 E.H.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (RURAL JOB CREATION GRANT)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance WILLMAR MANUFACTURING		10. Industry of recipient (SIC code) 2500	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) RURAL JOB CREATION GRANT		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/30/98	14. Date assistance first provided 06/30/98	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$110,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 75		18. Average hourly wage level goals for business receiving assistance \$9.00	
19. Actual jobs created since business received assistance 75		20. Actual average hourly wage paid to employees hired since business received assistance \$9.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06/30/98	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

E.T.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (RURAL JOB CREATION GRANT)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance PARTRIDGE RIVER		10. Industry of recipient (SIC code) 2499	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) RURAL JOB CREATION GRANT		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/30/97	14. Date assistance first provided 06/30/97	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$57,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 19		18. Average hourly wage level goals for business receiving assistance \$9.56	
19. Actual jobs created since business received assistance 19		20. Actual average hourly wage paid to employees hired since business received assistance \$9.56	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		23. Job Creation	
		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		Full-time	Part-time
		_____	_____
		less than \$7.00	_____
		\$7.00 to \$7.99	_____
		\$8.00 to \$9.99	_____
		\$10.00 to \$11.99	_____
		\$12.00 and higher	_____
		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06/30/97	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.F.B. original received 5/2/01
1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (RURAL JOB CREATION GRANT)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance DAVIDSON PRINTING		10. Industry of recipient (SIC code) 2752	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) RURAL JOB CREATION GRANT		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/30/97	14. Date assistance first provided 06/30/97	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$40,500.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 12		18. Average hourly wage level goals for business receiving assistance \$12.00	
19. Actual jobs created since business received assistance 12		20. Actual average hourly wage paid to employees hired since business received assistance \$12.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time	(excl. benefits)		
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
_____	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	
If necessary, please attach additional documentation.		23. Job Creation	
		Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
		Full-time Part-time	(excl. benefits)
		_____	less than \$7.00
		_____	\$7.00 to \$7.99
		_____	\$8.00 to \$9.99
		_____	\$10.00 to \$11.99
		_____	\$12.00 and higher
		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06/30/97	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0670

E.T.H. original received 5/2/01
1999 Minnesota Business Assistance Form
(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (RURAL JOB CREATION GRANT)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance BEND TEC		10. Industry of recipient (SIC code) 3498	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) RURAL JOB CREATION GRANT		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/30/97	14. Date assistance first provided 06/30/97	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$37,500.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 10			18. Average hourly wage level goals for business receiving assistance \$10.00		
19. Actual jobs created since business received assistance 10			20. Actual average hourly wage paid to employees hired since business received assistance \$10.00		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06/30/97	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

E.Y.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance SPARKS MANUFACTURING, INC.		10. Industry of recipient (SIC code) 1791	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 01/29/99	14. Date assistance first provided 04/30/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$85,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 27		18. Average hourly wage level goals for business receiving assistance \$10.41	
19. Actual jobs created since business received assistance 16		20. Actual average hourly wage paid to employees hired since business received assistance \$10.89	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
27	_____	\$10.00 to \$11.99	16
_____	_____	\$12.00 and higher	_____
		\$1.58	\$1.53
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/99	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

E.F.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State	
	7. Fax number (area code) 651-296-5287	<input type="checkbox"/> Other (Please indicate) _____	
9. Name of business receiving assistance K-BAR INDUSTRIES, INC		10. Industry of recipient (SIC code) 3999	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND <i>(loan) E.F.H. 8/2/01</i>		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 07/15/98	14. Date assistance first provided 12/23/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$300,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 75		18. Average hourly wage level goals for business receiving assistance \$9.45	
19. Actual jobs created since business received assistance 75		20. Actual average hourly wage paid to employees hired since business received assistance \$10.85	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	_____	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	(excl. benefits)
_____	_____	\$10.00 to \$11.99	less than \$7.00
_____	_____	\$12.00 and higher	\$7.00 to \$7.99
If necessary, please attach additional documentation.		\$8.00 to \$9.99	
		\$10.00 to \$11.99	
		\$12.00 and higher	
		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 01/25/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

Original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance WINDLAND ELECTRONICS, INC.		10. Industry of recipient (SIC code) 3679	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 02/18/99	14. Date assistance first provided 12/23/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$150,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 23		18. Average hourly wage level goals for business receiving assistance \$13.23	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time	(excl. benefits)		
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
_____	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance DIXIE CARBONIC, INC.		10. Industry of recipient (SIC code) 5999	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 01/29/99	14. Date assistance first provided 04/30/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$200,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 30		18. Average hourly wage level goals for business receiving assistance \$11.94	
19. Actual jobs created since business received assistance 30		20. Actual average hourly wage paid to employees hired since business received assistance \$14.71	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
13	_____	\$8.00 to \$9.99	\$0.75
_____	_____	\$10.00 to \$11.99	_____
17	_____	\$12.00 and higher	\$0.75
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/99	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.F.H. original received 07/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State	
	7. Fax number (area code) 651-296-5287	<input type="checkbox"/> Other (Please indicate) _____	
9. Name of business receiving assistance ALEXANDRIA EXTRUSION		10. Industry of recipient (SIC code) 3354	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 11/01/95	14. Date assistance first provided 08/08/96	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$350,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 50		18. Average hourly wage level goals for business receiving assistance \$10.50	
19. Actual jobs created since business received assistance 50		20. Actual average hourly wage paid to employees hired since business received assistance \$10.50	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		24. Hourly Value of Voluntary Benefits (\$)	
		less than \$7.00	
		\$7.00 to \$7.99	
		\$8.00 to \$9.99	
		\$10.00 to \$11.99	
		\$12.00 and higher	
		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

*E.T.B. original received 5/12/01***1999 Minnesota Business Assistance Form***(Please return by April 1, 1999)*

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance LOR-AL		10. Industry of recipient (SIC code) 3523	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 07/13/95	14. Date assistance first provided 08/01/96	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$75,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 30		18. Average hourly wage level goals for business receiving assistance \$8.90	
19. Actual jobs created since business received assistance 37		20. Actual average hourly wage paid to employees hired since business received assistance 8.92	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time	(excl. benefits)		
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
_____	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/96	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

l.f.h. original received 5/02/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance CUSTOM AG PRODUCTS		10. Industry of recipient (SIC code) 3523	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/30/97	14. Date assistance first provided 09/11/97	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$100,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 20			18. Average hourly wage level goals for business receiving assistance \$9.15		
19. Actual jobs created since business received assistance 45			20. Actual average hourly wage paid to employees hired since business received assistance 8.51		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06/30/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

L. F. H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance VOYAGER SUPPLY		10. Industry of recipient (SIC code) 5731	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 10/14/98	14. Date assistance first provided 09/30/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$125,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 25		18. Average hourly wage level goals for business receiving assistance \$10.58	
19. Actual jobs created since business received assistance 25		20. Actual average hourly wage paid to employees hired since business received assistance \$9.34	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	3
_____	\$8.00 to \$9.99	_____	16
25	\$10.00 to \$11.99	\$1.00	5
_____	\$12.00 and higher	_____	1
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 07/01/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

*e.f.d. original received 5/2/01***1999 Minnesota Business Assistance Form***(Please return by April 1, 1999)*

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance FAGEN ENGINEERING, INC. <i>e.f.d. 8/2/01</i>		10. Industry of recipient (SIC code) 1541	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 12/06/95	14. Date assistance first provided 09/18/96	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$197,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 10		18. Average hourly wage level goals for business receiving assistance \$20.00	
19. Actual jobs created since business received assistance 11		20. Actual average hourly wage paid to employees hired since business received assistance \$24.25	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Hourly Wage Level
_____	less than \$7.00	_____	Full-time Part-time
_____	\$7.00 to \$7.99	_____	(excl. benefits)
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	less than \$7.00
_____	\$12.00 and higher	_____	\$7.00 to \$7.99
			\$8.00 to \$9.99
			\$10.00 to \$11.99
			\$12.00 and higher
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 04/13/98	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0709

t.k. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance FORMATIVE ENGINEERING <i>9/28/01</i>		10. Industry of recipient (SIC code) 3089	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 05/04/98	14. Date assistance first provided 12/10/98	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$100,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 15		18. Average hourly wage level goals for business receiving assistance \$13.00			
19. Actual jobs created since business received assistance 16		20. Actual average hourly wage paid to employees hired since business received assistance \$13.00			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
5	_____	\$10.00 to \$11.99	6	_____	\$10.00 to \$11.99
10	_____	\$12.00 and higher	10	_____	\$12.00 and higher
		\$1.50			\$1.57
		\$1.90			\$1.57
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06/30/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.L.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State	
	7. Fax number (area code) 651-296-5287	<input type="checkbox"/> Other (Please indicate) _____	
9. Name of business receiving assistance TRI STATE INSURANCE		10. Industry of recipient (SIC code) 6300	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 07/03/95	14. Date assistance first provided 02/01/96	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$150,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 35		18. Average hourly wage level goals for business receiving assistance \$10.30	
19. Actual jobs created since business received assistance 78		20. Actual average hourly wage paid to employees hired since business received assistance \$13.57	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time	(excl. benefits)		
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
_____	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 07/31/97	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

L.F.B. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance BORDER CITY BUILDING SYSTEMS		10. Industry of recipient (SIC code) 5211	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 10/14/98	14. Date assistance first provided 02/04/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$75,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 15		18. Average hourly wage level goals for business receiving assistance \$8.45			
19. Actual jobs created since business received assistance 15		20. Actual average hourly wage paid to employees hired since business received assistance \$8.45			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
15	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06/30/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-7/2

4.4. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State	
	7. Fax number (area code) 651-296-5287	<input type="checkbox"/> Other (Please indicate) _____	
9. Name of business receiving assistance AARON CARLSON WOODWORKING		10. Industry of recipient (SIC code) 2431	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/14/99	14. Date assistance first provided 10/07/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$100,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 20		18. Average hourly wage level goals for business receiving assistance \$9.25	
19. Actual jobs created since business received assistance 4.5		20. Actual average hourly wage paid to employees hired since business received assistance \$9.75	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time	(excl. benefits)		
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
_____	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06/30/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0714

E.F.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance AMERICAN BUSINESS FORMS		10. Industry of recipient (SIC code) 5112	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 10/28/98	14. Date assistance first provided 02/18/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$195,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 39		18. Average hourly wage level goals for business receiving assistance \$8.65	
19. Actual jobs created since business received assistance 40		20. Actual average hourly wage paid to employees hired since business received assistance \$8.72	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
35	_____	\$8.00 to \$9.99	35
4	_____	\$10.00 to \$11.99	5
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance JONTI CRAFT, INC.		10. Industry of recipient (SIC code) 2499	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 03/31/99	14. Date assistance first provided 02/03/00	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$150,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 30		18. Average hourly wage level goals for business receiving assistance \$9.00			
19. Actual jobs created since business received assistance 32		20. Actual average hourly wage paid to employees hired since business received assistance \$10.00			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
30	_____	\$8.00 to \$9.99	28	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	4	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0716

E.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance CUSTOM POLYMER SPECIALIST, INC		10. Industry of recipient (SIC code) 2821	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 12/04/95	14. Date assistance first provided 02/15/96	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$40,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 20		18. Average hourly wage level goals for business receiving assistance \$6.95	
19. Actual jobs created since business received assistance 20		20. Actual average hourly wage paid to employees hired since business received assistance \$6.95	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time		Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06/30/96	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

L.F.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State	
	7. Fax number (area code) 651-296-5287	<input type="checkbox"/> Other (Please indicate) _____	
9. Name of business receiving assistance STEARNS BANK/EQUIPMENT LEASING		10. Industry of recipient (SIC code) 6021	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/21/99	14. Date assistance first provided 07/06/00	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$170,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 34		18. Average hourly wage level goals for business receiving assistance \$9.64	
19. Actual jobs created since business received assistance 15		20. Actual average hourly wage paid to employees hired since business received assistance \$10.55	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time	(excl. benefits)		
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
31	\$8.00 to \$9.99	\$3.15	
_____	\$10.00 to \$11.99	_____	
3	\$12.00 and higher	\$3.91	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

L.H. original received 5/21/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance LIBERTY PAPER, INC.		10. Industry of recipient (SIC code) 2621	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 07/03/95	14. Date assistance first provided 01/22/96	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$500,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 80		18. Average hourly wage level goals for business receiving assistance \$10.00	
19. Actual jobs created since business received assistance 80		20. Actual average hourly wage paid to employees hired since business received assistance \$15.31	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/96	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0729

L.F.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance DIAMOND TOOL & ENG.		10. Industry of recipient (SIC code) 3599	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 12/14/98	14. Date assistance first provided 04/30/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$90,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 15		18. Average hourly wage level goals for business receiving assistance \$17.10			
19. Actual jobs created since business received assistance 10		20. Actual average hourly wage paid to employees hired since business received assistance \$13.18			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	_____
_____	_____	\$7.00 to \$7.99	1	_____	\$1.50
_____	_____	\$8.00 to \$9.99	1	_____	\$1.50
1	_____	\$10.00 to \$11.99	_____	1	\$1.75
14	_____	\$12.00 and higher	8	_____	\$2.46
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0730

E.Y.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance MINK LAKE MFG.		10. Industry of recipient (SIC code) 3599	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/01/98	14. Date assistance first provided 08/05/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$55,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 12		18. Average hourly wage level goals for business receiving assistance \$15.18			
19. Actual jobs created since business received assistance 9		20. Actual average hourly wage paid to employees hired since business received assistance \$14.06			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time		Full-time	Part-time	
		less than \$7.00			
		\$7.00 to \$7.99			
	2	\$8.00 to \$9.99			
1		\$10.00 to \$11.99	1	1	\$1.06
10		\$12.00 and higher	8		\$2.12
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/99	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0731

E.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance ADVANCED CIRCUITS, INC.		10. Industry of recipient (SIC code) 3672	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/01/99	14. Date assistance first provided	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$496,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 293		18. Average hourly wage level goals for business receiving assistance \$9.57			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time Part-time	(excl. benefits)		Full-time Part-time	(excl. benefits)	
_____	less than \$7.00	_____	_____	less than \$7.00	_____
_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99	_____
_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99	_____
_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99	_____
_____	\$12.00 and higher	_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0732

L.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance POINT REJUVENATE/KIDSPEACE		10. Industry of recipient (SIC code) 7999	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 10/07/98	14. Date assistance first provided 10/28/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$293,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 136		18. Average hourly wage level goals for business receiving assistance \$12.79	
19. Actual jobs created since business received assistance 130		20. Actual average hourly wage paid to employees hired since business received assistance 14.28	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
9	_____	\$8.00 to \$9.99	\$1.80
90	_____	\$10.00 to \$11.99	\$2.20
37	_____	\$12.00 and higher	\$3.50
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0733

L.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance GLENMAC, INC.		10. Industry of recipient (SIC code) 3531	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 12/18/97	14. Date assistance first provided 01/14/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$50,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 12		18. Average hourly wage level goals for business receiving assistance \$10.04			
19. Actual jobs created since business received assistance 8		20. Actual average hourly wage paid to employees hired since business received assistance \$9.13			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time Part-time	(excl. benefits)		Full-time Part-time	(excl. benefits)	
_____	less than \$7.00	_____	_____	less than \$7.00	_____
_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99	_____
_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99	_____
_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99	_____
_____	\$12.00 and higher	_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06/30/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

e.h. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance GOLD'N'PLUMB POULTRY		10. Industry of recipient (SIC code) 2015	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 07/12/95	14. Date assistance first provided 12/22/95	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$200,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 53		18. Average hourly wage level goals for business receiving assistance \$8.00	
19. Actual jobs created since business received assistance 64		20. Actual average hourly wage paid to employees hired since business received assistance \$8.26	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		23. Job Creation	
		Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
		(excl. benefits)	
		Full-time	Part-time
		_____	_____
		less than \$7.00	_____
		\$7.00 to \$7.99	_____
		\$8.00 to \$9.99	_____
		\$10.00 to \$11.99	_____
		\$12.00 and higher	_____
		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/95	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance NORTHWEST AIRLINES		10. Industry of recipient (SIC code) 4512	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 07/03/95	14. Date assistance first provided 04/04/96	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$500,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 120		18. Average hourly wage level goals for business receiving assistance \$10.00	
19. Actual jobs created since business received assistance 120		20. Actual average hourly wage paid to employees hired since business received assistance \$10.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	
24. Hourly Value of Voluntary Benefits (\$)	24. Hourly Value of Voluntary Benefits (\$)		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/97	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.F.B. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State	
	7. Fax number (area code) 651-296-5287	<input type="checkbox"/> Other (Please indicate) _____	
9. Name of business receiving assistance NORTHWEST AIRLINES		10. Industry of recipient (SIC code) 4512	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 07/03/95	14. Date assistance first provided 05/23/96	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$100,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 25		18. Average hourly wage level goals for business receiving assistance \$10.00	
19. Actual jobs created since business received assistance 26		20. Actual average hourly wage paid to employees hired since business received assistance \$10.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/97	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.F.D. original received 07/10

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance MOLINE MACHINERY		10. Industry of recipient (SIC code) 3552	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/30/97	14. Date assistance first provided 01/26/98	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$75,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 15		18. Average hourly wage level goals for business receiving assistance \$15.00	
19. Actual jobs created since business received assistance 15		20. Actual average hourly wage paid to employees hired since business received assistance \$16.67	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/97	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

e.g. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance LEHMANN FARMS		10. Industry of recipient (SIC code) 2035	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/06/97	14. Date assistance first provided 01/08/98	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$86,012.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 28		18. Average hourly wage level goals for business receiving assistance \$10.50	
19. Actual jobs created since business received assistance BUSINESS CLOSED		20. Actual average hourly wage paid to employees hired since business received assistance \$8.50	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		23. Job Creation	
		Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
		(excl. benefits)	
		Full-time	Part-time
		_____	_____
		less than \$7.00	_____
		\$7.00 to \$7.99	_____
		\$8.00 to \$9.99	_____
		\$10.00 to \$11.99	_____
		\$12.00 and higher	_____
		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/97	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-6739

E.L.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance NATIONAL STEEL		10. Industry of recipient (SIC code) 1420	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 07/14/95	14. Date assistance first provided 06/27/96	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$500,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 460 RETAINED		18. Average hourly wage level goals for business receiving assistance \$12.40	
19. Actual jobs created since business received assistance 483 Retained		20. Actual average hourly wage paid to employees hired since business received assistance \$14.21	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Hourly Wage Level
_____	less than \$7.00	_____	Full-time Part-time
_____	\$7.00 to \$7.99	_____	(excl. benefits)
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/96	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

E.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance HENNEPIN PAPER CO.		10. Industry of recipient (SIC code) PAPER MILL	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) SPECIAL APROPRIATION		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 02/06/98	14. Date assistance first provided 03/20/98	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$250,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 153 RETAINED		18. Average hourly wage level goals for business receiving assistance \$11.45	
19. Actual jobs created since business received assistance BUSINESS CLOSED		20. Actual average hourly wage paid to employees hired since business received assistance \$	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Hourly Wage Level
_____	less than \$7.00	_____	Full-time Part-time
_____	\$7.00 to \$7.99	_____	(excl. benefits)
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	less than \$7.00
_____	\$12.00 and higher	_____	\$7.00 to \$7.99
			\$8.00 to \$9.99
			\$10.00 to \$11.99
			\$12.00 and higher
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/99	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance STANDARD IRON		10. Industry of recipient (SIC code) 3444	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 07/15/96	14. Date assistance first provided 05/01/97	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$110,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 25		18. Average hourly wage level goals for business receiving assistance \$8.25	
19. Actual jobs created since business received assistance 42		20. Actual average hourly wage paid to employees hired since business received assistance \$8.25	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/97	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0742

E.Y.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance CABINET COMPONENTS & DISTR.		10. Industry of recipient (SIC code) 2434	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 09/28/98	14. Date assistance first provided 05/27/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$100,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 20		18. Average hourly wage level goals for business receiving assistance \$8.71	
19. Actual jobs created since business received assistance 34		20. Actual average hourly wage paid to employees hired since business received assistance \$10.16	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	1
20	_____	\$8.00 to \$9.99	28
_____	_____	\$10.00 to \$11.99	4
_____	_____	\$12.00 and higher	1
		\$1.18	\$1.18
		\$1.18	\$1.18
		\$1.18	\$1.18

If necessary, please attach additional documentation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/99	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

E.F.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance DESIGN LINE CABINETS		10. Industry of recipient (SIC code) 5712	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 05/06/98	14. Date assistance first provided 09/24/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$500,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 125		18. Average hourly wage level goals for business receiving assistance \$10.84	
19. Actual jobs created since business received assistance 117		20. Actual average hourly wage paid to employees hired since business received assistance \$11.66	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
5	_____	\$8.00 to \$9.99	\$1.75
110	_____	\$10.00 to \$11.99	\$1.75
10	_____	\$12.00 and higher	\$1.75
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.F.A. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance CROSS CONSULTING GROUP		10. Industry of recipient (SIC code) 8742	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 08/31/98	14. Date assistance first provided 10/29/98	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$200,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 50		18. Average hourly wage level goals for business receiving assistance \$13.50	
19. Actual jobs created since business received assistance 34		20. Actual average hourly wage paid to employees hired since business received assistance \$14.17	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
27	_____	\$10.00 to \$11.99	_____
23	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 08/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State	
	7. Fax number (area code) 651-296-5287	<input type="checkbox"/> Other (Please indicate) _____	
9. Name of business receiving assistance WEBWAY		10. Industry of recipient (SIC code) 2782	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 10/28/96	14. Date assistance first provided 10/31/98	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$220,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 55		18. Average hourly wage level goals for business receiving assistance \$9.00	
19. Actual jobs created since business received assistance 168		20. Actual average hourly wage paid to employees hired since business received assistance \$17.74	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/97	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

E.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance NEW FLYER USA, INC.		10. Industry of recipient (SIC code) 5012	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 02/22/99	14. Date assistance first provided 11/12/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$500,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 300		18. Average hourly wage level goals for business receiving assistance \$10.59	
19. Actual jobs created since business received assistance 679		20. Actual average hourly wage paid to employees hired since business received assistance \$13.36	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
15	_____	\$8.00 to \$9.99	\$2.46
251	_____	\$10.00 to \$11.99	\$2.69
34	_____	\$12.00 and higher	\$5.32
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

E.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State	
	7. Fax number (area code) 651-296-5287	<input type="checkbox"/> Other (Please indicate) _____	
9. Name of business receiving assistance TWIN CITY/AMERICAN MONORAIL. INC.		10. Industry of recipient (SIC code) 3536	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/17/99	14. Date assistance first provided	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$ 140,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 28		18. Average hourly wage level goals for business receiving assistance \$13.77	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance \$	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	_____	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	(excl. benefits)
_____	_____	\$10.00 to \$11.99	Hourly Value of Voluntary Benefits (\$)
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.Y.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance HOMECREST INDUSTRIES, INC.		10. Industry of recipient (SIC code) 2514	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/11/99	14. Date assistance first provided 11/02/00	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$200,813.95

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 43		18. Average hourly wage level goals for business receiving assistance \$12.70	
19. Actual jobs created since business received assistance 50		20. Actual average hourly wage paid to employees hired since business received assistance \$10.18	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time		Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
4	_____	\$8.00 to \$9.99	47
30	_____	\$10.00 to \$11.99	_____
9	_____	\$12.00 and higher	3
		\$4.00	
		\$4.00	
		\$4.00	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.H. original received 5/2/99

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance COPPER SALES - (ANOKA)		10. Industry of recipient (SIC code) 5050	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 09/07/95	14. Date assistance first provided 10/12/95	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$250,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 53		18. Average hourly wage level goals for business receiving assistance \$8.25	
19. Actual jobs created since business received assistance 53		20. Actual average hourly wage paid to employees hired since business received assistance \$9.89	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
24. Hourly Value of Voluntary Benefits (\$)		24. Hourly Value of Voluntary Benefits (\$)	
_____		_____	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 10/31/97	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

E.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State	
	7. Fax number (area code) 651-296-5287	<input type="checkbox"/> Other (Please indicate) _____	
9. Name of business receiving assistance SEAGATE TECHNOLOGY (HENNEPIN CO.)		10. Industry of recipient (SIC code) 3577	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 10/14/96	14. Date assistance first provided 10/14/96	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$5,000,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 200		18. Average hourly wage level goals for business receiving assistance \$14.95	
19. Actual jobs created since business received assistance 301		20. Actual average hourly wage paid to employees hired since business received assistance \$19.11	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time	(excl. benefits)		
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
_____	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 10/31/97	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E. J. H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance RAINBOW SIGNS (ANOKA)		10. Industry of recipient (SIC code) 2751	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/21/96	14. Date assistance first provided 10/28/96	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$200,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 70		18. Average hourly wage level goals for business receiving assistance \$11.17			
19. Actual jobs created since business received assistance 91		20. Actual average hourly wage paid to employees hired since business received assistance \$11.47			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time		Full-time	Part-time	
_____	_____	less than \$7.00	_____	_____	_____
_____	_____	\$7.00 to \$7.99	_____	_____	_____
_____	_____	\$8.00 to \$9.99	_____	_____	_____
_____	_____	\$10.00 to \$11.99	_____	_____	_____
_____	_____	\$12.00 and higher	_____	_____	_____
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06/30/97	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.F.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance MEDTRONICS, INC.(COLUMBIA HEIGHTS)		10. Industry of recipient (SIC code) 3841	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 11/01/96	14. Date assistance first provided 10/29/98	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$500,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 156		18. Average hourly wage level goals for business receiving assistance \$16.66			
19. Actual jobs created since business received assistance 156		20. Actual average hourly wage paid to employees hired since business received assistance \$16.73			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06/30/98	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance CARDIAC PACEMAKERS (ARDEN HILLS)		10. Industry of recipient (SIC code) 3600	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 08/12/96	14. Date assistance first provided 04/03/97	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$300,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 70		18. Average hourly wage level goals for business receiving assistance \$16.12	
19. Actual jobs created since business received assistance 156		20. Actual average hourly wage paid to employees hired since business received assistance \$26.38	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06/30/97	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance POSSIS MEDICAL (COON RAPIDS)		10. Industry of recipient (SIC code) 3841	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/28/96	14. Date assistance first provided 07/18/97	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$175,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 71		18. Average hourly wage level goals for business receiving assistance \$11.10	
19. Actual jobs created since business received assistance 78		20. Actual average hourly wage paid to employees hired since business received assistance \$18.28	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	
23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/97	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

*E.H. original received 5/2/01***1999 Minnesota Business Assistance Form***(Please return by April 1, 1999)*
**Trade &
Economic
Development**

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance VALUE Rx (PLYMOUTH)		10. Industry of recipient (SIC code) 3577	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 12/10/96	14. Date assistance first provided 12/30/98	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$500,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 200		18. Average hourly wage level goals for business receiving assistance \$11.55	
19. Actual jobs created since business received assistance 632		20. Actual average hourly wage paid to employees hired since business received assistance \$21.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Hourly Wage Level
_____	less than \$7.00	_____	Full-time Part-time
_____	\$7.00 to \$7.99	_____	(excl. benefits)
_____	\$8.00 to \$9.99	_____	Hourly Value of Voluntary Benefits (\$)
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/97	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

L.F.H. Original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance VISION EASE (RAMSEY)		10. Industry of recipient (SIC code) 3479	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 05/19/97	14. Date assistance first provided 05/13/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$200,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 40			18. Average hourly wage level goals for business receiving assistance \$10.00		
19. Actual jobs created since business received assistance 71			20. Actual average hourly wage paid to employees hired since business received assistance \$14.37		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

L.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance AIR TEC-ACQUISITION (ANOKA)		10. Industry of recipient (SIC code) 3654	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 01/21/97	14. Date assistance first provided 02/12/97	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$250,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 25		18. Average hourly wage level goals for business receiving assistance \$10.00	
19. Actual jobs created since business received assistance 21		20. Actual average hourly wage paid to employees hired since business received assistance \$18.30	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Hourly Wage Level
_____	less than \$7.00	_____	Full-time Part-time
_____	\$7.00 to \$7.99	_____	(excl. benefits)
_____	\$8.00 to \$9.99	_____	less than \$7.00
_____	\$10.00 to \$11.99	_____	\$7.00 to \$7.99
_____	\$12.00 and higher	_____	\$8.00 to \$9.99
			\$10.00 to \$11.99
			\$12.00 and higher
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

E & H Original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance ADC TELECOMMUNICATIONS (SHAKOPEE)		10. Industry of recipient (SIC code) 3661	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 05/05/97	14. Date assistance first provided 02/19/98	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$250,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 75		18. Average hourly wage level goals for business receiving assistance \$15.46	
19. Actual jobs created since business received assistance 122		20. Actual average hourly wage paid to employees hired since business received assistance \$17.35	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

E.Y.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance ECOLAB (ST. PAUL)		10. Industry of recipient (SIC code) 2841	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/30/97	14. Date assistance first provided 01/15/98	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$500,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 250		18. Average hourly wage level goals for business receiving assistance \$18.16	
19. Actual jobs created since business received assistance 347		20. Actual average hourly wage paid to employees hired since business received assistance \$19.52	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State	
	7. Fax number (area code) 651-296-5287	<input type="checkbox"/> Other (Please indicate) _____	
9. Name of business receiving assistance ONAN (FRIDLEY)		10. Industry of recipient (SIC code) 5063	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 01/30/98	14. Date assistance first provided 06/11/98	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$360,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 144		18. Average hourly wage level goals for business receiving assistance \$12.00	
19. Actual jobs created since business received assistance 145		20. Actual average hourly wage paid to employees hired since business received assistance 12.59	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
144	_____	\$12.00 and higher	\$4.24
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/99	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0768

E.F.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name 19 17 DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance MN DIVERSIFIED INDUSTRIES (MINNEAPO)		10. Industry of recipient (SIC code) 7389	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/30/97	14. Date assistance first provided 02/24/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$200,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 52		18. Average hourly wage level goals for business receiving assistance \$11.96	
19. Actual jobs created since business received assistance 58		20. Actual average hourly wage paid to employees hired since business received assistance 16.91	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Hourly Wage Level
_____	less than \$7.00	_____	Full-time Part-time
_____	\$7.00 to \$7.99	_____	(excl. benefits)
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/99	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E. H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance CARDIAC PACEMAKERS (ARDEN HILLS)		10. Industry of recipient (SIC code) 5999	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 04/17/98	14. Date assistance first provided 08/21/98	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$300,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 96		18. Average hourly wage level goals for business receiving assistance \$23.90	
19. Actual jobs created since business received assistance 379		20. Actual average hourly wage paid to employees hired since business received assistance 23.90	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	66
96	_____	\$12.00 and higher	289
		\$2.00	\$2.00
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/99	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

E. Y. H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance INDUSTRIAL DOOR (COON RAPIDS)		10. Industry of recipient (SIC code) 5211	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/19/98	14. Date assistance first provided 06/29/00	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$100,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 24		18. Average hourly wage level goals for business receiving assistance \$12.75	
19. Actual jobs created since business received assistance 24		20. Actual average hourly wage paid to employees hired since business received assistance 16.70	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
5	_____	\$10.00 to \$11.99	\$2.00
19	_____	\$12.00 and higher	\$2.50
If necessary, please attach additional documentation.		24. Hourly Value of Voluntary Benefits (\$)	
		Full-time	Part-time
		_____	_____
		less than \$7.00	_____
		\$7.00 to \$7.99	_____
		\$8.00 to \$9.99	_____
		\$10.00 to \$11.99	_____
		\$12.00 and higher	\$4.70
		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0771

2.4. to original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance ST. CROIX VALLEY HARDWOODS (WBT)		10. Industry of recipient (SIC code) 2421	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 12/15/97	14. Date assistance first provided 06/18/98	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$150,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 24		18. Average hourly wage level goals for business receiving assistance \$15.03	
19. Actual jobs created since business received assistance 32		20. Actual average hourly wage paid to employees hired since business received assistance 16.99	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

000772

2.7.4. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance COM-TAL (WBT)		10. Industry of recipient (SIC code) 3599	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 01/28/98	14. Date assistance first provided 07/16/98	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$350,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 80		18. Average hourly wage level goals for business receiving assistance \$15.03	
19. Actual jobs created since business received assistance 9		20. Actual average hourly wage paid to employees hired since business received assistance 18.73	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
8	\$10.00 to \$11.99	\$3.50	_____
72	\$12.00 and higher	\$4.00	9
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

l.f. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance CHORUS CORPORATION (WBT)		10. Industry of recipient (SIC code) 3674	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 11/28/98	14. Date assistance first provided 06/15/00	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$75,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 30		18. Average hourly wage level goals for business receiving assistance \$20.93	
19. Actual jobs created since business received assistance 48		20. Actual average hourly wage paid to employees hired since business received assistance 22.99	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time	(excl. benefits)		
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
_____	\$10.00 to \$11.99	_____	
30	\$12.00 and higher	\$2.60	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

9.4.71. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance ANDERSEN CORP (COTTAGE GROVE)		10. Industry of recipient (SIC code) 2431	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/30/98	14. Date assistance first provided 01/28/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$500,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 225		18. Average hourly wage level goals for business receiving assistance \$10.53	
19. Actual jobs created since business received assistance 182		20. Actual average hourly wage paid to employees hired since business received assistance 13.75	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
201	_____	\$10.00 to \$11.99	\$3.00
24	_____	\$12.00 and higher	\$5.00
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	
23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
9	_____	\$10.00 to \$11.99	\$3.00
173	_____	\$12.00 and higher	\$5.00

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06/30/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

2.4. th. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance NBC PRODUCTS (PRIOR LAKE)		10. Industry of recipient (SIC code) 3999	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 09/11/98	14. Date assistance first provided 02/03/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$75,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 15		18. Average hourly wage level goals for business receiving assistance \$10.26	
19. Actual jobs created since business received assistance 2		20. Actual average hourly wage paid to employees hired since business received assistance 10.15	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
<u>1</u>	_____	\$8.00 to \$9.99	<u>\$1.00</u>
<u>13</u>	_____	\$10.00 to \$11.99	<u>\$1.50</u>
<u>1</u>	_____	\$12.00 and higher	<u>\$1.50</u>
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

Original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance UNITED PARCEL SERVICE (MAPLE GROVE)		10. Industry of recipient (SIC code) 4215	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/23/99	14. Date assistance first provided	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$300,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 144		18. Average hourly wage level goals for business receiving assistance \$13.91	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time	less than \$7.00	_____	
_____ _____	\$7.00 to \$7.99	_____	
_____ _____	\$8.00 to \$9.99	_____	
_____ _____	\$10.00 to \$11.99	_____	
_____ _____	\$12.00 and higher	_____	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

E.Y.H. original received 5/2/01
1999 Minnesota Business Assistance Form
 (Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance MEDIA ONE (ST. PAUL)		10. Industry of recipient (SIC code) 4841	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 03/24/99	14. Date assistance first provided 09/09/99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$500,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 300		18. Average hourly wage level goals for business receiving assistance \$10.00	
19. Actual jobs created since business received assistance 249		20. Actual average hourly wage paid to employees hired since business received assistance 10.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
300	_____	\$10.00 to \$11.99	249
_____	_____	\$12.00 and higher	_____
		\$2.00	\$4.19
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

2.7.4. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance REINHART FOOD SERVICE (ROGERS)		10. Industry of recipient (SIC code) 5812	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 03/17/99	14. Date assistance first provided 03/15/01	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$199,500.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 81		18. Average hourly wage level goals for business receiving assistance \$14.25	
19. Actual jobs created since business received assistance 177		20. Actual average hourly wage paid to employees hired since business received assistance 18.53	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____ _____	less than \$7.00	_____	_____ _____
_____ _____	\$7.00 to \$7.99	_____	_____ _____
_____ _____	\$8.00 to \$9.99	_____	_____ _____
_____ _____	\$10.00 to \$11.99	_____	_____ _____
81 _____	\$12.00 and higher	\$2.50	177 _____
_____ _____			_____ _____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

L.H. Original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance HARKERS DISTRIBUTION (FRIDLEY)		10. Industry of recipient (SIC code) 5147	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 04/12/99	14. Date assistance first provided 01/27/00	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$45,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 20		18. Average hourly wage level goals for business receiving assistance \$14.22	
19. Actual jobs created since business received assistance 20		20. Actual average hourly wage paid to employees hired since business received assistance 15.08	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
20	_____	\$12.00 and higher	20
		\$2.00	\$3.77
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.F.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance GENERAL LITHO SERVICES (BROOKLYN Pk)		10. Industry of recipient (SIC code) 2759	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/21/99	14. Date assistance first provided 03/02/00	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$300,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 60		18. Average hourly wage level goals for business receiving assistance \$16.70			
19. Actual jobs created since business received assistance 25		20. Actual average hourly wage paid to employees hired since business received assistance 15.50			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time Part-time	(excl. benefits)		Full-time Part-time	(excl. benefits)	
_____	less than \$7.00	_____	_____	less than \$7.00	_____
_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99	_____
_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99	_____
_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99	_____
60	\$12.00 and higher	\$3.04	25	\$12.00 and higher	\$3.77
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0784

e.g. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance ELECTRIC MACHINERY CO. (MINNEAPOLIS)		10. Industry of recipient (SIC code) 3621	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/28/99	14. Date assistance first provided 09/07/00	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$375,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 15		18. Average hourly wage level goals for business receiving assistance \$15.30	
19. Actual jobs created since business received assistance 3		20. Actual average hourly wage paid to employees hired since business received assistance 13.35	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
15	_____	\$12.00 and higher	3
		\$3.04	\$3.35
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.Y.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance AMERICAN COATING TECHNOLOGY (MOU)		10. Industry of recipient (SIC code) 2611	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 06/30/99	14. Date assistance first provided 01/27/00	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$148,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 45		18. Average hourly wage level goals for business receiving assistance \$12.28	
19. Actual jobs created since business received assistance 11		20. Actual average hourly wage paid to employees hired since business received assistance 18.90	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
45	_____	\$12.00 and higher	\$1.50
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	
23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
11	_____	\$12.00 and higher	\$1.30

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0791

E.F.B. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance AMSOLVAY PHARMACEUTICALS, INC. (BAI		10. Industry of recipient (SIC code) 2834	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 12/13/96	14. Date assistance first provided 11/04/99	15. Date project (building/machinery/etc.) was placed in service 12/13/96	16. Dollar value of business assistance \$500,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 153		18. Average hourly wage level goals for business receiving assistance \$9.00	
19. Actual jobs created since business received assistance 153		20. Actual average hourly wage paid to employees hired since business received assistance 9.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
153	_____	\$8.00 to \$9.99	\$2.50
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

E.F.H. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance AMSOLNEW FLYER OF AMERICA (CROOKS)		10. Industry of recipient (SIC code) 3711	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 11/15/95	14. Date assistance first provided 06/20/96	15. Date project (building/machinery/etc.) was placed in service 06/01/96	16. Dollar value of business assistance \$300,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 86		18. Average hourly wage level goals for business receiving assistance \$8.12	
19. Actual jobs created since business received assistance 155		20. Actual average hourly wage paid to employees hired since business received assistance 10.33	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/96	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0793

J. F. original received 5/2/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name DTED (MINNESOTA INVESTMENT FUND)		2. Contact name PAUL A. MOE	
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST		4. City ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance AMSOPOLARIS INDUSTRIES, INC. (ROSEAU)		10. Industry of recipient (SIC code) 3799	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 02/26/98	14. Date assistance first provided 07/23/98	15. Date project (building/machinery/etc.) was placed in service 06/01/98	16. Dollar value of business assistance \$182,500.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 74		18. Average hourly wage level goals for business receiving assistance \$11.29	
19. Actual jobs created since business received assistance 77		20. Actual average hourly wage paid to employees hired since business received assistance 13.47	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
52	_____	\$8.00 to \$9.99	8
12	_____	\$10.00 to \$11.99	22
10	_____	\$12.00 and higher	47
		\$1.73	
		\$1.73	
		\$1.73	
		\$3.24	
		\$3.24	
		\$3.24	

If necessary, please attach additional documentation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06/30/00	26. Date this Minnesota Business Assistance Form completed 04/02/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0829

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade & Economic Development

RECEIVED MAY 14 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name TRADE & Economic Development		2. Contact name Paul Moe	
3. Agency street address 500 Metro Square		4. City St Paul	
5. Zip code 55101	6. Phone number (area code) 651-297-1391	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving assistance Energy Economics		10. Industry of recipient (SIC code) 5063	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MN Investment Fund		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement Not yet <small>2-18-98</small>	14. Date assistance first provided signed <small>8-26-99</small>	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance 80000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 16		18. Average hourly wage level goals for business receiving assistance 8.00			
19. Actual jobs created since business received assistance 14.5 19.5		20. Actual average hourly wage paid to employees hired since business received assistance 10.16 11.24			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	_____
_____	_____	\$7.00 to \$7.99	<u>1</u>	_____	<u>1.38</u>
<u>16</u>	_____	\$8.00 to \$9.99	<u>10</u>	_____	<u>1.38</u>
_____	_____	\$10.00 to \$11.99	<u>3</u>	_____	<u>1.38</u>
_____	_____	\$12.00 and higher	<u>5</u>	<u>.5</u>	<u>1.38</u>
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12-31-98 12/31/98	26. Date this Minnesota Business Assistance Form completed 3-24-99 4-2-01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

done

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0551

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED APR 12 2001

1. Funding government agency name <i>MN Rural Finance Authority</i>		2. Contact name <i>Wayne Marzoff, Ass't Director</i>	
3. Agency street address <i>90 W. Plato Blvd</i>		4. City <i>St. Paul, MN</i>	
5. Zip code <i>55107</i>	6. Phone number (area code) <i>651-296-1748</i>	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <i>651-296-9388</i>		
9. Name of business receiving assistance <i>Al-Corn Clean Fuels</i>		10. Industry of recipient (SIC code) <i>Ethanol 2869 S.F.# 7/6/04</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>Loan</i>		12. Name of TIF district (if applicable) _____	
13. Date of business assistance agreement <i>11-14-95</i>	14. Date assistance first provided <i>2-14-96</i>	15. Date project (building/machinery/etc.) was placed in service <i>June, 1996</i>	16. Dollar value of business assistance <i>\$500,000.00</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>NONE</i>		18. Average hourly wage level goals for business receiving assistance <i>NOT APPLICABLE</i>	
19. Actual jobs created since business received assistance _____		20. Actual average hourly wage paid to employees hired since business received assistance _____	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>NOT APPLICABLE</i>	26. Date this Minnesota Business Assistance Form completed <i>4-9-01</i>
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <i>NA</i> <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0553

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA


 Trade &
Economic
 Development

Please complete lines 1 through 16 for all agreements.

RECEIVED APR 12 2001

1. Funding government agency name <i>MN Rural Finance Authority</i>		2. Contact name <i>Wayne Marzoff, Ass't Director</i>	
3. Agency street address <i>90 W. Plato Blvd.</i>		4. City <i>St. Paul, MN</i>	
5. Zip code <i>55107</i>	6. Phone number (area code) <i>651-296-1748</i>	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input checked="" type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <i>651-296-9388</i>		
9. Name of business receiving assistance <i>Minnesota Energy</i>		10. Industry of recipient (SIC code) <i>Ethanol 2869 E.F.H. 7/6/01</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>Loan</i>		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement <i>12-5-95</i>	14. Date assistance first provided <i>5-22-96</i>	15. Date project (building/machinery/etc.) was placed in service <i>April, 1997</i>	16. Dollar value of business assistance <i>\$500,000</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>Not Applicable</i>			18. Average hourly wage level goals for business receiving assistance <i>Not Applicable</i>		
19. Actual jobs created since business received assistance <i>—</i>			20. Actual average hourly wage paid to employees hired since business received assistance <i>—</i>		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>Not Applicable</i>	26. Date this Minnesota Business Assistance Form completed <i>4-9-01</i>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <i>NA</i> <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0358

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



RECEIVED APR 0 1 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Montevideo		2. Contact name Jan Flaherty	
3. Agency street address 103 Canton Avenue		4. City Montevideo	
5. Zip code 56265	6. Phone number (area code) (320) 269-6575	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (320) 269-9340		
9. Name of business receiving assistance SL Montevideo Technology		10. Industry of recipient (SIC code) 3728	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF District No. 3-4	
13. Date of business assistance agreement 3-16-98	14. Date assistance first provided None	15. Date project (building/machinery/etc.) was placed in service November 1998	16. Dollar value of business assistance \$250,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation Benefits &	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time		Full-time	Part-time	
_____	_____	less than \$7.00	_____	_____	_____
_____	_____	\$7.00 to \$7.99	_____	_____	_____
_____	_____	\$8.00 to \$9.99	_____	_____	_____
_____	_____	\$10.00 to \$11.99	_____	_____	_____
10	_____	\$12.00 and higher	13	_____	_____
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 11/2000	26. Date this Minnesota Business Assistance Form completed 3/28/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED APR 9 2001



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Montevideo		2. Contact name Jan Flaherty	
3. Agency street address 103 Canton Avenue		4. City Montevideo	
5. Zip code 56265	6. Phone number (area code) (320) 269-6575	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (320) 269-9340		
9. Name of business receiving assistance SRK, LLC		10. Industry of recipient (SIC code) 2394, 2399	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF District No. 3-3	
13. Date of business assistance agreement 1/23/98	14. Date assistance first provided None	15. Date project (building/machinery/etc.) was placed in service May 1998	16. Dollar value of business assistance \$ 150,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation Benefits & Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation Full-time Part-time
	less than \$7.00		Hourly Wage Level (excl. benefits)
<u>10</u>	\$7.00 to \$7.99		less than \$7.00
	\$8.00 to \$9.99		<u>12</u>
	\$10.00 to \$11.99		\$7.00 to \$7.99
	\$12.00 and higher		\$8.00 to \$9.99
			\$10.00 to \$11.99
			\$12.00 and higher
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 5/1/99	26. Date this Minnesota Business Assistance Form completed 3/26/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 9 2001

1. Funding government agency name City of Montevideo		2. Contact name Jan Flaherty	
3. Agency street address 103 Canton Avenue		4. City Montevideo	
5. Zip code 56265	6. Phone number (area code) (320) 269-6575	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (320) 269-9340		
9. Name of business receiving assistance Genesis Properties		10. Industry of recipient (SIC code) 3599	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF District No. 3-2	
13. Date of business assistance agreement 6/1/98	14. Date assistance first provided None	15. Date project (building/machinery/etc.) was placed in service November 1998	16. Dollar value of business assistance \$500,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
10	_____	\$8.00 to \$9.99	11	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/15/99	26. Date this Minnesota Business Assistance Form completed 3/26/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0304

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



RECEIVED APR 0 2 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Montevideo Community Development Corporation		2. Contact name Jan Flaherty	
3. Agency street address 103 Canton Avenue		4. City Montevideo	
5. Zip code 56265	6. Phone number (area code) (320) 269-6575	8. Type of government agency ___ City ___ County ___ Regional ___ State <input checked="" type="checkbox"/> Other (Please indicate) 501(c)(4)	
	7. Fax number (area code)		
9. Name of business receiving assistance Genesis Properties		10. Industry of recipient (SIC code) 3599	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 6/1/98	14. Date assistance first provided 6/16/98	15. Date project (building/machinery/etc.) was placed in service November 1998	16. Dollar value of business assistance \$150,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance		
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time Part-time	(excl. benefits)		Full-time Part-time	(excl. benefits)	
_____	less than \$7.00	_____	_____	less than \$7.00	_____
_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99	_____
<u>10</u>	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99	_____
_____	\$10.00 to \$11.99	_____	<u>11</u>	\$10.00 to \$11.99	_____
_____	\$12.00 and higher	_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/15/99	26. Date this Minnesota Business Assistance Form completed 3/26/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

Original received 4/5/01
1999 Minnesota Business Assistance Form
 (Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Monticello EDA		2. Contact name Ollie Koropchak	
3. Agency street address 505 Walnut Street, Suite 1		4. City Monticello	
5. Zip code 55362	6. Phone number (area code) 763-271-3208	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 763-295-4404		
9. Name of business receiving assistance # Mainline Distribution Properties		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 6-1-99	14. Date assistance first provided 6-1-99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$100,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
13	_____	\$12.00 and higher	13	3	\$12.00 and higher 1.60
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

original received 4/5/01
1999 Minnesota Business Assistance Form
 (Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Monticello HRA		2. Contact name Ollie Koropchak	
3. Agency street address 505 Walnut Streets Suite 1		4. City Monticello	
5. Zip code 55362	6. Phone number (area code) 763-271-3208	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 763-295-4404		
9. Name of business receiving assistance Midwest Graphics and Response Systems, Inc		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Land write-down, site improvements and TIF		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 6-3-98	14. Date assistance first provided 10-19-99	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$181,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance																																																									
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<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">21. Job Creation</th> <th>Hourly Wage Level</th> <th>22. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <th>Full-time</th> <th>Part-time</th> <th>(excl. benefits)</th> <th></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>less than \$7.00</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$7.00 to \$7.99</td> <td>_____</td> </tr> <tr> <td><u>37</u></td> <td>_____</td> <td>\$8.00 to \$9.99</td> <td><u>12.42</u></td> </tr> <tr> <td><u>2</u></td> <td>_____</td> <td>\$10.00 to \$11.99</td> <td><u>12.42</u></td> </tr> <tr> <td><u>38</u></td> <td>_____</td> <td>\$12.00 and higher</td> <td><u>12.42</u></td> </tr> </tbody> </table>		21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)		_____	_____	less than \$7.00	_____	_____	_____	\$7.00 to \$7.99	_____	<u>37</u>	_____	\$8.00 to \$9.99	<u>12.42</u>	<u>2</u>	_____	\$10.00 to \$11.99	<u>12.42</u>	<u>38</u>	_____	\$12.00 and higher	<u>12.42</u>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">23. Job Creation</th> <th>Hourly Wage Level</th> <th>24. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <th>Full-time</th> <th>Part-time</th> <th>(excl. benefits)</th> <th></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>less than \$7.00</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$7.00 to \$7.99</td> <td>_____</td> </tr> <tr> <td><u>36</u></td> <td>_____</td> <td>\$8.00 to \$9.99</td> <td><u>2.50</u></td> </tr> <tr> <td><u>2</u></td> <td>_____</td> <td>\$10.00 to \$11.99</td> <td><u>2.50</u></td> </tr> <tr> <td><u>39</u></td> <td>_____</td> <td>\$12.00 and higher</td> <td><u>2.50</u></td> </tr> </tbody> </table>		23. Job Creation		Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)		_____	_____	less than \$7.00	_____	_____	_____	\$7.00 to \$7.99	_____	<u>36</u>	_____	\$8.00 to \$9.99	<u>2.50</u>	<u>2</u>	_____	\$10.00 to \$11.99	<u>2.50</u>	<u>39</u>	_____	\$12.00 and higher	<u>2.50</u>
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Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 2 2001

1. Funding government agency name City of Moorhead		2. Contact name Beth Grosen	
3. Agency street address 500 Center Avenue, PO Box 779		4. City Moorhead	
5. Zip code 56560	6. Phone number (area code) 218-299-5441	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 218-299-5399		
9. Name of business receiving assistance Wayne Christianson, DDS-Family Dentistry of Moorhead, LTD		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Enterprise Zone Tax Credit, Sales Tax Credit, Property Tax Exemption		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 9-21-98	14. Date assistance first provided 1998	15. Date project (building/machinery/etc.) was placed in service 1998	16. Dollar value of business assistance \$ 35,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance		
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
2	_____	\$8.00 to \$9.99	2	1	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 4-19-01	26. Date this Minnesota Business Assistance Form completed 4-26-01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

original received 5/2/01 E.F.H.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <i>City of Moorhead</i>		2. Contact name <i>Beth Grosen</i>	
3. Agency street address <i>500 Center Avenue, PO Box 779</i>		4. City <i>Moorhead</i>	
5. Zip code <i>56560</i>	6. Phone number (area code) <i>(218) 299-5441</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State ___ Other (Please indicate) _____	
	7. Fax number (area code) <i>(218) 299-5399</i>		
9. Name of business receiving assistance <i>Northland Dental (Tom Anderson & Dan Mengedoth)</i>		10. Industry of recipient (SIC code) <i>8021 (Services)</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>Border City Development Zone</i>		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement <i>7/6/99</i>	14. Date assistance first provided <i>7/6/99</i>	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance <i>\$ 80,000</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>3</i>		18. Average hourly wage level goals for business receiving assistance <i>\$ 13.00</i>	
19. Actual jobs created since business received assistance <i>4</i>		20. Actual average hourly wage paid to employees hired since business received assistance <i>\$ 13.25</i>	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____ _____	less than \$7.00	_____	_____ _____
_____ _____	\$7.00 to \$7.99	_____	_____ _____
_____ _____	\$8.00 to \$9.99	_____	_____ _____
_____ _____	\$10.00 to \$11.99	_____	_____ _____
<i>3</i> _____	\$12.00 and higher	_____	<i>4</i> _____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>4/01/01</i>	26. Date this Minnesota Business Assistance Form completed
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

original received 5/21/01 E.H.
1999 Minnesota Business Assistance Form
 (Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <i>City of Moorhead</i>		2. Contact name <i>Beth Grosen</i>	
3. Agency street address <i>500 Center Avenue, PO Box 779</i>		4. City <i>Moorhead</i>	
5. Zip code <i>56560</i>	6. Phone number (area code) <i>(218) 299-5441</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <i>(218) 299-5399</i>		
9. Name of business receiving assistance <i>DAAN Development of Moorhead LLC</i>		10. Industry of recipient (SIC code) <i>services</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>Border City Development Zone</i>		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement <i>7-20-98</i>	14. Date assistance first provided <i>6/99</i>	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance <i>\$270,800</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>6 FT 5 PT</i>		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance <i>7 FT 16 PT</i>		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time		Full-time
_____	_____	less than \$7.00	_____
_____	<i>5</i>	\$7.00 to \$7.99	<i>2</i>
<i>6</i>	_____	\$8.00 to \$9.99	<i>4</i>
_____	_____	\$10.00 to \$11.99	<i>1</i>
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		24. Hourly Value of Voluntary Benefits (\$)	
		less than \$7.00 _____	
		\$7.00 to \$7.99 <i>.90</i>	
		\$8.00 to \$9.99 <i>.90</i>	
		\$10.00 to \$11.99 <i>.90</i>	
		\$12.00 and higher _____	
		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

original received 5/2/01 E.F.B.
1999 Minnesota Business Assistance Form
 (Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <i>City of Moorhead</i>		2. Contact name <i>Beth Grosen</i>	
3. Agency street address <i>500 Center Avenue, PO Box 779</i>		4. City <i>Moorhead</i>	
5. Zip code <i>56560</i>	6. Phone number (area code) <i>(218) 299-5441</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State ___ Other (Please indicate) _____	
	7. Fax number (area code) <i>(218) 299-5399</i>		
9. Name of business receiving assistance <i>Erickson Contracting</i>		10. Industry of recipient (SIC code) <i>Wholesale Trade</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>Border City Development Zone</i>		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement <i>10-26-98</i>	14. Date assistance first provided <i>1999</i>	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance <i>\$46,000</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>12</i>		18. Average hourly wage level goals for business receiving assistance <i>\$7.00</i>	
19. Actual jobs created since business received assistance <i>8</i>		20. Actual average hourly wage paid to employees hired since business received assistance <i>\$11.00</i>	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time			Full-time Part-time
_____	less than \$7.00	_____	_____
<i>12</i>	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	<i>8</i>
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>4/01/01</i>	26. Date this Minnesota Business Assistance Form completed
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-1047

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED JUN 1 2001

1. Funding government agency name <i>City of New Brighton</i>		2. Contact name <i>Mark Audrele</i>	
3. Agency street address <i>803 Old Hwy 8</i>		4. City <i>New Brighton</i>	
5. Zip code <i>55112</i>	6. Phone number (area code) <i>651-638-2058</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) <i>651-638-2044</i>		
9. Name of business receiving assistance <i>Brighton East Office Center</i>		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>TIF</i>		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement <i>3-9-99</i>	14. Date assistance first provided <i>1-6-00</i>	15. Date project (building/machinery/etc.) was placed in service <i>8-30-00</i>	16. Dollar value of business assistance <i>\$ 300,000</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	<i>2</i>	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	<i>17</i>	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>1-10-01</i>	26. Date this Minnesota Business Assistance Form completed <i>6-1-01</i>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes -- do not submit future forms for this project. <input type="checkbox"/> No -- please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



RECEIVED JUN 4 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <i>City of New Brighton</i>		2. Contact name <i>Mark Andrie</i>	
3. Agency street address <i>803 Old Hwy 8</i>		4. City <i>New Brighton</i>	
5. Zip code <i>55112</i>	6. Phone number (area code) <i>651-638-2058</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <i>651-638-2044</i>		
9. Name of business receiving assistance <i>Brighton East Office Center</i>		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>TIF</i>		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement <i>3-9-99</i>	14. Date assistance first provided <i>1-6-00</i>	15. Date project (building/machinery/etc.) was placed in service <i>8-30-00</i>	16. Dollar value of business assistance <i>\$ 300,000</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	<i>2</i>	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	<i>17</i>
If necessary, please attach additional documentation.		24. Hourly Value of Voluntary Benefits (\$)	
		<i>1.73</i>	
		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>1-10-01</i>	26. Date this Minnesota Business Assistance Form completed <i>6-1-01</i>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

RECEIVED JUN 1 2001

00-1036

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of New Prague		2. Contact name Jerry Bohnsack	
3. Agency street address 118 N. Central		4. City New Prague	
5. Zip code 56071	6. Phone number (area code) (952) 758-4401	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (952) 758-6279		
9. Name of business receiving assistance Neil Dornbusch Associates		10. Industry of recipient (SIC code) Industrial Pumps	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF District 5-2 (NDA Project)	
13. Date of business assistance agreement 7-17-1995	14. Date assistance first provided	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$37,000 <i>2.7. # 9/24/01</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 2		18. Average hourly wage level goals for business receiving assistance 10.00 - 15.00/hr.	
19. Actual jobs created since business received assistance 4		20. Actual average hourly wage paid to employees hired since business received assistance \$14.33	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	_____	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	(excl. benefits)
_____	_____	\$10.00 to \$11.99	less than \$7.00
_____	_____	\$12.00 and higher	_____
_____	_____	_____	\$7.00 to \$7.99
_____	_____	_____	_____
_____	_____	_____	\$8.00 to \$9.99
_____	_____	_____	_____
_____	_____	_____	\$10.00 to \$11.99
_____	_____	_____	_____
_____	_____	_____	\$12.00 and higher
_____	_____	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented April 1996	26. Date this Minnesota Business Assistance Form completed May 30, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

RECEIVED JUN 1 2001

00-1038

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of New Prague		2. Contact name Jerry Bohnsack	
3. Agency street address 118 N. Central		4. City New Prague	
5. Zip code 56071	6. Phone number (area code) (952) 758-4401	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (952) 758-6279		
9. Name of business receiving assistance MN Valley Engineering		10. Industry of recipient (SIC code) Metal Fabricating	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable) TIF #6 MN Valley Engineering	
13. Date of business assistance agreement March 1997	14. Date assistance first provided March 1997	15. Date project (building/machinery/etc.) was placed in service January 1998	16. Dollar value of business assistance 500,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 98		18. Average hourly wage level goals for business receiving assistance 11.00			
19. Actual jobs created since business received assistance 104		20. Actual average hourly wage paid to employees hired since business received assistance 15.00			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	3	less than \$7.00
_____	_____	\$7.00 to \$7.99	6	2	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	6	1	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	26	4	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	55	1	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 1998	26. Date this Minnesota Business Assistance Form completed May 30, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 3 2001

1. Funding government agency name City of New Ulm		2. Contact name David Schnobrich	
3. Agency street address 100 North Broadway PO Box 636		4. City New Ulm	
5. Zip code 56073-0636	6. Phone number (area code) (507) 359-8245	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (507) 359-9752		
9. Name of business receiving assistance S. & H. Capital, LLC		10. Industry of recipient (SIC code) 3544/3545	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Tax Increment Financing		12. Name of TIF district (if applicable) ED-11	
13. Date of business assistance agreement 9/15/98-TIF Plan 12/1/98-Development	14. Date assistance first provided July 6, 1999 Agreement	15. Date project (building/machinery/etc.) was placed in service June 30, 1999	16. Dollar value of business assistance \$33,375

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
4	-	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	6	-	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented February 24, 2001	26. Date this Minnesota Business Assistance Form completed April 11, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED MAY 8 2001

MINNESOTA

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of New Ulm		2. Contact name David Schnobrich	
3. Agency street address 100 North Broadway P.O. Box 636		4. City New Ulm	
5. Zip code 56073-0636	6. Phone number (area code) (507) 359-8245	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State	
	7. Fax number (area code) (507) 359-9752	<input type="checkbox"/> Other (Please indicate) _____	
9. Name of business receiving assistance Rebound Properties, Inc.		10. Industry of recipient (SIC code) 3621	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 10/30/97	14. Date assistance first provided 10/30/97	15. Date project (building/machinery/etc.) was placed in service 10/30/97	16. Dollar value of business assistance \$80,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 10		18. Average hourly wage level goals for business receiving assistance \$7.00	
19. Actual jobs created since business received assistance -		20. Actual average hourly wage paid to employees hired since business received assistance -	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	_____	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	(excl. benefits)
_____	_____	\$10.00 to \$11.99	Hourly Value of Voluntary Benefits (\$)
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented March 28, 2001	26. Date this Minnesota Business Assistance Form completed April 30, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)



1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 8 2001

1. Funding government agency name City of New Ulm		2. Contact name David Schnobrich	
3. Agency street address 100 North Broadway PO Box 636		4. City New Ulm	
5. Zip code 56073-0636	6. Phone number (area code) (507) 359-8245	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (507) 359-9752		
9. Name of business receiving assistance B n W Properties		10. Industry of recipient (SIC code) 5014	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Tax Increment Financing		12. Name of TIF district (if applicable) ED-10	
13. Date of business assistance agreement 8/19/97-TIF Plan 10/10/97-Development Agreement	14. Date assistance first provided 10/10/97	15. Date project (building/machinery/etc.) was placed in service 3/1/98	16. Dollar value of business assistance \$47,500

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 2		18. Average hourly wage level goals for business receiving assistance \$6.07			
19. Actual jobs created since business received assistance 2.9 FTE		20. Actual average hourly wage paid to employees hired since business received assistance \$10.51			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time		Full-time	Part-time	
_____	_____	less than \$7.00	_____	_____	_____
_____	_____	\$7.00 to \$7.99	_____	_____	_____
_____	_____	\$8.00 to \$9.99	_____	_____	_____
_____	_____	\$10.00 to \$11.99	_____	_____	_____
_____	_____	\$12.00 and higher	_____	_____	_____
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented March 29, 2001	26. Date this Minnesota Business Assistance Form completed April 13, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 3 2001

1. Funding government agency name City of New Ulm		2. Contact name David Schnobrich	
3. Agency street address 100 North Broadway PO Box 636		4. City New Ulm	
5. Zip code 56073-0636	6. Phone number (area code) (507) 359-8245	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (507) 359-9752		
9. Name of business receiving assistance Palm Beach Marinecraft, Inc.		10. Industry of recipient (SIC code) 3732	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 12/22/98	14. Date assistance first provided 12/22/98	15. Date project (building/machinery/etc.) was placed in service 3/5/99	16. Dollar value of business assistance \$250,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	1	-	\$7.00 to \$7.99
22	-	\$8.00 to \$9.99	20	-	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	3	-	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented July 10, 2000	26. Date this Minnesota Business Assistance Form completed March 29, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

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Trade & Economic Development

RECEIVED MAY 22 2001

received APR 9 1998

1998 Minnesota Business Assistance Form* (Please return by April 15, 1998) 97-162

Please type or print in dark ink.

00-0907

1. Funding government agency name New York Mills Economic Development Authority		2. Contact name Allan Berube	
3. Agency street address Centennial		4. City New York Mills	
5. Zip code 56567	6. Phone number (area code) 218-385-2213	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input checked="" type="checkbox"/> Other (Please indicate) <u>EDA</u>	
	7. Fax number (area code) 218-385-4504	10. Industry of recipient (SIC code) 34791	
9. Name of business receiving assistance Industrial Finishing Services		11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF	
		12. Name of TIF district (if applicable) 1-3	
13. Date of business assistance agreement 7-25-96	14. Date assistance first provided 1998	15. Date project (building/machinery/etc.) was placed in service 7-25-96	16. Dollar value of business assistance Est \$110,000
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.			
17. Job creation goals for business receiving assistance 12		18. Average hourly wage level goals for business receiving assistance \$6.50/hour	
19. Actual jobs created since business received assistance 37		20. Actual average hourly wage paid to employees hired since business received assistance \$8.75/hour	
Goals of business receiving assistance: (Please indicate number of employees at each wage level, and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time			
	less than \$7.00		
	\$7.00 to \$7.99		
	\$8.00 to \$9.99		
	\$10.00 to \$11.99		
	\$12.00 and higher		
If necessary, please attach additional documents.		23. Job Creation	
		Hourly Wage Level (excl. benefits)	
		Full-time Part-time	
		less than \$7.00	
		\$7.00 to \$7.99	
		\$8.00 to \$9.99	
		\$10.00 to \$11.99	
		\$12.00 and higher	
If necessary, please attach additional documents.		24. Hourly Value of Voluntary Benefits (\$)	
25. Last date actual wage and job creation levels documented March 30, 1997		26. Date this Minnesota Business Assistance Form completed April 9, 1998	
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit this form in 1999.			

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1997 which provided \$25,000 or more in public funds. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0526

RECEIVED APR 09 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name NORTH BRANCH EDA		2. Contact name DAVID STUTELBERG	
3. Agency street address 6408 Elm St.		4. City NORTH BRANCH	
5. Zip code 55056	6. Phone number (area code) 651-674-8113	8. Type of government agency <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 651-674-8262		
9. Name of business receiving assistance NEW TOWN FURNITURE, INC.		10. Industry of recipient (SIC code) RETAIL FURNITURE STORE	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TAX ABATEMENT - Bond to purchase property		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 1-16-1998	14. Date assistance first provided 2-1-1999	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$ 220,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	_____	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed 4-9-2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

when this TAX ABATEMENT AGREEMENT WAS MADE, there were NO BUSINESS SUBSIDIES policy in place. therefore NO GOALS were set for this project

00-0991

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade &
Economic
Development

RECEIVED MAY 3 1 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Oakdale		2. Contact name Richard McNamara	
3. Agency street address 1584 Hadley Avenue North		4. City Oakdale	
5. Zip code 55128	6. Phone number (area code) (651) 730-2809	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (651) 730-2818		
9. Name of business receiving assistance Imation		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) 1-8	
13. Date of business assistance agreement 7/1/97	14. Date assistance first provided 8/1/99	15. Date project (building/machinery/etc.) was placed in service 1/1/98	16. Dollar value of business assistance \$3,500,000 maximum over 9 years

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 10		18. Average hourly wage level goals for business receiving assistance \$8.00			
19. Actual jobs created since business received assistance 1,511		20. Actual average hourly wage paid to employees hired since business received assistance \$31.91/hr \$66,378 annual average salary			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/22/00	26. Date this Minnesota Business Assistance Form completed 5/11/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

RECEIVED APR 23 2001

00-0599

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Orr		2. Contact name DAVID DILL	
3. Agency street address 4540 LAKE STREET		4. City ORR, MN	
5. Zip code 55771	6. Phone number (area code) 218-757-3288	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 218-757-3601		
9. Name of business receiving assistance BRUNS, INC.		10. Industry of recipient (SIC code) GROCERY, CAR WASH, RESTAURANT, GAS STATION	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) GRANT		12. Name of TIF district (if applicable) ORR 1-1 DOWNTOWN	
13. Date of business assistance agreement 8/31/98	14. Date assistance first provided 12/14/98	15. Date project (building/machinery/etc.) was placed in service 12/14/98	16. Dollar value of business assistance 50,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
2		less than \$7.00	2
		\$7.00 to \$7.99	
1		\$8.00 to \$9.99	1
		\$10.00 to \$11.99	
		\$12.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12/31/00	26. Date this Minnesota Business Assistance Form completed 4/23/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

RECEIVED APR 25 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

00-0608



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name OWATONNA EDA		2. Contact name DAVID STRAND	
3. Agency street address 540 WEST HILLS Circle		4. City Owatonna	
5. Zip code 55060	6. Phone number (area code) 507 444-4344	8. Type of government agency ___ City ___ County ___ Regional ___ State <input checked="" type="checkbox"/> Other (Please indicate) EDA	
7. Fax number (area code) 507 444-4351			
9. Name of business receiving assistance RJF WINDOWS & DOORS		10. Industry of recipient (SIC code) 2431	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) LOAN		12. Name of TIF district (if applicable) —	
13. Date of business assistance agreement FEB. 24, 1999	14. Date assistance first provided MAY 4, 1999	15. Date project (building/machinery/etc.) was placed in service 7/1/99	16. Dollar value of business assistance \$ 50,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
<u>3</u>	\$7.00 to \$7.99	_____	_____
<u>1</u>	\$8.00 to \$9.99	_____	<u>3</u>
_____	\$10.00 to \$11.99	_____	<u>1</u>
<u>1</u>	\$12.00 and higher	_____	<u>2</u>
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 4/20/01	26. Date this Minnesota Business Assistance Form completed 4/20/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

RECEIVED APR 25 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

00-0609



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name OWATONNA EDA		2. Contact name DAVID STRAND	
3. Agency street address 540 WEST HILLS Circle		4. City OWATONNA	
5. Zip code 55060	6. Phone number (area code) 507 444-4344	8. Type of government agency ___ City ___ County ___ Regional ___ State <input checked="" type="checkbox"/> Other (Please indicate) EDA	
	7. Fax number (area code) 507 444-4351		
9. Name of business receiving assistance RIBBONlift, Inc.		10. Industry of recipient (SIC code) 3569	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) LOAN		12. Name of TIF district (if applicable) —	
13. Date of business assistance agreement July 21, 1999	14. Date assistance first provided 9/21/99	15. Date project (building/machinery/etc.) was placed in service 10/1/99	16. Dollar value of business assistance \$67,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance		
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time Part-time	(excl. benefits)		Full-time Part-time	(excl. benefits)	
_____	less than \$7.00	_____	_____	less than \$7.00	_____
_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99	_____
_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99	_____
_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99	_____
4	\$12.00 and higher	_____	5 1	\$12.00 and higher	_____
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 4/20/01	26. Date this Minnesota Business Assistance Form completed 4/20/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



00-0610

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name OWATONNA EDA		2. Contact name DAVID STRAND	
3. Agency street address 540 WEST HILLS Circle		4. City OWATONNA	
5. Zip code 55060	6. Phone number (area code) 507 444-4344	8. Type of government agency ___ City ___ County ___ Regional ___ State <input checked="" type="checkbox"/> Other (Please indicate) EDA	
	7. Fax number (area code) 507 444-4351		
9. Name of business receiving assistance RENTAL STATION INC.		10. Industry of recipient (SIC code) 7359	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) loan		12. Name of TIF district (if applicable) —	
13. Date of business assistance agreement 7/21/99	14. Date assistance first provided 8/23/99	15. Date project (building/machinery/etc.) was placed in service APRIL 2000	16. Dollar value of business assistance \$50,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance		
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)		
Full-time	Part-time	(excl. benefits)			
_____	_____	less than \$7.00	_____	_____	_____
_____	<u>2</u>	\$7.00 to \$7.99	_____	_____	_____
_____	_____	\$8.00 to \$9.99	_____	<u>2</u>	_____
_____	_____	\$10.00 to \$11.99	_____	_____	_____
<u>2</u>	_____	\$12.00 and higher	_____	<u>2</u>	_____
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 4/11/01	26. Date this Minnesota Business Assistance Form completed 4/11/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

RECEIVED APR 25 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



00-0611

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name OWATONUA ECONOMIC DEVELOPMENT AUTHORITY		2. Contact name DAVID M. STRAND	
3. Agency street address 540 WEST HILLS CIRCLE		4. City OWATONUA	
5. Zip code 55060	6. Phone number (area code) 507 444-4344	8. Type of government agency ___ City ___ County ___ Regional ___ State <input checked="" type="checkbox"/> Other (Please indicate) EDA	
	7. Fax number (area code) 507 444-4351		
9. Name of business receiving assistance HOMETOWN MOTORS		10. Industry of recipient (SIC code) 7538	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) LOAN		12. Name of TIF district (if applicable) —	
13. Date of business assistance agreement 11/10/98	14. Date assistance first provided 8/19/99	15. Date project (building/machinery/etc.) was placed in service JULY 1999	16. Dollar value of business assistance \$ 50,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance		
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)		
Full-time	Part-time	(excl. benefits)			
_____	_____	less than \$7.00	_____		
_____	_____	\$7.00 to \$7.99	_____		
<u>1</u>	_____	\$8.00 to \$9.99	_____		
_____	_____	\$10.00 to \$11.99	_____		
<u>1</u>	_____	\$12.00 and higher	_____		
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		
23. Job Creation		Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)		
Full-time	Part-time	(excl. benefits)			
_____	_____	less than \$7.00	_____		
_____	_____	\$7.00 to \$7.99	_____		
_____	_____	\$8.00 to \$9.99	_____		
<u>1</u>	<u>1</u>	\$10.00 to \$11.99	<u>2⁰⁰ / 1⁰⁰</u>		PT
<u>1</u>	_____	\$12.00 and higher	<u>2⁰⁰</u>		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 4/9/01	26. Date this Minnesota Business Assistance Form completed 4/9/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

RECEIVED MAY 14 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Perham		2. Contact name SUSAN BJORKLUND	
3. Agency street address 125 Second Avenue N.E.		4. City Perham	
5. Zip code 56573	6. Phone number (area code) 218-346-4455	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 218-346-9364		
9. Name of business receiving assistance Industrial Finishing Services, Inc.		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 11-23-98	14. Date assistance first provided 11-23-98	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$150,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 10 FT		18. Average hourly wage level goals for business receiving assistance N/A	
19. Actual jobs created since business received assistance 30		20. Actual average hourly wage paid to employees hired since business received assistance \$9.01	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time	(excl. benefits)		
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
_____	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 5-10-2001	26. Date this Minnesota Business Assistance Form completed 5-10-2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

RECEIVED MAY 14 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Perham		2. Contact name SUSAN BJORKLUND	
3. Agency street address 125 Second Avenue N.E.		4. City Perham	
5. Zip code 56573	6. Phone number (area code) 218-346-4455	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State ___ Other (Please indicate) _____	
	7. Fax number (area code) 218-346-9364		
9. Name of business receiving assistance Perham Grain & Feed, Inc.		10. Industry of recipient (SIC code) 0259	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 10-15-96	14. Date assistance first provided 10-15-96	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$135,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 4 FT		18. Average hourly wage level goals for business receiving assistance N/A	
19. Actual jobs created since business received assistance 2		20. Actual average hourly wage paid to employees hired since business received assistance \$10.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented May 1, 2001	26. Date this Minnesota Business Assistance Form completed May 10, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

RECEIVED MAY 14 2001

00-0832

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Perham		2. Contact name SUSAN BJORKLUND	
3. Agency street address 125 Second Avenue N.E.		4. City Perham	
5. Zip code 56573	6. Phone number (area code) 218-346-4455	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 218-346-9364		
9. Name of business receiving assistance Richard T. Bucholz		10. Industry of recipient (SIC code) 3532	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 7-11-97	14. Date assistance first provided 7-11-97	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$150,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 6 FT		18. Average hourly wage level goals for business receiving assistance N/A	
19. Actual jobs created since business received assistance 15 FT		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
24. Hourly Value of Voluntary Benefits (\$)		24. Hourly Value of Voluntary Benefits (\$)	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented May 1, 2001	26. Date this Minnesota Business Assistance Form completed May 10, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Perham		2. Contact name SUSAN BJORKLUND	
3. Agency street address 125 Second Avenue N.E.		4. City Perham	
5. Zip code 56573	6. Phone number (area code) 218-346-4455	8. Type of government agency <input checked="" type="checkbox"/> City ___ County ___ Regional ___ State ___ Other (Please indicate) _____	
	7. Fax number (area code) 218-346-9364		
9. Name of business receiving assistance Neyens Well Drilling, Inc.		10. Industry of recipient (SIC code) 4931	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 10/28/1998	14. Date assistance first provided 10/28/1998	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$85,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 3		18. Average hourly wage level goals for business receiving assistance N/A	
19. Actual jobs created since business received assistance 3		20. Actual average hourly wage paid to employees hired since business received assistance \$9.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented May 1, 2001	26. Date this Minnesota Business Assistance Form completed May 1, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

RECEIVED MAY 14 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Perham		2. Contact name SUSAN BJORKLUND	
3. Agency street address 125 Second Avenue N.E.		4. City Perham	
5. Zip code 56573	6. Phone number (area code) 218-346-4455	8. Type of government agency <input checked="" type="checkbox"/> City ___ County ___ Regional ___ State ___ Other (Please indicate) _____	
	7. Fax number (area code) 218-346-9364		
9. Name of business receiving assistance Minnesota Metalworks, Inc.		10. Industry of recipient (SIC code) 3499	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 10/27/1998	14. Date assistance first provided 10/27/1998	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$150,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 3		18. Average hourly wage level goals for business receiving assistance N/A	
19. Actual jobs created since business received assistance 3		20. Actual average hourly wage paid to employees hired since business received assistance \$10.50	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented May 1, 2001	26. Date this Minnesota Business Assistance Form completed May 1, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

RECEIVED MAY 14 2001
1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Perham		2. Contact name SUSAN BJORKLUND	
3. Agency street address 125 Second Avenue N.E.		4. City Perham	
5. Zip code 56573	6. Phone number (area code) 218-346-4455	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 218-346-9364		
9. Name of business receiving assistance Foster Strand d/b/a Foster's Marine Service		10. Industry of recipient (SIC code) 7699	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 3/19/1996	14. Date assistance first provided 3/19/1996	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$75,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 1.5 FT		18. Average hourly wage level goals for business receiving assistance N/A			
19. Actual jobs created since business received assistance 2		20. Actual average hourly wage paid to employees hired since business received assistance \$7.50			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented May 1, 2001	26. Date this Minnesota Business Assistance Form completed May 1, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

RECEIVED MAY 14 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Perham		2. Contact name SUSAN BJORKLUND	
3. Agency street address 125 Second Avenue N.E.		4. City Perham	
5. Zip code 56573	6. Phone number (area code) 218-346-4455	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 218-346-9364		
9. Name of business receiving assistance LPM, Incorporated		10. Industry of recipient (SIC code) 3479	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 6/19/1996	14. Date assistance first provided 6/19/1996	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$130,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 4		18. Average hourly wage level goals for business receiving assistance N/A	
19. Actual jobs created since business received assistance 1		20. Actual average hourly wage paid to employees hired since business received assistance \$11.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented May 1, 2001	26. Date this Minnesota Business Assistance Form completed May 1, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

RECEIVED MAY 14 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Perham		2. Contact name SUSAN BJORKLUND	
3. Agency street address 125 Second Avenue N.E.		4. City Perham	
5. Zip code 56573	6. Phone number (area code) 218-346-4455	8. Type of government agency <input checked="" type="checkbox"/> City ___ County ___ Regional ___ State ___ Other (Please indicate) _____	
	7. Fax number (area code) 218-346-9364		
9. Name of business receiving assistance Gary's Electric Repair		10. Industry of recipient (SIC code) 7699	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 9/29/1995	14. Date assistance first provided 9/29/1995	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$45,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 2		18. Average hourly wage level goals for business receiving assistance N/A	
19. Actual jobs created since business received assistance 1		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	_____	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	(excl. benefits)
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		24. Hourly Value of Voluntary Benefits (\$)	
		less than \$7.00	
		\$7.00 to \$7.99	
		\$8.00 to \$9.99	
		\$10.00 to \$11.99	
		\$12.00 and higher	
		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented May 1, 2001	26. Date this Minnesota Business Assistance Form completed May 1, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0421

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MAR 30 1999

MINNESOTA

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

98-238



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Pine City		2. Contact name Robert Voss	
3. Agency street address 300 - 5TH Street, Suite 1		4. City Pine City, MN	
5. Zip code 55063	6. Phone number (area code) (320) 629-2575	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (320) 629-6081		
9. Name of business receiving assistance Sterling Water, Inc. d/b/a Culligan Water		10. Industry of recipient (SIC code) Water softener, re-conditioning & recharging/distribution	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) T.I.F.		12. Name of TIF district (if applicable) Tax Increment District 1-6	
13. Date of business assistance agreement December 9, 1998	14. Date assistance first provided None yet	15. Date project (building/machinery/etc.) was placed in service not yet	16. Dollar value of business assistance \$40,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance																																																									
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance																																																									
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)																																																									
<table border="1"> <thead> <tr> <th colspan="2">21. Job Creation</th> <th>Hourly Wage Level</th> <th>22. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <th>Full-time</th> <th>Part-time</th> <th>(excl. benefits)</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>less than \$7.00</td> <td></td> </tr> <tr> <td><u>3</u></td> <td></td> <td>\$7.00 to \$7.99</td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$8.00 to \$9.99</td> <td><u>N/A</u></td> </tr> <tr> <td></td> <td></td> <td>\$10.00 to \$11.99</td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$12.00 and higher</td> <td></td> </tr> </tbody> </table>		21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)				less than \$7.00		<u>3</u>		\$7.00 to \$7.99				\$8.00 to \$9.99	<u>N/A</u>			\$10.00 to \$11.99				\$12.00 and higher		<table border="1"> <thead> <tr> <th colspan="2">23. Job Creation</th> <th>Hourly Wage Level</th> <th>24. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <th>Full-time</th> <th>Part-time</th> <th>(excl. benefits)</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>less than \$7.00</td> <td></td> </tr> <tr> <td><u>1</u></td> <td></td> <td>\$7.00 to \$7.99</td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$8.00 to \$9.99</td> <td><u>N/A</u></td> </tr> <tr> <td></td> <td></td> <td>\$10.00 to \$11.99</td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$12.00 and higher</td> <td></td> </tr> </tbody> </table>		23. Job Creation		Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)				less than \$7.00		<u>1</u>		\$7.00 to \$7.99				\$8.00 to \$9.99	<u>N/A</u>			\$10.00 to \$11.99				\$12.00 and higher	
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If necessary, please attach additional documentation.		If necessary, please attach additional documentation.																																																									

There has been no change since 1st report was filed.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented March 30, 1999	26. Date this Minnesota Business Assistance Form completed March 30, 1999
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

DeLia... City Treas... 3-27-01

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increments financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

00-0396

(Please return by April 1, 1999)

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Trade & Economic Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Preston		2. Contact name Joe Hoffman	
3. Agency street address P.O. Box 657 210 Fillmore St. West		4. City Preston	
5. Zip code 55965	6. Phone number (area code) 507/765-2153	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 507/765-2794		
9. Name of business receiving assistance Pro-Corn LLC		10. Industry of recipient (SIC code) 3970	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) District # 1-1	
13. Date of business assistance agreement 2/6/98	14. Date assistance first provided 2/6/98	15. Date project (building/machinery/etc.) was placed in service 8/1/98	16. Dollar value of business assistance \$850,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
28	_____	\$12.00 and higher	27	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3-30-01	26. Date this Minnesota Business Assistance Form completed 3-30-01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0851

MINNESOTA



Trade & Economic Development

original received 5/17/01 @ 7.11.
1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name CITY OF RAMSEY		2. Contact name SEAN SULLIVAN	
3. Agency street address 15153 NORTHERN BLVD NW		4. City RAMSEY	
5. Zip code 55303	6. Phone number (area code) 763-427-1410	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 763-427-5543		
9. Name of business receiving assistance DIRECT ENCLOSURES, INC		10. Industry of recipient (SIC code) MANUFACTURING	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF & INFRASTRUCTURE		12. Name of TIF district (if applicable) TIF DISTRICT NO. 6	
13. Date of business assistance agreement 7-30-1999	14. Date assistance first provided 7-30-1999	15. Date project (building/machinery/etc.) was placed in service 12-31-1999	16. Dollar value of business assistance 311,052

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	_____	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	(excl. benefits)
<u>5</u>	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		24. Hourly Value of Voluntary Benefits (\$)	
		less than \$7.00	_____
		\$7.00 to \$7.99	_____
		\$8.00 to \$9.99	_____
		\$10.00 to \$11.99	<u>40</u>
		\$12.00 and higher	<u>40</u>
		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 4-1-2001	26. Date this Minnesota Business Assistance Form completed 7-27-2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0852

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

e.H.

MINNESOTA



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements. *original submitted 5/17/01*

1. Funding government agency name CITY OF RAMSEY		2. Contact name SEAN SULLIVAN	
3. Agency street address 15153 NOWTHEN BLVD NW		4. City RAMSEY	
5. Zip code 55303	6. Phone number (area code) 763-427-1410	8. Type of government agency <input checked="" type="checkbox"/> City ___ County ___ Regional ___ State ___ Other (Please indicate) _____	
	7. Fax number (area code) 763-427-5543		
9. Name of business receiving assistance LIFE FITNESS		10. Industry of recipient (SIC code) MANUFACTURING WAREHOUSE	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF DISTRICT NO. 2	
13. Date of business assistance agreement 5-23-99	14. Date assistance first provided 5-23-99	15. Date project (building/machinery/etc.) was placed in service 12-31-99	16. Dollar value of business assistance \$900,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	_____	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	(excl. benefits)
100	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 5-2001	26. Date this Minnesota Business Assistance Form completed 7-27-2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

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(over)

MAR 21 2000

L. L. FITZGIBBS
 14150 Sunfish Lake Blvd.
 Ramsey, MN 55303

NEW JOB REQUIREMENTS FOR BUSINESS SUBSIDY REPORTING

Number of Jobs Created	Date Created	Date Filled	Job Title	Wage	Benefits	Hourly Value Of Benefits	Employee Last Name
1	5/2/99	6/2/99	Design Engineer I	\$ 19.23	Yes	\$ 5.77	Cassidy
1	6/12/99	7/12/99	Manuf Engineer II	\$ 24.04	Yes	\$ 7.21	Terhaar
1	7/4/99	8/4/99	Designer Level IV	\$ 27.88	Yes	\$ 8.36	Gergen
1	7/9/99	8/9/99	Region Sales Mgr	\$ 24.04	Yes	\$ 7.21	Swan
1	7/9/99	8/9/99	Inv Control Coor	\$ 16.91	Yes	\$ 5.07	Sheils
1	7/30/99	8/30/99	Cross Trainer Key	\$ 10.52	Yes	\$ 3.16	Navoa
1	8/7/99	9/7/99	Export Coordinator	\$ 15.63	Yes	\$ 4.69	Kalcun
1	8/8/99	9/9/99	Payroll Specialist	\$ 13.50	Yes	\$ 4.05	Perkins
1	8/13/99	9/13/99	Customer Serv Rep	\$ 10.25	Yes	\$ 3.08	Stull
1	9/4/99	10/4/99	Buyer/Planner	\$ 15.38	Yes	\$ 4.61	Anderson
1	9/4/99	10/4/99	Marketing Mgr	\$ 26.44	Yes	\$ 7.93	Du Chateau
1	9/6/99	10/6/99	Director of Finance	\$ 53.85	Yes	\$ 16.16	Kazik
1	9/18/99	10/18/99	Robot Weld Progra	\$ 11.86	Yes	\$ 3.56	Salterstrom
1	9/29/99	10/29/99	Quality Assurance	\$ 16.50	Yes	\$ 4.95	Lewis
1	10/8/99	11/8/99	Customer Serv Rep	\$ 12.50	Yes	\$ 3.75	Stafford
1	10/15/00	11/15/99	Manuf Engineer II	\$ 23.32	Yes	\$ 7.00	Darsow
1	11/6/99	12/6/99	Drafter Level II	\$ 16.35	Yes	\$ 4.91	Janssen
1	11/20/99	12/20/99	Assoc Prod Mgr	\$ 22.12	Yes	\$ 6.64	Everson
1	12/3/99	1/3/00	Designer Level IV	\$ 28.37	Yes	\$ 8.51	Monsrud
1	12/3/99	1/3/00	Product Planner	\$ 17.31	Yes	\$ 5.19	Sholl
1	12/17/99	1/17/00	Director of Human Res	\$ 31.25	Yes	\$ 9.38	McIntyre
1	1/7/00	2/7/00	Pre Tech-Supervisor	\$ 18.00	Yes	\$ 5.40	Poe
1	1/7/00	2/7/00	Painter	\$ 10.50	Yes	\$ 3.15	Walls
1	2/6/00	3/6/00	Human Res Generalist	\$ 15.38	Yes	\$ 4.61	Gryz
1	2/13/00	3/13/00	Customer Serv Rep	\$ 12.98	Yes	\$ 3.89	Costello
1	2/13/00	3/13/00	Manufac Engineer I	\$ 24.04	Yes	\$ 7.21	Seager
1	2/27/00	3/27/00	Inventory Control Sup	\$ 18.75	Yes	\$ 5.63	Mickelson
1	2/27/00	3/27/00	Design Engineer I	\$ 21.88	Yes	\$ 6.56	Luger
1	2/30/00	3/30/00	Buyer/Planner	\$ 20.67	Yes	\$ 6.20	Trabant

P.05/11

JUL-27-2001 08:35

LIFE FITNESS
 14150 Sunfish Lake Blvd.
 Ramsey, MN 55303

1	3/3/00	4/3/00	Administrative Assnt	\$ 14.66	Yes	\$ 4.40	Vonderharr
1	3/10/00	4/10/00	Engineering Mgr - Mfg	\$ 25.00	Yes	\$ 7.50	Cameron
1	3/10/00	4/10/00	MIS Network Admin	\$ 28.85	Yes	\$ 8.66	Barnes
1	3/17/00	4/17/00	Designer Level I	\$ 27.88	Yes	\$ 8.36	Donner
1	3/24/00	4/24/00	Manufac Engineer I	\$ 19.23	Yes	\$ 5.77	Kuske
1	4/1/00	5/1/00	Fabricator	\$ 10.85	Yes	\$ 3.26	McKenzie
1	4/16/00	5/16/00	Assoc Prod Mgr	\$ 16.83	Yes	\$ 5.05	Simat
1	4/17/00	5/17/00	Cost Accountant	\$ 18.27	Yes	\$ 5.48	Loehlein
1	4/22/00	5/22/00	Receiving Clerk	\$ 10.50	Yes	\$ 3.15	Lorentzen
1	4/22/00	5/22/00	Welder	\$ 11.25	Yes	\$ 3.38	Evenson
1	4/30/00	5/30/00	Training Coordinator	\$ 14.90	Yes	\$ 4.47	Savaria
1	4/30/00	5/30/00	Cyst Svc & Logist	\$ 31.73	Yes	\$ 9.52	Olson
1	4/30/00	5/31/00	Fab Supervisor	\$ 20.19	Yes	\$ 6.06	Erickson
1	5/5/00	6/5/00	Engneer Level I	\$ 12.00	Yes	\$ 3.60	Melchert
1	5/16/00	6/16/00	Drafter Level II	\$ 16.17	Yes	\$ 4.85	More
1	5/26/00	6/26/00	CNC Machine Oper	\$ 11.25	Yes	\$ 3.38	Olson
1	5/26/00	6/26/00	Human Res Assn't	\$ 12.00	Yes	\$ 3.60	Salo
1	5/27/00	6/27/00	Shipping Lead	\$ 10.92	Yes	\$ 3.28	Lastrapes
1	5/29/00	6/29/00	Quality Assurance	\$ 31.25	Yes	\$ 9.38	Ten Eyck
1	5/30/00	6/30/00	Product Manager	\$ 33.65	Yes	\$ 10.10	Zabel
1	6/10/00	7/10/00	Repair & Maintenance	\$ 14.97	Yes	\$ 4.49	Hackel
1	6/10/00	7/10/00	Export Coordinator	\$ 20.67	Yes	\$ 6.20	Brown
1	6/15/00	7/15/00	Consultant	\$ 21.30	Yes	\$ 6.39	Rabinovich
1	6/17/00	7/17/00	Fab Tube Bender	\$ 11.25	Yes	\$ 3.38	Rinde
1	6/17/00	7/17/00	Design Engineer II	\$ 24.01	Yes	\$ 7.20	Obrien
1	6/18/00	7/18/00	Manufacturing Mgr	\$ 41.35	Yes	\$ 12.41	Helder
1	6/24/00	7/24/00	Mechanical Design	\$ 20.67	Yes	\$ 6.20	Lindemeier
1	6/30/00	7/31/00	Lead - Cross Trainer	\$ 11.75	Yes	\$ 3.53	Drake
1	6/30/00	7/31/00	Lead - Cross Trainer	\$ 10.75	Yes	\$ 3.23	Schubert
1	6/30/00	7/31/00	Controller	\$ 35.34	Yes	\$ 10.60	Rompa
1	6/30/00	7/31/00	Marketing Mgr	\$ 21.63	Yes	\$ 6.49	Forti
1	7/2/00	8/2/00	P Press Opr/Setup	\$ 12.69	Yes	\$ 3.81	Axelson
1	7/14/00	8/14/00	Robotic Set-Up	\$ 10.50	Yes	\$ 3.15	Southward
1	7/18/00	8/18/00	Fab Saw Operator	\$ 10.50	Yes	\$ 3.15	Demarais
1	7/21/00	8/21/00	ID Manager	\$ 31.25	Yes	\$ 9.38	Luedke
1	7/21/00	8/21/00	Paint Lead	\$ 10.50	Yes	\$ 3.15	Bloodgood
1	7/21/00	8/21/00	Paint/Assembly Sup	\$ 22.12	Yes	\$ 6.64	Sellner
1	7/21/00	8/21/00	Quality Assurance	\$ 17.31	Yes	\$ 5.19	Truong

LIFE FITNESS
 14150 Sunfish Lake Blvd.
 Ramsey, MN 55303

1	7/31/00	8/31/00	Mfg Design Eng I	\$ 21.63	Yes	\$ 6.49	Raway
1	8/5/00	9/5/00	Inventory Control Coor	\$ 16.91	Yes	\$ 5.07	Larsen
1	8/11/00	9/11/00	Admin Asst/Receptionist	\$ 12.00	Yes	\$ 3.60	Millner
1	8/15/00	9/15/00	CNC Machine Oper	\$ 11.25	Yes	\$ 3.38	Barry
1	8/15/00	9/15/00	Weld Lead	\$ 11.25	Yes	\$ 3.38	Pope
1	8/15/00	9/15/00	Fab Lead	\$ 12.25	Yes	\$ 3.68	Richter
1	8/18/00	9/18/00	Treadmill Line Op	\$ 10.25	Yes	\$ 3.08	Perkins
1	8/25/00	9/25/00	Senior Accountant	\$ 25.48	Yes	\$ 7.64	Schultz
1	8/25/00	9/25/00	Robotic Weld Oper	\$ 17.31	Yes	\$ 5.19	Dunning
1	8/26/00	9/26/00	Lead - Cross Trainer	\$ 10.25	Yes	\$ 3.08	Owens
1	8/27/00	9/27/00	Robotic Weld Oper	\$ 10.25	Yes	\$ 3.08	Simonsen
1	8/30/00	9/30/00	Fab Set-Up Oper	\$ 11.25	Yes	\$ 3.38	Raduechel
1	9/2/00	10/2/00	Treadmill Line Op	\$ 10.25	Yes	\$ 3.08	Anderson
1	9/9/00	10/9/00	Quality Auditor	\$ 13.21	Yes	\$ 3.96	Novak
1	9/9/00	10/9/00	Repair & Maintenance	\$ 15.59	Yes	\$ 4.68	Hager
1	9/9/00	10/9/00	Repair & Maintenance	\$ 16.23	Yes	\$ 4.87	Bass
1	9/12/00	10/12/00	Production Supervisor	\$ 22.12	Yes	\$ 6.64	Sells
3	9/16/00	10/16/00	Treadmill Line Op	\$ 10.25	Yes	\$ 3.08	Akemann
3	9/16/00	10/16/00	Treadmill Line Op	\$ 10.25	Yes	\$ 3.08	Rundle
1	9/16/00	10/16/00	Receiving Clerk	\$ 10.50	Yes	\$ 3.15	Cornell
3	9/16/00	10/16/00	Treadmill Line Op	\$ 10.25	Yes	\$ 3.08	Poe
2	9/16/00	10/16/00	Welder	\$ 12.75	Yes	\$ 3.83	Kastl
1	9/23/00	10/23/00	Strapper/QC-Asy	\$ 10.50	Yes	\$ 3.15	Ramos
2	9/30/00	10/30/00	Welder	\$ 12.75	Yes	\$ 3.83	Cimbura, Jr.
1	9/30/00	10/30/00	Fab Saw Operator	\$ 10.50	Yes	\$ 3.15	Marlin
1	9/30/00	10/30/00	Manuf Engineer I	\$ 26.44	Yes	\$ 7.93	Nygaard
1	9/30/00	10/30/00	Product Planner	\$ 19.23	Yes	\$ 5.77	Antrim
1	10/6/00	11/6/00	Material Handler	\$ 10.50	Yes	\$ 3.15	Lewis
1	10/6/00	11/6/00	Treadmill Line Op	\$ 10.25	Yes	\$ 3.08	Zieglmeier
1	10/13/00	11/13/00	Quality Technician	\$ 10.50	Yes	\$ 3.15	Goodln
1	10/13/00	11/13/00	Fab Set-Up Oper	\$ 11.25	Yes	\$ 3.38	Levkovich
1	10/16/00	11/16/00	Tool & Die Supervisor	\$ 28.85	Yes	\$ 8.66	Rider
1	10/19/00	11/19/00	Fab Set-Up Oper	\$ 11.25	Yes	\$ 3.38	Cavcic
1	10/19/00	11/19/00	Quality Technician	\$ 10.50	Yes	\$ 3.15	Cavcic
1	10/20/00	11/20/00	Weld Material Hndlr	\$ 10.50	Yes	\$ 3.15	Bustetter
1	10/20/00	11/20/00	Komo Set-Up Fab	\$ 11.25	Yes	\$ 3.38	Olson
1	10/20/00	11/20/00	Fab Material Hndlr	\$ 10.50	Yes	\$ 3.15	Mansfield
1	10/27/00	11/27/00	Line Operator	\$ 10.25	Yes	\$ 3.08	Dillefson

LIFE FITNESS
14150 Sunfish Lake Blvd.

Ramsey, MN 55303

1	10/27/00	11/27/00	Shipping Assoc	\$ 10.50	Yes	\$ 3.15	Moravec
1	10/28/00	11/28/00	Receiving Clerk	\$ 12.77	Yes	\$ 3.83	Denzer
3	11/11/00	12/11/00	Welder	\$ 10.50	Yes	\$ 3.15	Matteson
1	11/11/00	12/11/00	Strapper/QC-Asy	\$ 10.50	Yes	\$ 3.15	Marut
1	11/11/00	12/11/00	Fab Set-Up Oper	\$ 11.25	Yes	\$ 3.38	Ingle
1	11/11/00	12/11/00	Line Operator	\$ 10.25	Yes	\$ 3.08	Finney
3	11/11/00	12/11/00	Welder	\$ 11.25	Yes	\$ 3.38	Kowalk
3	11/11/00	12/11/00	Welder	\$ 14.60	Yes	\$ 4.38	Johnson
1	11/11/00	12/11/00	Lead - Club Series	\$ 11.50	Yes	\$ 3.45	Chaline
1	11/11/00	12/11/00	Treadmill Line Op	\$ 10.25	Yes	\$ 3.08	Hollister
1	11/11/00	12/11/00	Club Series Assembly	\$ 10.25	Yes	\$ 3.08	Masted
1	11/11/00	12/11/00	Receiving Clerk	\$ 10.50	Yes	\$ 3.15	LaCroix
1	11/11/00	12/11/00	Robotic Weld Oper	\$ 10.92	Yes	\$ 3.28	Romanets
1	11/18/00	12/18/00	Line Operator	\$ 10.25	Yes	\$ 3.08	Sieg
1	11/18/00	12/18/00	Customer Serv Rep	\$ 13.46	Yes	\$ 4.04	Ebute
2	11/18/00	12/18/00	Robotic Weld Oper	\$ 10.50	Yes	\$ 3.15	Snyder
2	11/18/00	12/18/00	Robotic Weld Oper	\$ 11.14	Yes	\$ 3.34	Zitelman
				\$ -		\$ -	

P.08/11

JUL-27-2001 08:37

00-0853

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade & Economic Development

Please complete lines 1 through 16 for all agreements.

original submitted 5/17/01 *E.T.H.*

1. Funding government agency name CITY OF RAMSEY		2. Contact name SEAN SULLIVAN	
3. Agency street address 15153 NOWTHEN BLVD NW		4. City RAMSEY	
5. Zip code 55303	6. Phone number (area code) 763-427-1410	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 763-427-5513		
9. Name of business receiving assistance ANDERSON & DAHLEN, INC.		10. Industry of recipient (SIC code) MANUFACTURING	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF, INFRASTRUCTURE		12. Name of TIF district (if applicable) TIF DISTRICT NO. 6	
13. Date of business assistance agreement 7-16-1999	14. Date assistance first provided 7-16-1999	15. Date project (building/machinery/etc.) was placed in service 12-31-1999	16. Dollar value of business assistance 441,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
18	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	
If necessary, please attach additional documentation.		23. Job Creation	
		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		Full-time	Part-time
		_____	_____
		less than \$7.00	SEE
		\$7.00 to \$7.99	ATTACHED.
		\$8.00 to \$9.99	_____
		\$10.00 to \$11.99	_____
		4	_____
		\$12.00 and higher	_____
		42	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

New Job Requirements for Business Subsidy Reporting

Number of Jobs Created	Date Created	Date Filled	Job Title	Wage	Benefits	Hourly Value Of Benefits	Employee Last Name
1	2/1/99	2/26/99	Deburring ✓	10.00	7992.05	3.84	Kaphing
1	2/1/99	3/22/99	Mfr. Manager	33.65	13152.64	6.32	Castle
1	3/1/00	4/24/00	Sales Coordinator	33.65	12725.17	6.12	Wilke
5	4/1/99	4/26/99	L-Weld ✓	18.00	6143.12	2.95	Hagerty
	4/1/99	4/26/99	L-Weld	15.00	7594.88	3.65	Sheehan
	4/1/99	5/17/99	L-Weld ✓	14.50	7458.83	3.59	McGlynn
	4/1/99	6/22/99	L-Weld ✓	12.50	6744.17	3.24	Dohmeyer
	4/1/99	6/7/99	L-Weld ✓	12.50	6719.63	3.23	Lewandowski
1	5/1/99	6/1/99	Inspector	15.50	6536.75	3.14	Pettis
1	5/1/99	6/7/99	Saw Operator ✓	14.00	6941.19	3.34	Jahn
4	7/1/99	7/19/99	Project Weld	16.50	7525.58	3.62	Rebeck
	7/1/99	8/9/99	Project Weld	16.50	10259.01	4.93	Broesamle
	7/1/99	8/30/99	Project Weld	16.00	7419.93	3.57	Stokes
	7/1/99	7/14/99	Project Weld	16.50	8719.03	4.19	Tatley
1	6/1/99	7/12/99	CAD	20.00	10215.47	4.91	Micek
1	8/1/99	8/9/99	Finishing	16.00	9953.42	4.79	Workman
3	8/1/99	8/23/99	L-Weld	16.00	7419.93	3.57	Elliott
	8/1/99	8/31/99	L-Weld	17.00	9310.85	4.48	Evers
	8/1/99	9/27/99	L-Weld	15.00	7400.89	3.56	Zenzen
1	9/1/99	10/11/99	Press Brake	16.00	6594.55	3.17	Hagedon
1	12/1/99	12/20/99	Shop Helper ✓	10.00	7992.05	3.84	Zetina
1	12/1/99	12/26/99	L-Weld ✓	14.00	6924.77	3.33	Boline
1	2/1/00	2/21/00	Finishing	15.50	6463.46	3.11	Regenauer
2	2/1/00	3/6/00	Machinist ✓	13.00	9634.93	4.63	Leinonen
	2/1/00	3/8/00	Machinist	16.50	7773.62	3.74	Knollenberg
1	3/1/00	3/13/00	Maintenance ✓	12.00	7173.30	3.45	Romero
1	3/1/00	4/1/00	Driver ✓	11.50	6430.79	3.09	Scott
2	5/1/00	5/17/00	Project Weld	18.00	7231.52	3.48	Van Heuveln
	5/1/00	5/22/00	Project Weld ✓	14.00	6924.77	3.33	Bassett
1	4/1/00	5/1/00	Deburring ✓	10.00	6143.12	2.95	Vahl
1	4/1/00	5/8/00	Finishing	16.00	9953.42	4.79	O'Donoghue
1	5/1/00	6/5/00	Administrative Asst. ✓	12.00	3562.76	1.75	Swanson

00-0137

RECEIVED MAR 28 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name RED Wing Port Authority		2. Contact name SHARI KULLMAN	
3. Agency street address 419 BUSH STREET		4. City RED WING	
5. Zip code 55060	6. Phone number (area code) 651-385-3623	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 651-388-4782		
9. Name of business receiving assistance ANTIQUE AMERICA		10. Industry of recipient (SIC code) 5932	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF - 240,000 RLF - 150,000 IRP - 150,000		12. Name of TIF district (if applicable) Downtown TIF 2	
13. Date of business assistance agreement 4/14/98	14. Date assistance first provided 10/98	15. Date project (building/machinery/etc.) was placed in service 7/1/98	16. Dollar value of business assistance 540,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 10		18. Average hourly wage level goals for business receiving assistance \$6.00			
19. Actual jobs created since business received assistance 15		20. Actual average hourly wage paid to employees hired since business received assistance \$7.50			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
10		less than \$7.00	2	10	less than \$7.00
		\$7.00 to \$7.99	1		\$7.00 to \$7.99
		\$8.00 to \$9.99			\$8.00 to \$9.99
		\$10.00 to \$11.99	2		\$10.00 to \$11.99
		\$12.00 and higher			\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/27/01	26. Date this Minnesota Business Assistance Form completed 3/27/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

→ Please see Attached (over)

RECEIVED MAR 28 2001

00-0138

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name RED wing Port Authority		2. Contact name SHARI KULLMAN	
3. Agency street address 419 Bush Street		4. City RED wing	
5. Zip code 55066	6. Phone number (area code) 651-385-3623	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 651-388-4782		
9. Name of business receiving assistance Lab Boy enterprises LLC		10. Industry of recipient (SIC code) 807	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable) —	
13. Date of business assistance agreement 12/31/99	14. Date assistance first provided 12/31/99	15. Date project (building/machinery/etc.) was placed in service 2/00	16. Dollar value of business assistance \$102,500

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 2		18. Average hourly wage level goals for business receiving assistance 9.00 - 10.99			
19. Actual jobs created since business received assistance 2 FT 2 PT		20. Actual average hourly wage paid to employees hired since business received assistance \$ 9.14			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	1	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	2	_____	\$8.00 to \$9.99
2	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	1	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/26/01	26. Date this Minnesota Business Assistance Form completed 3/26/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

RECEIVED MAR 28 2001

00-0140

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name RED WING PORT AUTHORITY		2. Contact name SHARI KULLMAN	
3. Agency street address 419 BUSH ST.		4. City RED WING	
5. Zip code 55066	6. Phone number (area code) 651-385-3623	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 651-388-4782		
9. Name of business receiving assistance KNUDSEN ENTERPRISES		10. Industry of recipient (SIC code) 5441 Caramel maker	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF-\$125,000 IRP-\$150,000 RIE-\$150,000		12. Name of TIF district (if applicable) DOWNTOWN TIF1	
13. Date of business assistance agreement 1/30/98	14. Date assistance first provided 2/1/98	15. Date project (building/machinery/etc.) was placed in service 1/2 in 6/00	16. Dollar value of business assistance \$425,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 20		18. Average hourly wage level goals for business receiving assistance \$8.00	
19. Actual jobs created since business received assistance 8 & 7.4. 211002		20. Actual average hourly wage paid to employees hired since business received assistance \$10.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	16	\$8.00 to \$9.99	_____
4	_____	\$10.00 to \$11.99	3
_____	_____	\$12.00 and higher	5
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/01	26. Date this Minnesota Business Assistance Form completed 3/27/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

RECEIVED MAR 22 2001

00-0141

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name RED WING PORT AUTHORITY		2. Contact name SHARI KULLMAN, BUSINESS DIRECTOR	
3. Agency street address 419 BUSH ST.		4. City RED WING	
5. Zip code 55066	6. Phone number (area code) 651-385-3623 7. Fax number (area code) 651-388-4782	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
9. Name of business receiving assistance FOOD SERVICE SPECIALITIES		10. Industry of recipient (SIC code) 20	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) LOAN-\$150,000, TIF-303,950 DTED MIF - \$200,000		12. Name of TIF district (if applicable) TIF 5-1	
13. Date of business assistance agreement 9/30/97	14. Date assistance first provided 2/9/98	15. Date project (building/machinery/etc.) was placed in service 4/1/98	16. Dollar value of business assistance \$653,950

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 30		18. Average hourly wage level goals for business receiving assistance \$14.46			
19. Actual jobs created since business received assistance 30		20. Actual average hourly wage paid to employees hired since business received assistance \$16.39			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
4	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
10	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
16	_____	\$12.00 and higher	30	1	\$12.00 and higher 1.65
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/01	26. Date this Minnesota Business Assistance Form completed 3/26/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED APR 27 2001

1. Funding government agency name City of Renville		2. Contact name Cole S. O'Donnell	
3. Agency street address 221 N. Main St PO Box 371		4. City Renville	
5. Zip code 56284	6. Phone number (area code) 320-329-8366	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 320-329-8367		
9. Name of business receiving assistance MinAqua Fisheries		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) loan, TIF		12. Name of TIF district (if applicable) TIF District # 8	
13. Date of business assistance agreement 11/3/97	14. Date assistance first provided 11/21/97	15. Date project (building/machinery/etc.) was placed in service 7/1/97	16. Dollar value of business assistance \$40,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 7 Full Time		18. Average hourly wage level goals for business receiving assistance \$8.00-\$12.00/hr	
19. Actual jobs created since business received assistance 7 Full Time 1 Part Time		20. Actual average hourly wage paid to employees hired since business received assistance \$9.75	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
7	_____	\$8.00 to \$9.99	1.47
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/1/99	26. Date this Minnesota Business Assistance Form completed 3/31/99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 29 2001

1. Funding government agency name Richfield Housing and Redevelopment Authority		2. Contact name Bruce Palmborg Community Development Department	
3. Agency street address 6700 Portland Avenue South		4. City Richfield	
5. Zip code 55423	6. Phone number (area code) 612/861-9760	8. Type of government agency ___ City ___ County ___ Regional ___ State <input checked="" type="checkbox"/> Other (Please indicate) Municipal HRA	
	7. Fax number (area code) 612/861-8974		
9. Name of business receiving assistance Meridian Properties Real Estate Development LLC d/b/a TOLD Development		10. Industry of recipient (SIC code) N/A Company	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Interstate-Lyndale-Nicollet (ILN)	
13. Date of business assistance agreement Contract for Private Redevelopment 11/6/95	14. Date assistance first provided 8/1/99	15. Date project (building/machinery/etc.) was placed in service 8/26/99	16. Dollar value of business assistance \$7,028,553

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance Phase I: 6.5 new jobs Phase II: 8.7 new jobs		18. Average hourly wage level goals for business receiving assistance (no hourly rate specified) Phase I: \$208,000; Phase II \$288,000 annually	
19. Actual jobs created since business received assistance In excess of the 15.2 jobs required.		20. Actual average hourly wage paid to employees hired since business received assistance In excess of the total annual amount stated in No. 18 above.	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 1999	26. Date this Minnesota Business Assistance Form completed April 30, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.



1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED MAY 29 2001

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Richfield Housing and Redevelopment Authority		2. Contact name Bruce Palmborg Community Development Director	
3. Agency street address 6700 Portland Avenue South		4. City Richfield	
5. Zip code 55423	6. Phone number (area code) 612/861-9760	8. Type of government agency ___ City ___ County ___ Regional ___ State <input checked="" type="checkbox"/> Other (Please indicate) Municipal HRA	
	7. Fax number (area code) 612/861-8974		
9. Name of business receiving assistance The Limited, Inc.		10. Industry of recipient (SIC code) N/A	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Interchange	
13. Date of business assistance agreement Contract for Private Redevelopment 12/31/96	14. Date assistance first provided 8/1/99	15. Date project (building/machinery/etc.) was placed in service 12/12/97	16. Dollar value of business assistance \$2,390,926

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 100 new jobs		18. Average hourly wage level goals for business receiving assistance not less than \$8.00 per hour	
19. Actual jobs created since business received assistance 199		20. Actual average hourly wage paid to employees hired since business received assistance \$9.09	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 4/28/01	26. Date this Minnesota Business Assistance Form completed 5/1/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 29 2001

1. Funding government agency name Richfield Housing and Redevelopment Authority		2. Contact name Bruce Nordquist Housing and Redevelopment Manager	
3. Agency street address 6700 Portland Avenue South		4. City Richfield	
5. Zip code 55423	6. Phone number (area code) 612/861-9760	8. Type of government agency ___ City ___ County ___ Regional ___ State	
	7. Fax number (area code) 612/861-8974	<input checked="" type="checkbox"/> Other (Please indicate) Municipal HRA	
9. Name of business receiving assistance Gramercy Park Cooperative at Lake Shore Drive		10. Industry of recipient (SIC code) N/A	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Gramercy	
13. Date of business assistance agreement Contract for Private Redevelopment 7/20/98	14. Date assistance first provided None yet	15. Date project (building/machinery/etc.) was placed in service 1/22/01	16. Dollar value of business assistance \$2,230,174

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance At least 3 new jobs		18. Average hourly wage level goals for business receiving assistance Not less than \$12.50 per hour	
19. Actual jobs created since business received assistance 4		20. Actual average hourly wage paid to employees hired since business received assistance \$13.70/hour plus benefit packages	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	1	\$10.00 to \$11.99	_____
3	_____	\$12.00 and higher	3
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 5/1/01	26. Date this Minnesota Business Assistance Form completed 5/11/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED MAY 31 2001

MINNESOTA



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Richfield Housing and Redevelopment Authority		2. Contact name Katia Medvetski, Redevelopment Specialist	
3. Agency street address 6700 Portland Avenue South		4. City Richfield	
5. Zip code 55423	6. Phone number (area code) 612/861-9776	8. Type of government agency ___ City ___ County ___ Regional ___ State <input checked="" type="checkbox"/> Other (Please indicate) Municipal HRA	
	7. Fax number (area code) 612/861-8974		
9. Name of business receiving assistance Richfield State Agency		10. Industry of recipient (SIC code) N/A	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Urban Village	
13. Date of business assistance agreement Contract for Private Redevelopment dated November 16, 1998	14. Date assistance first provided Projected date 2002	15. Date project (building/ machinery/etc.) was placed in service 1/26/2001	16. Dollar value of business assistance \$9,500,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
5	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	
23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
20	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 5/24/01	26. Date this Minnesota Business Assistance Form completed 5/29/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0258

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED JUL 13 2001

1. Funding government agency name City of Rockford		2. Contact name Nancy Evers	
3. Agency street address 6031 Main St		4. City Rockford	
5. Zip code 55373	6. Phone number (area code) 763-477-6565	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 763-477-4393		
9. Name of business receiving assistance Minnesota Diversified Products		10. Industry of recipient (SIC code) Manufacturing	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) 3-1 Rockford Industrial Park	
13. Date of business assistance agreement May 1, 1999	14. Date assistance first provided Aug 1, 2001	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$343,236

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance na		18. Average hourly wage level goals for business receiving assistance na	
19. Actual jobs created since business received assistance na		20. Actual average hourly wage paid to employees hired since business received assistance na	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time		Full-time
10		750	
	less than \$7.00		
	\$7.00 to \$7.99		
	\$8.00 to \$9.99		
	\$10.00 to \$11.99		
	\$12.00 and higher		
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3-29-01	26. Date this Minnesota Business Assistance Form completed 3-29-01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

Minnesota Department of Trade & Economic Development



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 20 2001

1. Funding government agency name City of Sartell		2. Contact name Robert Therres	
3. Agency street address 310 2nd Street South		4. City Sartell	
5. Zip code 56377	6. Phone number (area code) (320) 253-2171	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (320) 253-3337		
9. Name of business receiving assistance Cave Call		10. Industry of recipient (SIC code) (Call center) 73 Business Services	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF 3-8	
13. Date of business assistance agreement 10/17/97	14. Date assistance first provided Sept. 8, 1997	15. Date project (building/machinery/etc.) was placed in service October 1, 1998	16. Dollar value of business assistance \$ 295,667

New estimate of TIF available per Ed Tschida memo March, 2000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 80		18. Average hourly wage level goals for business receiving assistance \$8⁰⁰ / hour	
19. Actual jobs created since business received assistance 221		20. Actual average hourly wage paid to employees hired since business received assistance \$8⁰⁰ / hour and above	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
80	_____	\$8.00 to \$9.99	N/A
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented April 17, 2001	26. Date this Minnesota Business Assistance Form completed April 18, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

[Faint, illegible text at the bottom of the page, possibly bleed-through or a second page of the form.]

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 31 2001

1. Funding government agency name Scott County		2. Contact name Brian Hanninen	
3. Agency street address 200 Fourth Avenue West		4. City Shakopee	
5. Zip code 55379-1220	6. Phone number (area code) 952-496-8101	8. Type of government agency ___ City <input checked="" type="checkbox"/> ___ County ___ Regional ___ State ___ Other (Please indicate) _____	
	7. Fax number (area code) 952-496-8180		
9. Name of business receiving assistance ADC Telecommunications, Inc.		10. Industry of recipient (SIC code) 3661	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Local effort assistance		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 01-31-97	14. Date assistance first provided 08-01-99	15. Date project (building/machinery/etc.) was placed in service February 1998	16. Dollar value of business assistance \$1,140,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance Maintain 480 jobs until 06-01-02 Create 75 jobs (above 480) See #18			18. Average hourly wage level goals for business receiving assistance \$10.00/hour Weighted hourly wage of \$19.46		
19. Actual jobs created since business received assistance 730 reported 06-25-99			20. Actual average hourly wage paid to employees hired since business received assistance \$20.60		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
75	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	122	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 06-25-99	26. Date this Minnesota Business Assistance Form completed 04-01-01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 22 2001

1. Funding government agency name City of Sebeka		2. Contact name Linda Bjelland City Clerk/Treasurer	
3. Agency street address PO Box 305		4. City Sebeka	
5. Zip code 56477	6. Phone number (area code) 218-837-5773	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 218-837-5443		
9. Name of business receiving assistance Diamond Tool, Inc.		10. Industry of recipient (SIC code) 3599	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) Tax Increment Financing District 1-2	
13. Date of business assistance agreement 8/1/98	14. Date assistance first provided 9/2/98	15. Date project (building/machinery/etc.) was placed in service 12/16/98	16. Dollar value of business assistance \$ 100,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	1	less than \$7.00
_____	_____	\$7.00 to \$7.99	4	1	\$7.00 to \$7.99
33	_____	\$8.00 to \$9.99	21	1	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	8	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	20	1	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented May 1, 2001	26. Date this Minnesota Business Assistance Form completed May 22, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name CITY OF SHAKOPEE (AND SCOTT COUNTY)		2. Contact name PAUL SNOOK ECONOMIC DEVELOPMENT COORDINATOR	
3. Agency street address 129 HOLMES ST. SO.		4. City SHAKOPEE	
5. Zip code 55379	6. Phone number (area code) (952) 496-7661	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (952) 233-3801		
9. Name of business receiving assistance ADC TELECOMMUNICATIONS, INC.		10. Industry of recipient (SIC code) 3661	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) LOCAL EFFORT ASSISTANCE (CITY OF SHAKOPEE AND SCOTT COUNTY)		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 1-31-97	14. Date assistance first provided 8-1-99	15. Date project (building/machinery/etc.) was placed in service Feb '98	16. Dollar value of business assistance \$1,710,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <ul style="list-style-type: none"> MAINTAIN 480 JOBS UNTIL 6-1-02 CREATE 75 JOBS (ABOVE 480) @ \$10/hr., WEIGHTED AT \$19.46/hr. BY 5-31-99, MAINTAIN UNTIL 6-1-02 		18. Average hourly wage level goals for business receiving assistance \$10/hr.; WEIGHTED HOURLY WAGE OF \$19.46	
19. Actual jobs created since business received assistance 730 REPORTED 6-25-99		20. Actual average hourly wage paid to employees hired since business received assistance \$20.60	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time (excl. benefits)			Full-time Part-time (excl. benefits)
<u>SEE ABOVE</u>	less than \$7.00		
	\$7.00 to \$7.99		
	\$8.00 to \$9.99		
<u>75</u>	\$10.00 to \$11.99		
	\$12.00 and higher		
	(\$10/hr. WEIGHTED AT \$19.46)		
If necessary, please attach additional documentation.		24. Hourly Value of Voluntary Benefits (\$) 122 HOURLY WAGE + HOURLY VALUE OF BEN. = \$20.60 AVG.	
		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 6-25-99	26. Date this Minnesota Business Assistance Form completed 4-1-01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form (COMPANY'S NEXT REPORT: 6-1-02)	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade &
Economic
Development

RECEIVED APR 1 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <i>City of Spicer</i>		2. Contact name <i>Kimberly Elton</i>	
3. Agency street address <i>P.O. Box 656</i>		4. City <i>Spicer</i>	
5. Zip code <i>56288</i>	6. Phone number (area code) <i>320-796-5562</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <i>320-796-2044</i>		
9. Name of business receiving assistance <i>Vine Valley Distribution William D. Taunton, Sr.</i>		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>TIF</i>		12. Name of TIF district (if applicable) <i>Economic Development</i>	
13. Date of business assistance agreement <i>12/30/97</i>	14. Date assistance first provided <i>1999</i>	15. Date project (building/machinery/etc.) was placed in service <i>2/1/98</i>	16. Dollar value of business assistance <i>\$ 57,000</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>3 full time and seasonal</i>		18. Average hourly wage level goals for business receiving assistance <i>\$10/hr</i>	
19. Actual jobs created since business received assistance <i>3 full time and seasonal</i>		20. Actual average hourly wage paid to employees hired since business received assistance <i>\$10/hr</i> <small>2 F.T. Seasonal \$10/hr 5 P.T. Seasonal \$10/hr 1 P.T. Seasonal \$10/hr</small>	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	<i>2</i>
_____	_____	\$12.00 and higher	<i>6</i>
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>4/9/98</i>	26. Date this Minnesota Business Assistance Form completed <i>3-31-99</i>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

796-6661
Verify 4-6-99
12 part time seasonal
2 full time seasonal
1 part time year
15

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade &
Economic
Development

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Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <u>CITY OF ST. JOSEPH</u>		2. Contact name <u>CHAD CARLSON, EDA DIRECTOR</u>	
3. Agency street address <u>25 COLLEGE AVENUE NORTH</u>		4. City <u>ST. JOSEPH</u>	
5. Zip code <u>56374</u>	6. Phone number (area code) <u>320.363.7201</u>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) <u>320.363.0342</u>		
9. Name of business receiving assistance <u>SKN PROPERTY LLC</u>		10. Industry of recipient (SIC code) <u>3272</u>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <u>TIF</u>		12. Name of TIF district (if applicable) <u>NO. 1-3</u>	
13. Date of business assistance agreement <u>Sept 22, 1998</u>	14. Date assistance first provided <u>Dec. 2000</u>	15. Date project (building/machinery/etc.) was placed in service <u>1999</u>	16. Dollar value of business assistance <u>\$145,000</u>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <u>5 FTE, 3 FTE (SEASONAL) *</u>		18. Average hourly wage level goals for business receiving assistance <u>5 FTE: \$13.67 3 FTE (SEASONAL): \$10.00</u>	
19. Actual jobs created since business received assistance <u>5 FTE, 3 FTE (SEASONAL) *</u>		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	<u>3 (SEASONAL)</u>	\$10.00 to \$11.99	<u>\$3.41</u>
<u>5</u>	_____	\$12.00 and higher	<u>\$3.41</u>
			24. Hourly Value of Voluntary Benefits (\$)
			Full-time
			Part-time
			(excl. benefits)
			less than \$7.00
			\$7.00 to \$7.99
			\$8.00 to \$9.99
			\$10.00 to \$11.99
			\$12.00 and higher
			<u>\$3.41</u>
			<u>\$3.41</u>
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <u>3/19/01</u>	26. Date this Minnesota Business Assistance Form completed <u>3/27/01</u>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by January 10, 1999)

Please type or print in dark ink.

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1. Funding government agency name Canosia Township/St. Louis County		2. Contact name Russ Georgesen	
3. Agency street address 411 West 1st Street		4. City Duluth, MN	
5. Zip code 55802	6. Phone number (area code) (218) 725-5200	8. Type of government agency County/Township	
	7. Fax number (area code) (218)725-5297		
9. Name of business receiving assistance NWA		10. Industry of recipient (SIC code) 4581	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) EDA Grant		12. Name of TIF district (if applicable) District No. 14	
13. Date of business assistance agreement 7-3-95	14. Date assistance first provided 4-5-96	15. Date project (building/machinery/etc.) was placed in service 10-1-96	16. Dollar value of business assistance \$600,000

For assistance agreements, signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

17. Job Creation goals for business receiving assistance Not less than 90% of 200 Duluth Employees as of 12/31/97 <i>180 E.F.H. 9/17/01</i>		18. Average hourly wage level Not applicable	
19. Actual jobs created since business received assistance 375 Duluth employees at Duluth facility-exceeding requirement by 195		20. Actual average hourly wage paid to employees hired since business received assistance Not applicable	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project place in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time (excl. benefits)		Hourly Wage Level
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	24. Hourly Value of Voluntary Benefits (\$)
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	Full-time
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	Part-time
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	(excl. benefits)
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	less than \$7.00
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$7.00 to \$7.99
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$8.00 to \$9.99
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$10.00 to \$11.99
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$12.00 and higher
If necessary, please attach additional documents.		If necessary, please attach additional documents.	
25. Last date actual wage and job creation levels documented 12/31/96		26. Date this Minnesota Business Assistance Form completed 4/3/01	
27. Have all wage and job goals been achieved Yes, do not submit future forms for this project.			

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

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1. Funding government agency name Port Authority of the City of Saint Paul		2. Contact name Peter M. Klein	
3. Agency street address 1900 Landmark Towers 345 St. Peter Street		4. City Saint Paul	
5. Zip code 55012	6. Phone number (area code) 651/224-5686	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input checked="" type="checkbox"/> Other (Please indicate) Port Authority	
	7. Fax number (area code) 651/223-5198		
9. Name of business receiving assistance Bro-TEX, Inc.		10. Industry of recipient (SIC code) 2678	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Tax Exempt Loan - Small Issue Pool		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 1/31/97	14. Date assistance first provided 1/31/97	15. Date project (building/machinery/etc.) was placed in service 5/13/97	16. Dollar value of business assistance \$2,000,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time Part-time	(excl. benefits)		
_____	less than \$7.00	_____	
_____	\$7.00 to \$7.99	_____	
_____	\$8.00 to \$9.99	_____	
_____	\$10.00 to \$11.99	_____	
_____	\$12.00 and higher	_____	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented N/A	26. Date this Minnesota Business Assistance Form completed 3/29/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. N/A <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.



1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

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Trade & Economic Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Port Authority of the City of Saint Paul		2. Contact name Peter M. Klein	
3. Agency street address 1900 Landmark Towers 345 St. Peter Street		4. City Saint Paul	
5. Zip code 55102	6. Phone number (area code) 651/224-5686	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input checked="" type="checkbox"/> Other (Please indicate) Port Authority	
	7. Fax number (area code) 651/223-5198		
9. Name of business receiving assistance Versa Iron and Machine Company		10. Industry of recipient (SIC code) 5084	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Tax Exempt Loan - Small Issue Pool		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 3/1/97	14. Date assistance first provided 3/1/97	15. Date project (building/machinery/etc.) was placed in service 3/1/98	16. Dollar value of business assistance \$2,000,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented N/A	26. Date this Minnesota Business Assistance Form completed 3/29/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form. N/A	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

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1. Funding government agency name Port Authority of the City of Saint Paul		2. Contact name Melanie A. Isakson	
3. Agency street address 1900 Landmark Towers 345 St. Peter Street		4. City Saint Paul	
5. Zip code 55102	6. Phone number (area code) 651/224-5686	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input checked="" type="checkbox"/> Other (Please indicate) Port Authority	
	7. Fax number (area code) 651/223-5198		
9. Name of business receiving assistance Viking Automatic Sprinkler		10. Industry of recipient (SIC code) 3569	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Land Sale		12. Name of TIF district (if applicable) Arlington Business Park	
13. Date of business assistance agreement 5/7/97	14. Date assistance first provided 5/7/97	15. Date project (building/machinery/etc.) was placed in service 12/12/97	16. Dollar value of business assistance \$348,479

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 10		18. Average hourly wage level goals for business receiving assistance \$9.00	
19. Actual jobs created since business received assistance 14		20. Actual average hourly wage paid to employees hired since business received assistance \$16.98	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	
24. Hourly Value of Voluntary Benefits (\$)	24. Hourly Value of Voluntary Benefits (\$)		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 1/24/01	26. Date this Minnesota Business Assistance Form completed 3/29/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

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1. Funding government agency name Port Authority of the City of Saint Paul		2. Contact name Melanie A. Isakson	
3. Agency street address 1900 Landmark Towers 345 St. Peter Street		4. City Saint Paul	
5. Zip code 55102	6. Phone number (area code) 651/224-5686	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input checked="" type="checkbox"/> Other (Please indicate) <u>Port Authority</u>	
	7. Fax number (area code) 651/223-5198		
9. Name of business receiving assistance National Checking Company		10. Industry of recipient (SIC code) 2759	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Land Sale		12. Name of TIF district (if applicable) Crosby Lake	
13. Date of business assistance agreement 9/15/97	14. Date assistance first provided 9/15/97	15. Date project (building/machinery/etc.) was placed in service 7/2/98	16. Dollar value of business assistance \$418,176

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 7		18. Average hourly wage level goals for business receiving assistance \$9.00	
19. Actual jobs created since business received assistance 10		20. Actual average hourly wage paid to employees hired since business received assistance \$9.59	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	_____	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	(excl. benefits)
_____	_____	\$10.00 to \$11.99	Hourly Value of Voluntary Benefits (\$)
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/12/01	26. Date this Minnesota Business Assistance Form completed 3/29/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

RECEIVED APR 17 2001

1. Funding government agency name Port Authority of the City of Saint Paul		2. Contact name Melanie A. Isakson	
3. Agency street address 1900 Landmark Towers 345 St. Peter Street		4. City Saint Paul	
5. Zip code 55102	6. Phone number (area code) 651/224-5686	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input checked="" type="checkbox"/> Other (Please indicate) Port Authority	
	7. Fax number (area code) 651/223-5198		
9. Name of business receiving assistance Advance Corporation		10. Industry of recipient (SIC code) 3993	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Grant		12. Name of TIF district (if applicable) N/A	
13. Date of business assistance agreement 12/1/95	14. Date assistance first provided 12/1/95	15. Date project (building/machinery/etc.) was placed in service 12/1/95	16. Dollar value of business assistance \$70,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance Maintain a minimum of 70 employees			18. Average hourly wage level goals for business receiving assistance \$11.00		
19. Actual jobs created since business received assistance Current jobs - 72			20. Actual average hourly wage paid to employees hired since business received assistance \$11.24		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 1/23/01	26. Date this Minnesota Business Assistance Form completed 3/29/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 02 2001

1. Funding government agency name Port Authority of the City of Saint Paul		2. Contact name Peter M. Klein	
3. Agency street address 1900 Landmark Towers 345 St. Peter Street		4. City Saint Paul	
5. Zip code 55102	6. Phone number (area code) 651/224-5686	8. Type of government agency <u>X</u> City ___ County ___ Regional ___ State <u>X</u> Other (Please indicate) <u>Port Authority</u>	
	7. Fax number (area code) 651/223-5198		
9. Name of business receiving assistance Addco, Inc. (3N Properties)		10. Industry of recipient (SIC code) 3612	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Land Sale		12. Name of TIF district (if applicable) Arlington - Jackson	
13. Date of business assistance agreement 4/26/97	14. Date assistance first provided 4/26/97	15. Date project (building/machinery/etc.) was placed in service 2/28/98	16. Dollar value of business assistance Land - \$609,840

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 25		18. Average hourly wage level goals for business receiving assistance \$9.00	
19. Actual jobs created since business received assistance 18		20. Actual average hourly wage paid to employees hired since business received assistance \$10.81	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Hourly Wage Level
_____	less than \$7.00	_____	Full-time Part-time
_____	\$7.00 to \$7.99	_____	(excl. benefits)
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 1/23/01	26. Date this Minnesota Business Assistance Form completed 3/29/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



RECEIVED APR 02 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Port Authority of the City of Saint Paul		2. Contact name Melanie A. Isakson	
3. Agency street address 1900 Landmark Towers 345 St. Peter Street		4. City Saint Paul	
5. Zip code 55102	6. Phone number (area code) 651/224-5686	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input checked="" type="checkbox"/> Other (Please indicate) Port Authority	
	7. Fax number (area code) 651/223-5198		
9. Name of business receiving assistance Summit Brewing Company		10. Industry of recipient (SIC code) 5181	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Land Sale		12. Name of TIF district (if applicable) Crosby Lake	
13. Date of business assistance agreement 6/20/97	14. Date assistance first provided 6/20/97	15. Date project (building/machinery/etc.) was placed in service 10/1/97	16. Dollar value of business assistance \$366,667

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 20		18. Average hourly wage level goals for business receiving assistance \$10.50			
19. Actual jobs created since business received assistance 8		20. Actual average hourly wage paid to employees hired since business received assistance \$10.50			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3/9/01	26. Date this Minnesota Business Assistance Form completed 3/29/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



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1. Funding government agency name Port Authority of the City of Saint Paul		2. Contact name Melanie A. Isakson	
3. Agency street address 1900 Landmark Towers 345 St. Peter Street		4. City Saint Paul	
5. Zip code 55102	6. Phone number (area code) 651/224-5686	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input checked="" type="checkbox"/> Other (Please indicate) Port Authority	
		7. Fax number (area code) 651/223-5198	
9. Name of business receiving assistance EMC Corporation		10. Industry of recipient (SIC code) 5045	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Land Sale		12. Name of TIF district (if applicable) Crosby Lake	
13. Date of business assistance agreement 4/24/96	14. Date assistance first provided 4/24/96	15. Date project (building/machinery/etc.) was placed in service 6/20/97	16. Dollar value of business assistance \$240,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 30		18. Average hourly wage level goals for business receiving assistance \$18.59	
19. Actual jobs created since business received assistance 1		20. Actual average hourly wage paid to employees hired since business received assistance \$14.40	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 1/29/01	26. Date this Minnesota Business Assistance Form completed 3/29/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

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1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



RECEIVED APR 3 2 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Port Authority of the City of Saint Paul		2. Contact name Melanie A. Isakson	
3. Agency street address 1900 Landmark Towers 345 St. Peter Street		4. City Saint Paul	
5. Zip code 55102	6. Phone number (area code) 651/224-5686	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input checked="" type="checkbox"/> Other (Please indicate) Port Authority	
	7. Fax number (area code) 651/223-5198		
9. Name of business receiving assistance The Norgren Group, LLC (Brissman Kennedy)		10. Industry of recipient (SIC code) 5087	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Land Sale		12. Name of TIF district (if applicable) Williams Hill	
13. Date of business assistance agreement 9/8/98	14. Date assistance first provided 9/8/98	15. Date project (building/machinery/etc.) was placed in service 9/1/99	16. Dollar value of business assistance \$463,478

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 11		18. Average hourly wage level goals for business receiving assistance \$8.00	
19. Actual jobs created since business received assistance 10		20. Actual average hourly wage paid to employees hired since business received assistance \$9.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
11	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 2/8/01	26. Date this Minnesota Business Assistance Form completed 3/29/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

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1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



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Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Port Authority of the City of Saint Paul		2. Contact name Melanie A. Isakson	
3. Agency street address 1900 Landmark Towers 345 St. Peter Street		4. City Saint Paul	
5. Zip code 55102	6. Phone number (area code) 651/224-5686	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input checked="" type="checkbox"/> Other (Please indicate) Port Authority	
	7. Fax number (area code) 651/223-5198		
9. Name of business receiving assistance Guinee Family Limited Partnership (Miratec Systems, Inc.)		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Land Sale		12. Name of TIF district (if applicable) Williams Hill	
13. Date of business assistance agreement 5/5/98	14. Date assistance first provided 5/5/98	15. Date project (building/machinery/etc.) was placed in service 8/1/99	16. Dollar value of business assistance \$237,837

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 14		18. Average hourly wage level goals for business receiving assistance \$8.00	
19. Actual jobs created since business received assistance 0		20. Actual average hourly wage paid to employees hired since business received assistance \$9.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
14	_____	\$8.00 to \$9.99	0
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 2/14/01	26. Date this Minnesota Business Assistance Form completed 3/29/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

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1. Funding government agency name Port Authority of the City of Saint Paul		2. Contact name Peter M. Klein	
3. Agency street address 1900 Landmark Towers 345 St. Peter Street		4. City Saint Paul	
5. Zip code 55102	6. Phone number (area code) 651/224-5686	8. Type of government agency <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input checked="" type="checkbox"/> Other (Please indicate) Port Authority	
		7. Fax number (area code) 651/223-5198	
9. Name of business receiving assistance G & K Services, Inc.		10. Industry of recipient (SIC code) 7213	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Land Sale		12. Name of TIF district (if applicable) Williams Hill	
13. Date of business assistance agreement 11/11/98	14. Date assistance first provided 11/11/98	15. Date project (building/machinery/etc.) was placed in service 12/1/00	16. Dollar value of business assistance \$405,979

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 50		18. Average hourly wage level goals for business receiving assistance \$8.00			
19. Actual jobs created since business received assistance 25		20. Actual average hourly wage paid to employees hired since business received assistance \$9.50			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
50	_____	\$8.00 to \$9.99	25	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99
_____	_____	\$12.00 and higher	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 1/26/01	26. Date this Minnesota Business Assistance Form completed 3/29/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 30 2001

1. Funding government agency name City of Saint Peter		2. Contact name Shannon Sweeney	
3. Agency street address 227 South Front Street		4. City Saint Peter, MN	
5. Zip code 56082	6. Phone number (area code) 507-931-0661	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 507-931-4917		
9. Name of business receiving assistance Super 6 Wash & Lube Inc.		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Revolving Loan Funds		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement September 1998	14. Date assistance first provided November 1998	15. Date project (building/machinery/etc.) was placed in service January 1999	16. Dollar value of business assistance \$40,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21 Job Creation	Hourly Wage Level (excl. benefits)	22 Hourly Value of Voluntary Benefits (\$)	23 Job Creation
Full-time	Part-time		Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
<u>2</u>	_____	\$8.00 to \$9.99	<u>3</u>
_____	_____	\$10.00 to \$11.99	_____
<u>1</u>	_____	\$12.00 and higher	<u>1</u>
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented NA	26. Date this Minnesota Business Assistance Form completed 3.29.99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0974

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



RECEIVED MAY 30 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Saint Peter		2. Contact name Shannon Sweeney	
3. Agency street address 227 South Front Street		4. City Saint Peter, MN	
5. Zip code 56082	6. Phone number (area code) 507-931-0661	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 507-931-4917		
9. Name of business receiving assistance Dr. Steven Moore dba Chiropractic Holistic Health Care Center		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Revolving Loan Funds		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement October 1997	14. Date assistance first provided 11/97	15. Date project (building/machinery/etc.) was placed in service 12/97	16. Dollar value of business assistance \$40,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 3 part time 1 full time		18. Average hourly wage level goals for business receiving assistance full time \$8.00-10.00 part time less than 7.00	
19. Actual jobs created since business received assistance 3 part time 2 full time		20. Actual average hourly wage paid to employees hired since business received assistance part time less than 7.00 / full time 8-10	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 1998	26. Date this Minnesota Business Assistance Form completed 3-29-99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

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1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade & Economic Development

Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 30 2001

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3. Agency street address 227 South Front Street		4. City Saint Peter, MN	
5. Zip code 56082	6. Phone number (area code) 507-931-0661	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 507-931-4917		
9. Name of business receiving assistance River Valley Industries		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Revolving Loan Funds		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement April 1996	14. Date assistance first provided July 1996	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$40,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

4
7 H
01/26/01
jobs

17. Job creation goals for business receiving assistance <i>continue to show a moderate, annual increase 1/10,000 borrowed</i>		18. Average hourly wage level goals for business receiving assistance <i>Dept. of Human Services guidelines for employees. Dept. of Labor guidelines for client workers.</i>																																																									
19. Actual jobs created since business received assistance <i>12 part-time positions for employees 25 positions for client workers</i>		20. Actual average hourly wage paid to employees hired since business received assistance <i>14.00 for employees 2.13 for client workers</i>																																																									
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)																																																									
<table border="1"> <thead> <tr> <th colspan="2">21. Job Creation</th> <th>Hourly Wage Level</th> <th>22. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <th>Full-time</th> <th>Part-time</th> <th>(excl. benefits)</th> <th></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>less than \$7.00</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$7.00 to \$7.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$8.00 to \$9.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$10.00 to \$11.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$12.00 and higher</td> <td>_____</td> </tr> </tbody> </table>		21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)		_____	_____	less than \$7.00	_____	_____	_____	\$7.00 to \$7.99	_____	_____	_____	\$8.00 to \$9.99	_____	_____	_____	\$10.00 to \$11.99	_____	_____	_____	\$12.00 and higher	_____	<table border="1"> <thead> <tr> <th colspan="2">23. Job Creation</th> <th>Hourly Wage Level</th> <th>24. Hourly Value of Voluntary Benefits (\$)</th> </tr> <tr> <th>Full-time</th> <th>Part-time</th> <th>(excl. benefits)</th> <th></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><u>25</u></td> <td>less than \$7.00</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$7.00 to \$7.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$8.00 to \$9.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$10.00 to \$11.99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>12</td> <td>\$12.00 and higher</td> <td>_____</td> </tr> </tbody> </table>		23. Job Creation		Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	(excl. benefits)		_____	<u>25</u>	less than \$7.00	_____	_____	_____	\$7.00 to \$7.99	_____	_____	_____	\$8.00 to \$9.99	_____	_____	_____	\$10.00 to \$11.99	_____	_____	12	\$12.00 and higher	_____
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Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 1998	26. Date this Minnesota Business Assistance Form completed 3-29-99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

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1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



RECEIVED MAY 30 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Saint Peter		2. Contact name Shannon Sweeney	
3. Agency street address 227 South Front Street		4. City Saint Peter, MN	
5. Zip code 56082	6. Phone number (area code) 507-931-0661	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 507-931-4917		
9. Name of business receiving assistance LJP Enterprises		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Revolving Loan Funds		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement July 1998	14. Date assistance first provided October 1998	15. Date project (building/machinery/etc.) was placed in service July 1998	16. Dollar value of business assistance \$40,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance				18. Average hourly wage level goals for business receiving assistance			
19. Actual jobs created since business received assistance				20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21 Job Creation		Hourly Wage Level	22 Hourly Value of Voluntary Benefits (\$)	23 Job Creation		Hourly Wage Level	24 Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)		Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____	_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____	_____	_____	\$7.00 to \$7.99	_____
<u>4</u>	_____	\$8.00 to \$9.99	<u>11⁴⁶ - 12²⁵</u>	<u>2</u>	_____	\$8.00 to \$9.99	<u>11⁴⁸</u>
_____	_____	\$10.00 to \$11.99	_____	<u>6</u>	_____	\$10.00 to \$11.99	_____
<u>6</u>	_____	\$12.00 and higher	<u>16²⁰ - 25⁹⁶</u>	<u>6</u>	_____	\$12.00 and higher	<u>16²⁰</u>
If necessary, please attach additional documentation.				If necessary, please attach additional documentation.			

411
4/26/01

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented NA	26. Date this Minnesota Business Assistance Form completed 3-29-99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



RECEIVED MAY 30 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Saint Peter		2. Contact name Shannon Sweeney	
3. Agency street address 227 South Front Street		4. City Saint Peter, MN	
5. Zip code 56082	6. Phone number (area code) 507-931-0661	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 507-931-4917		
9. Name of business receiving assistance Linguistic Technologies		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Revolving Loan Funds		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement August 1997	14. Date assistance first provided September 1997	15. Date project (building/machinery/etc.) was placed in service September 1997	16. Dollar value of business assistance \$40,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

E.F.H.
9/26/01

17. Job creation goals for business receiving assistance 4 jobs 1 job \$10,000 borrowed		18. Average hourly wage level goals for business receiving assistance \$6.50	
19. Actual jobs created since business received assistance in the St. Peter area: 7 1/2 FTE (9 employees)		20. Actual average hourly wage paid to employees hired since business received assistance \$12.00/hr.	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
4		less than \$7.00	
		\$7.00 to \$7.99	
		\$8.00 to \$9.99	
		\$10.00 to \$11.99	
		\$12.00 and higher	75
			\$12.00 and higher
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

9/26/01
Company out of business per phone
9/26/01
Loan was repaid

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 1998	26. Date this Minnesota Business Assistance Form completed 3-29-99
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0979

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED MAY 30 2001

MINNESOTA

Trade &
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Saint Peter		2. Contact name Shannon Sweeney	
3. Agency street address 227 South Front Street		4. City Saint Peter, MN	
5. Zip code 56082	6. Phone number (area code) 507-931-0661	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 507-931-4917		
9. Name of business receiving assistance Kind Veterinary Clinic		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Revolving Loan Funds		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement Dec. 1997	14. Date assistance first provided March 1998	15. Date project (building/machinery/etc.) was placed in service July 1998	16. Dollar value of business assistance \$40,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 2 Annual FTE 1/10,000		18. Average hourly wage level goals for business receiving assistance \$6.50/hour			
19. Actual jobs created since business received assistance 2 Annual FTE (4,000 hours)		20. Actual average hourly wage paid to employees hired since business received assistance Payroll increased \$20,000 for 6 months in 1998			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time Part-time	(excl. benefits)		Full-time Part-time	(excl. benefits)	
_____	less than \$7.00	_____	_____	less than \$7.00	_____
_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99	_____
_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99	_____
_____	\$10.00 to \$11.99	_____	_____	\$10.00 to \$11.99	_____
_____	\$12.00 and higher	_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented NA	26. Date this Minnesota Business Assistance Form completed 3-29-99
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0980

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 30 2001

1. Funding government agency name City of Saint Peter		2. Contact name Shannon Sweeney	
3. Agency street address 227 South Front Street		4. City Saint Peter, MN	
5. Zip code 56082	6. Phone number (area code) 507-931-0661	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 507-931-4917		
9. Name of business receiving assistance Brinker Enterprises and St. Peter Woolen Mill		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Revolving Loan Fund		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement Jan. 1997	14. Date assistance first provided Feb. 1, 1997	15. Date project (building/machinery/etc.) was placed in service Fe. 1997	16. Dollar value of business assistance \$40,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 25 new employees		18. Average hourly wage level goals for business receiving assistance \$6.00/hr.	
19. Actual jobs created since business received assistance 6		20. Actual average hourly wage paid to employees hired since business received assistance \$9.18	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 1998	26. Date this Minnesota Business Assistance Form completed 3-29-99
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED MAY 30 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Saint Peter		2. Contact name Shannon Sweeney	
3. Agency street address 227 South Front Street		4. City Saint Peter, MN	
5. Zip code 56082	6. Phone number (area code) 507-931-0661	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 507-931-4917		
9. Name of business receiving assistance Robert Hamilton dba St. Peter Funeral Service		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Revolving Loan Fund		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement June 1997	14. Date assistance first provided 9/1/97	15. Date project (building/machinery/etc.) was placed in service 1/98	16. Dollar value of business assistance \$40,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 1/10,000 borrowed		18. Average hourly wage level goals for business receiving assistance 6.25	
19. Actual jobs created since business received assistance 3		20. Actual average hourly wage paid to employees hired since business received assistance 6.10	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	
24. Hourly Value of Voluntary Benefits (\$)	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	Hourly Wage Level
_____	(excl. benefits)	_____	(excl. benefits)
_____	less than \$7.00	_____	less than \$7.00
_____	\$7.00 to \$7.99	_____	\$7.00 to \$7.99
_____	\$8.00 to \$9.99	_____	\$8.00 to \$9.99
_____	\$10.00 to \$11.99	_____	\$10.00 to \$11.99
_____	\$12.00 and higher	_____	\$12.00 and higher

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 1998	26. Date this Minnesota Business Assistance Form completed 3-10-99
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

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1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED MAY 30 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Saint Peter		2. Contact name Shannon Sweeney	
3. Agency street address 227 South Front Street		4. City Saint Peter, MN	
5. Zip code 56082	6. Phone number (area code) 507-931-0661	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 507-931-4917		
9. Name of business receiving assistance St. Peter Cinema 5 LLC		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) District 6	
13. Date of business assistance agreement August 1996	14. Date assistance first provided August 1996	15. Date project (building/machinery/etc.) was placed in service 11/97	16. Dollar value of business assistance 220,000 <i>J. H. 2/26/02 per project</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 12		18. Average hourly wage level goals for business receiving assistance \$6.00																																																									
19. Actual jobs created since business received assistance 12-18		20. Actual average hourly wage paid to employees hired since business received assistance \$6.22																																																									
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)																																																									
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00-0986

original form submitted 5/30/01 E.F.H.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Economic Development Authority		2. Contact name Rosten Wille, Dir. of Com. Dev.	
3. Agency street address 227 South Front Street		4. City St. Peter	
5. Zip code 56082-2538	6. Phone number (area code) 507-931-0661	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
7. Fax number (area code)			
9. Name of business receiving assistance W.M. Gustafson		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Disaster Revolving Loan		12. Name of TIF district (if applicable) NA	
13. Date of business assistance agreement 2/16/99	14. Date assistance first provided 3/1/99	15. Date project (building/machinery/etc.) was placed in service 9/9/99	16. Dollar value of business assistance \$100,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance																																																	
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Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented NA	26. Date this Minnesota Business Assistance Form completed 8/1/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

***The funds used for this project are recycled Disaster Revolving Loan Funds. Gustafson has leased the building to businesses (what were in that building prior to the '98 tornado).

8/01/01 form resubmitted on 1999 MB&F per phone E.F.H.

00-0987

Original form submitted 5/30/01 E.F.H.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <u>St. Peter Economic Development Authority</u>		2. Contact name <u>Rosten Wille, Dir. of Com. Dev.</u>	
3. Agency street address <u>227 South Front Street</u>		4. City <u>St. Peter</u>	
5. Zip code <u>56082-2538</u>	6. Phone number (area code) <u>507-931-0661</u>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code)		
9. Name of business receiving assistance <u>Citizens Scholarship Foundation</u>		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <u>Revolving Loan</u>		12. Name of TIF district (if applicable) <u>NA</u>	
13. Date of business assistance agreement <u>1/4/99</u>	14. Date assistance first provided <u>1/5/99</u>	15. Date project (building/machinery/etc.) was placed in service <u>12/6/99</u>	16. Dollar value of business assistance <u>\$150,000</u>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance																									
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance																									
Clients of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)																									
21. Job Creation <table border="1"> <thead> <tr> <th>Hourly Wage Level</th> <th>Hourly Value of Voluntary Benefits (\$)</th> </tr> </thead> <tbody> <tr> <td>Full-time</td> <td>less than \$7.00</td> </tr> <tr> <td>Part-time</td> <td>\$7.00 to \$7.99</td> </tr> <tr> <td></td> <td>\$8.00 to \$9.99</td> </tr> <tr> <td></td> <td>\$10.00 to \$11.99</td> </tr> <tr> <td></td> <td>\$12.00 and higher</td> </tr> </tbody> </table>	Hourly Wage Level	Hourly Value of Voluntary Benefits (\$)	Full-time	less than \$7.00	Part-time	\$7.00 to \$7.99		\$8.00 to \$9.99		\$10.00 to \$11.99		\$12.00 and higher	22. Hourly Value of Voluntary Benefits (\$) _____ _____ _____ _____ _____	23. Job Creation RETENTION <table border="1"> <thead> <tr> <th>Hourly Wage Level</th> <th>Hourly Value of Voluntary Benefits (\$)</th> </tr> </thead> <tbody> <tr> <td>Full-time</td> <td>less than \$7.00</td> </tr> <tr> <td>Part-time</td> <td>\$7.00 to \$9.99</td> </tr> <tr> <td></td> <td>\$8.00 to \$9.99</td> </tr> <tr> <td></td> <td>\$10.00 to \$11.99</td> </tr> <tr> <td></td> <td>\$12.00 and higher</td> </tr> </tbody> </table>	Hourly Wage Level	Hourly Value of Voluntary Benefits (\$)	Full-time	less than \$7.00	Part-time	\$7.00 to \$9.99		\$8.00 to \$9.99		\$10.00 to \$11.99		\$12.00 and higher	24. Hourly Value of Voluntary Benefits (\$) _____ <u>4</u> <u>\$1.75</u> _____ <u>25</u> <u>\$1.75</u> <u>46</u> <u>\$1.75</u>
Hourly Wage Level	Hourly Value of Voluntary Benefits (\$)																										
Full-time	less than \$7.00																										
Part-time	\$7.00 to \$7.99																										
	\$8.00 to \$9.99																										
	\$10.00 to \$11.99																										
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Full-time	less than \$7.00																										
Part-time	\$7.00 to \$9.99																										
	\$8.00 to \$9.99																										
	\$10.00 to \$11.99																										
	\$12.00 and higher																										
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.																									

hourly wage goal.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <u>5/2001</u>	26. Date this Minnesota Business Assistance Form completed <u>8/1/01</u>
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

8/01/01 Form resubmitted on 1999 MBAF per phone E.F.H.

00-0988

original form submitted 5/30/01 E.T.D.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name St. Peter Economic Development Authority		2. Contact name Rosten Wille, Dir. of Com. Dev.	
3. Agency street address 227 South Front Street		4. City St. Peter	
5. Zip code 56082-2538	6. Phone number (area code) 507-931-0661	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code)		
9. Name of business receiving assistance Blake Dirks OD		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Disaster Revolving Loan		12. Name of TIF district (if applicable) NA	
13. Date of business assistance agreement 6/15/99	14. Date assistance first provided 7/1/99	15. Date project (building/machinery/etc.) was placed in service 11/99	16. Dollar value of business assistance \$150,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	<u>2</u>	less than \$7.00	Full-time
_____	<u>3</u>	\$7.00 to \$7.99	Part-time
_____	<u>3</u>	\$8.00 to \$8.99	_____
_____	_____	\$10.00 to \$12.99	_____
<u>1</u>	_____	\$12.00 and higher	<u>2</u>
_____	_____	_____	<u>2</u>
_____	_____	_____	\$12.00 and higher
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 5/2001	26. Date this Minnesota Business Assistance Form completed 8/1/01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

PLEASE NOTE THAT 2 NEW BUSINESSES NOW ALSO OCCUPY THIS BUILDING.

8/1/01 Form resubmitted on 1999 MBAF per phone E.T.D.

RECEIVED 00-0145

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade & Economic Development

RECEIVED MAR 29 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Stillwater		2. Contact name Nile L. Kriesel City Administrator/Treasurer	
3. Agency street address 216 North 4th Street		4. City Stillwater	
5. Zip code 55032	6. Phone number (area code) 651 430-8801	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) 651 430-8809		
9. Name of business receiving assistance Schoonover Real Estate Co., LLP		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF #1 Downtown & Industrial Park	
13. Date of business assistance agreement Development Agree Effective 8-25-95	14. Date assistance first provided August 1997	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$143,000 <i>E. J. H. 8/2/01 per phone</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 13 new jobs first year after completion 25 new jobs two years after completion		18. Average hourly wage level goals for business receiving assistance \$27,000 & \$34,000	
19. Actual jobs created since business received assistance 15		20. Actual average hourly wage paid to employees hired since business received assistance average salary is \$40,000 per year	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Hourly Wage Level
_____	less than \$7.00	_____	Full-time Part-time
_____	\$7.00 to \$7.99	_____	(excl. benefits)
_____	\$8.00 to \$9.99	_____	Hourly Value of Voluntary
_____	\$10.00 to \$11.99	_____	Benefits (\$)
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented December 31, 1999	26. Date this Minnesota Business Assistance Form completed March 26, 2001
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0117

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAR 28 2001

1. Funding government agency name Swift County		2. Contact name Susan M. Pirsig	
3. Agency street address 301 14th St. N. PO Box 288		4. City Benson	
5. Zip code 56215	6. Phone number (area code) 320-842-4769	8. Type of government agency ___ City <input checked="" type="checkbox"/> County ___ Regional ___ State ___ Other (Please indicate) _____	
	7. Fax number (area code) 320-843-4850		
9. Name of business receiving assistance Custom Ag Products, Inc.		10. Industry of recipient (SIC code) 3523	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loans		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 7-29-97	14. Date assistance first provided 9-23-97	15. Date project (building/machinery/etc.) was placed in service 12-97	16. Dollar value of business assistance \$275,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 50		18. Average hourly wage level goals for business receiving assistance \$8.50			
19. Actual jobs created since business received assistance 68		20. Actual average hourly wage paid to employees hired since business received assistance \$10.50			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time Part-time	(excl. benefits)		Full-time Part-time	(excl. benefits)	
_____	less than \$7.00	_____	_____	less than \$7.00	_____
_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99	_____
40	\$8.00 to \$9.99	.75	43	\$8.00 to \$9.99	.75
9	\$10.00 to \$11.99	.75	15	\$10.00 to \$11.99	.75
1	\$12.00 and higher	.75	10	\$12.00 and higher	.75
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented June 30, 2000	26. Date this Minnesota Business Assistance Form completed 3-27-01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

Completed as directed to comply with 2000 requirements

00-0898

RECEIVED AUG 23 2001

Original received 5/22/01 e.f.h.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding governmental agency name City of Wabasso		2. Contact name Marilyn J. Davis	
3. Agency street address 1429 Front Street		4. City Wabasso	
5. Zip code 56293	6. Phone number (area code) (507) 342-5519	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) (507) 34202213		
9. Name of business receiving assistance Jonti-Craft		10. Industry of recipient (SIC code) 3944-e.f.h. 9/10/01 wooden educational toys	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 7-29-1999	14. Date assistance first provided 9-1-2000	15. Date project (building/machinery/etc.) was placed in service 3-1-2000	16. Dollar value of business assistance \$150,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
0	less than \$7.00	1.27	
7	\$7.00 to \$7.99	1.27	
20	\$8.00 to \$9.99	1.27	
2	\$10.00 to \$11.99	1.27	
3	\$12.00 and higher	1.27	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed 8-23-2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

RECEIVED MAR 27 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name WARROAD PORT AUTHORITY		2. Contact name DICK SOBERBERG, CHAIRMAN	
3. Agency street address P.O. Box 666		4. City WARROAD	
5. Zip code 56763	6. Phone number (area code) 218-386-1454	8. Type of government agency ___ City ___ County ___ Regional ___ State X Other (Please indicate) PORT AUTHORITY	
	7. Fax number (area code) 218-386-3375		
9. Name of business receiving assistance HELGESON CHAPELS, LLE		10. Industry of recipient (SIC code) 7261	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) DIST. #1	
13. Date of business assistance agreement 2-1-97	14. Date assistance first provided 8-1-98	15. Date project (building/ machinery/etc.) was placed in service 2-1-97	16. Dollar value of business assistance \$ 100,000.

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 1		18. Average hourly wage level goals for business receiving assistance \$ 38,000 / YR. \$ 18.27 6/18/01	
19. Actual jobs created since business received assistance 1		20. Actual hourly wage paid to employees hired since business received assistance \$ 40,000 / YR. 19.23 6/18/01	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time.. Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
24. Hourly Value of Voluntary Benefits (\$)		24. Hourly Value of Voluntary Benefits (\$)	
_____		_____	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3-18-98	26. Date this Minnesota Business Assistance Form completed 3-27-01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0062

RECEIVED MAR 27 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name WARROAD PORT AUTHORITY		2. Contact name DICK SODERBERG, CHAIRMAN	
3. Agency street address P.O. Box 666		4. City WARROAD	
5. Zip code 56763	6. Phone number (area code) 218-386-1454	8. Type of government agency ___ City ___ County ___ Regional ___ State X Other (Please indicate) PORT AUTHORITY	
7. Fax number (area code) 218-386-3375		9. Name of business receiving assistance DUCKWALL-ALCO STORES, INC	
10. Industry of recipient (SIC code) 6512		11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF	
12. Name of TIF district (if applicable) DIST. #1		13. Date of business assistance agreement 7-2-97	14. Date assistance first provided 8-1-99
15. Date project (building/ renovated) was placed in service 11-25-97	16. Dollar value of business assistance \$95,423		

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance TO MAINTAIN MAXIMUM NO. OF JOBS POSSIBLE WITH REGARD TO OPERATIONAL EFFICIENCY AND BOTTOM LINE PROFIT		18. Average hourly wage level goals for business receiving assistance \$ 5.15 +	
19. Actual jobs created since business received assistance 34		20. Actual average hourly wage paid to employees hired since business received assistance \$5.40	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Hourly Wage Level
_____	less than \$7.00	_____	Full-time Part-time (excl. benefits)
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3-27-01	26. Date this Minnesota Business Assistance Form completed 3-27-01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0181

RECEIVED MAR 28 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name CITY OF WATERVILLE		2. Contact name Teresa Hill	
3. Agency street address P.O. Box 9 200 Third Street south		4. City Waterville	
5. Zip code 56096	6. Phone number (area code) (507) 362-8300	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
7. Fax number (area code)		9. Name of business receiving assistance Prosch-Dennis Funeral Home	
10. Industry of recipient (SIC code)		11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF	
12. Name of TIF district (if applicable) TIF 1-4		13. Date of business assistance agreement TIF Agreement 3/4/97	
14. Date assistance first provided 1998		15. Date project (building/machinery/etc.) was placed in service 1997	16. Dollar value of business assistance Total \$137,850 Yearly \$13,785.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time		
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		23. Job Creation	
		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		Full-time	Part-time
		_____	_____
		less than \$7.00	_____
		\$7.00 to \$7.99	_____
		\$8.00 to \$9.99	_____
		\$10.00 to \$11.99	_____
		\$12.00 and higher	_____
		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed 3/25/01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

RECEIVED MAY 3 200

00-0800

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name <i>City of Watkins</i>		2. Contact name <i>DeB Kraker</i>	
3. Agency street address <i>111 Central Ave S</i>		4. City <i>Watkins</i>	
5. Zip code <i>55389</i>	6. Phone number (area code) <i>320-764-6400</i>	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
	7. Fax number (area code) <i>320-764-6401</i>		
9. Name of business receiving assistance <i>Barrier Technology</i>		10. Industry of recipient (SIC code) <i>2439</i>	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) <i>loan</i>		12. Name of TIF district (if applicable) <i>TIF District #4</i>	
13. Date of business assistance agreement <i>10-13-95</i> <i>11-14-96</i>	14. Date assistance first provided <i>8-13-96</i>	15. Date project (building/machinery/etc.) was placed in service <i>12-1-95</i>	16. Dollar value of business assistance <i>\$85,500</i>

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance <i>25</i>		18. Average hourly wage level goals for business receiving assistance <i>\$7/hr.</i>	
19. Actual jobs created since business received assistance <i>10</i>		20. Actual average hourly wage paid to employees hired since business received assistance <i>\$10/hr.</i>	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented <i>3-30-01</i>	26. Date this Minnesota Business Assistance Form completed <i>3-30-01</i>
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade & Economic Development

RECEIVED MAR 29 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of WELCOME		2. Contact name JERRY WESTPHAL	
3. Agency street address Box 72 102 So. DUGAN		4. City WELCOME	
5. Zip code 56181	6. Phone number (area code) (507) 728-8740	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate)	
7. Fax number (area code) (507) 728-8740			
9. Name of business receiving assistance EASY Systems INC		10. Industry of recipient (SIC code) Computer Software & Electronics	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) LOAN		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement FEB 4, 1997	14. Date assistance first provided FEB 4, 1997	15. Date project (building/machinery/etc.) was placed in service JUNE 1997	16. Dollar value of business assistance 150,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 50		18. Average hourly wage level goals for business receiving assistance 12.36			
19. Actual jobs created since business received assistance 26.9		20. Actual average hourly wage paid to employees hired since business received assistance 21.85			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time		Full-time	Part-time	
less than \$7.00			less than \$7.00		
\$7.00 to \$7.99			\$7.00 to \$7.99		
\$8.00 to \$9.99			\$8.00 to \$9.99		
\$10.00 to \$11.99			\$10.00 to \$11.99		
\$12.00 and higher			\$12.00 and higher		
WAS NOT ESTABLISHED			3	4	40
			2		37
			21	2	56
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 9-30-2000	26. Date this Minnesota Business Assistance Form completed 3-27-01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

00-0960

RECEIVED MAY 29 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Wells		2. Contact name Zoa Heckman	
3. Agency street address 125 South Broadway		4. City Wells, Minnesota	
5. Zip code 56013	6. Phone number (area code) 507-553-6373	8. Type of government agency X City ___ County ___ Regional ___ State ___ Other (Please indicate) _____	
	7. Fax number (area code) 507-553-5202		
9. Name of business receiving assistance Wells Super Valu Grocery		10. Industry of recipient (SIC code) 5411	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Tax Increment		12. Name of TIF district (if applicable) District No. 2-8	
13. Date of business assistance agreement 5-1-99	14. Date assistance first provided None Yet	15. Date project (building/machinery/etc.) was placed in service 3-2-00	16. Dollar value of business assistance \$165,689

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance NA				18. Average hourly wage level goals for business receiving assistance NA			
19. Actual jobs created since business received assistance NA				20. Actual average hourly wage paid to employees hired since business received assistance NA			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation		Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	less than \$7.00		Full-time	Part-time	less than \$7.00	
2	8	\$7.00 to \$7.99		3	4	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher			\$12.00 and higher		
If necessary, please attach additional documentation.				If necessary, please attach additional documentation.			

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 5-23-01	26. Date this Minnesota Business Assistance Form completed 5-29-01
27. Have all wage and job goals been achieved? <input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

[Handwritten initials]

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 24 2001

1. Funding government agency name WHITE BEAR TOWNSHIP		2. Contact name WILLIAM SHORT	
3. Agency street address 1241 HANMUND RD		4. City WHITE BEAR TWP	
5. Zip code 55110	6. Phone number (area code) (651) 424-5427	8. Type of government agency City County Regional State <input checked="" type="checkbox"/> Other (Please indicate) TOWNSHIP	
	7. Fax number (area code) (651) 426-2250		
9. Name of business receiving assistance COM-TAL MACHINE & ENGINEERING		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) LOAN & TIF		12. Name of TIF district (if applicable) TIF DIST 1-14	
13. Date of business assistance agreement MAY 15, 1998	14. Date assistance first provided JULY 6, 1998	15. Date project (building/machinery/etc.) was placed in service NOV. 20, 1998	16. Dollar value of business assistance \$ 400,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time		Full-time	Part-time	
		less than \$7.00			
		\$7.00 to \$7.99			
		\$8.00 to \$9.99			
20		\$10.00 to \$11.99	4		2 500
		\$12.00 and higher	40		230 - 13 500
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented APRIL 15, 2001	26. Date this Minnesota Business Assistance Form completed MAY 1, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 24 2001

1. Funding government agency name WHITE BEAR TOWNSHIP		2. Contact name WILLIAM STUFT	
3. Agency street address 1249 HARWOOD RD		4. City WHITE BEAR TOWNSHIP	
5. Zip code 55110	6. Phone number (area code) (651) 424-5427	8. Type of government agency City County Regional State	
	7. Fax number (area code) (651) 426-2252	<input checked="" type="checkbox"/> Other (Please indicate) TOWNSHIP	
9. Name of business receiving assistance EPI		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF GRANT LOAN MIF GRANT		12. Name of TIF district (if applicable) 1-12	
13. Date of business assistance agreement SEPT 1, 1998	14. Date assistance first provided JUN 24, 2000	15. Date project (building/machinery/etc.) was placed in service JULY 2, 1998	16. Dollar value of business assistance TIF GRANT 650,000 TIF LOAN 120,000 MIF GRANT 75,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 10			18. Average hourly wage level goals for business receiving assistance 15.4/HR		
19. Actual jobs created since business received assistance 45			20. Actual average hourly wage paid to employees hired since business received assistance 21.70		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time	(excl. benefits)	Full-time	Part-time	(excl. benefits)
_____	_____	less than \$7.00	_____	_____	less than \$7.00
_____	_____	\$7.00 to \$7.99	_____	_____	\$7.00 to \$7.99
_____	_____	\$8.00 to \$9.99	_____	_____	\$8.00 to \$9.99
_____	_____	\$10.00 to \$11.99	1	_____	\$10.00 to \$11.99
10	_____	\$12.00 and higher	44	_____	\$12.00 and higher
_____ 54/HR			_____ 3.42		
_____ 5.41					
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented JUNE 26, 2000	26. Date this Minnesota Business Assistance Form completed MAY 21, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

00-0932

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MINNESOTA



Trade & Economic Development

Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 24 2001

1. Funding government agency name WHITE BEAR TOWNSHIP		2. Contact name WILLIAM SHOFF	
3. Agency street address 1281 HADAMOND RD		4. City WHITE BEAR TOWNSHIP	
5. Zip code 55110	6. Phone number (area code) (651) 424-5827	8. Type of government agency ___ City ___ County ___ Regional ___ State <input checked="" type="checkbox"/> Other (Please indicate) TOWNSHIP	
	7. Fax number (area code) (651) 426-2255		
9. Name of business receiving assistance WATER PREMIUM CO.		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF GRANT LOAN		12. Name of TIF district (if applicable) 1-13	
13. Date of business assistance agreement SEPT. 21, 1998	14. Date assistance first provided JUNE 7, 1999	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance GRANT: 141,413 LOAN: 46,900

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 10		18. Average hourly wage level goals for business receiving assistance 13.00 / hr	
19. Actual jobs created since business received assistance 32		20. Actual average hourly wage paid to employees hired since business received assistance 13.50 / hr +	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
_____	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	_____
10	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		23. Job Creation	
		Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
		Full-time	Part-time
		_____	_____
		less than \$7.00	_____
		\$7.00 to \$7.99	_____
		\$8.00 to \$9.99	_____
		\$10.00 to \$11.99	_____
		\$12.00 and higher	32
			630
		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented MAY 21, 2001	26. Date this Minnesota Business Assistance Form completed MAY 21, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(over)

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

00-0053



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Port Authority of Winona		2. Contact name Lucy McMartin	
3. Agency street address 207 Lafayette Street - P.O. Box 378		4. City Winona	
5. Zip code 55987	6. Phone number (area code) (507)457-8250	8. Type of government agency ___ City ___ County ___ Regional ___ State x Other (Please indicate) <u>Port Authority</u>	
	7. Fax number (area code) (507)457-8212		
9. Name of business receiving assistance Downtown Dental		10. Industry of recipient (SIC code) Dental	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement 05-20-99	14. Date assistance first provided 05-20-99	15. Date project (building/machinery/etc.) was placed in service 10-01-99	16. Dollar value of business assistance \$50,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Full-time
_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____
1	_____	\$8.00 to \$9.99	_____
_____	_____	\$10.00 to \$11.99	1
_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.		24. Hourly Value of Voluntary Benefits (\$)	
		.78	
		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented N/A	26. Date this Minnesota Business Assistance Form completed March 22, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.



1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade &
Economic
Development

00-0054

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Port Authority of Winona		2. Contact name Lucy McMartin	
3. Agency street address 207 Lafayette Street - P.O. Box 378		4. City Winona	
5. Zip code 55987	6. Phone number (area code) (507)457-8250	8. Type of government agency ___ City ___ County ___ Regional ___ State <input checked="" type="checkbox"/> Other (Please indicate) <u>Port Authority</u>	
	7. Fax number (area code) (507)457-8212		
9. Name of business receiving assistance VAS Engineering & Manufacturing		10. Industry of recipient (SIC code) Hard Disk Drive Assembly	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$75,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance				18. Average hourly wage level goals for business receiving assistance			
19. Actual jobs created since business received assistance				20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)		23. Job Creation	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	
Full-time	Part-time	(excl. benefits)		Full-time	Part-time	(excl. benefits)	
_____	_____	less than \$7.00	_____	_____	_____	less than \$7.00	_____
_____	_____	\$7.00 to \$7.99	_____	_____	_____	\$7.00 to \$7.99	_____
<u>60</u>	_____	\$8.00 to \$9.99	<u>.90</u>	<u>0</u>	<u>0</u>	\$8.00 to \$9.99	<u>0</u>
_____	_____	\$10.00 to \$11.99	_____	_____	_____	\$10.00 to \$11.99	_____
_____	_____	\$12.00 and higher	_____	_____	_____	\$12.00 and higher	_____
If necessary, please attach additional documentation.				If necessary, please attach additional documentation.			

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented April 2000	26. Date this Minnesota Business Assistance Form completed March 22, 2001
27. Have all wage and job goals been achieved? See attached	
<input type="checkbox"/> Yes — do not submit future forms for this project. <input checked="" type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

VAS Engineering and Manufacturing involved a State Minnesota Investment Fund loan and a Port Authority loan. In February 1999 the Port Authority made a loan to a new start-up company who located in Winona. VAS (Value Added Services) planned to manufacture Hard Disk Assemblies for the Enterprise Storage Industry. The largest customer for the start-up Company was Western Digital of Rochester. In April of 2000, the Company closed its doors due to the downturn in the market of the Enterprise Storage Industry. The Port Authority \$75,000 Revolving Loan and a State Economic Recovery Fund loan (\$118,000) were paid off in full.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Trade &
Economic
Development

RECEIVED MAR 2 9 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name City of Winsted		2. Contact name Matthew Podhradsky-City Administrator	
3. Agency street address 183 Main Avenue West PO Box 126		4. City Winsted	
5. Zip code 55395	6. Phone number (area code) 320-485-4718	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) 320-485-2858		
9. Name of business receiving assistance RAM Buildings, Inc.		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Tax Increment Financing		12. Name of TIF district (if applicable) TIF Financing District #5	
13. Date of business assistance agreement June 21, 1999	14. Date assistance first provided June 21, 1999	15. Date project (building/machinery/etc.) was placed in service August 1, 1999	16. Dollar value of business assistance \$130,276.20-TIF Assistance \$107,187.50-No interest loa

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance Five Jobs		18. Average hourly wage level goals for business receiving assistance \$15/hour	
19. Actual jobs created since business received assistance Seventeen Jobs		20. Actual average hourly wage paid to employees hired since business received assistance \$15.25	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time	Part-time	(excl. benefits)	Hourly Wage Level
_____	_____	less than \$7.00	Full-time
_____	_____	\$7.00 to \$7.99	Part-time
_____	_____	\$8.00 to \$9.99	(excl. benefits)
6	_____	\$10.00 to \$11.99	Hourly Value of Voluntary Benefits (\$)
11	_____	\$12.00 and higher	3
			5
			12
			3.5
			3.5

If necessary, please attach additional documentation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented June 1999	26. Date this Minnesota Business Assistance Form completed First Completed Form
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 05 2001

1. Funding government agency name City of Woodbury		2. Contact name Janelle Schmitz	
3. Agency street address 8301 Valley Creek Road		4. City Woodbury	
5. Zip code 55125	6. Phone number (area code) (651) 714-3533	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (651) 714-3501		
9. Name of business receiving assistance CSM Properties Inc		10. Industry of recipient (SIC code) 1541	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF		12. Name of TIF district (if applicable) TIF District #9	
13. Date of business assistance agreement Original: 11-1-97 Amended: 11-29-99	14. Date assistance first provided 1-28-98	15. Date project (building/machinery/etc.) was placed in service CO Issued 3-2-98	16. Dollar value of business assistance \$50,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 4		18. Average hourly wage level goals for business receiving assistance \$10	
19. Actual jobs created since business received assistance 5		20. Actual average hourly wage paid to employees hired since business received assistance \$8 to \$24 an hour	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Full-time Part-time
_____	less than \$7.00	_____	_____
_____	\$7.00 to \$7.99	_____	_____
_____	\$8.00 to \$9.99	_____	_____
_____	\$10.00 to \$11.99	_____	_____
_____	\$12.00 and higher	_____	_____
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented April 3, 2001	26. Date this Minnesota Business Assistance Form completed April 4, 2001
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 05 2001

1. Funding government agency name City of Woodbury		2. Contact name Janelle Schmitz	
3. Agency street address 8301 Valley Creek Road		4. City Woodbury	
5. Zip code 55125	6. Phone number (area code) (651) 714-3533	8. Type of government agency <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Other (Please indicate) _____	
	7. Fax number (area code) (651) 714-3501		
9. Name of business receiving assistance Technical Properties, LLC		10. Industry of recipient (SIC code)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan - Woodbury Growth Fund		12. Name of TIF district (if applicable)	
13. Date of business assistance agreement July 30, 1999	14. Date assistance first provided July 30, 1999	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance \$249,900

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation
Full-time Part-time	(excl. benefits)		Average Salary
			(excl. benefits)
	less than \$7.00		less than \$7.00
	\$7.00 to \$7.99		\$7.00 to \$7.99
	\$8.00 to \$9.99		\$8.00 to \$9.99
	\$10.00 to \$11.99		\$10.00 to \$11.99
1	\$50,000		20 \$60,250
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3-28-01	26. Date this Minnesota Business Assistance Form completed 3-30-01
27. Have all wage and job goals been achieved? <input checked="" type="checkbox"/> Yes — do not submit future forms for this project. <input type="checkbox"/> No — please submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

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